

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 Teacher 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