

# Teacher Aide Application

## Cross Middle School

Student Name \_\_\_\_\_

ID Number \_\_\_\_\_

**Each teacher has a limited number of Teacher Aide positions. If you would like to be considered by more than one teacher, complete a *separate application for each teacher*. Complete the top portion of this form and give to the teacher for whom you would like to be a Student Aide.**

Having a teacher signature DOES NOT GAURANTEE you will be a Student Aide.

Teacher's Name \_\_\_\_\_

Subject \_\_\_\_\_

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**FRONT OFFICE WILL TAKE CARE OF THIS PORTION – THANK YOU**

**Teachers: Please check appropriate box below and return form to the Cross Registrar**

\_\_\_\_\_  
Teacher Signature

\_\_\_\_\_  
Date

Approved

Not Approved