

AVON HIGH SCHOOL

OFFICE/TEACHER ASSISTANT CONTRACT
This is a privilege, and may be revoked at any time.

Procedure for applying:

- A) The student will return the completed contract to Student Services for approval or denial.
B) The student is to secure a pass daily, to leave study hall until this contract form is approved and the study hall supervisor is notified.

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STUDENT NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_ SEMESTER: \_\_\_\_\_
Print

TEACHER/SUPERVISOR: \_\_\_\_\_ PERIOD: \_\_\_\_\_ ROOM#: \_\_\_\_\_
Print

As an Office/Teacher Assistant, I will:

- 1. Maintain complete confidentiality. Nothing seen or heard as an office/teacher assistant will be discussed or repeated.
2. Remain in the area in which I have been assigned, or carry a pass signed by my supervisor whenever I am outside of my assigned area for business reasons.
3. Follow the attendance rules and the discipline rules of the school as they are stated in the student agenda.
4. Be an example of professional behavior for other students and the public.
a) Maintain a positive attitude.
b) Dress appropriately as stated in the student agenda.
c) Use only school technology and other equipment approved by the administration for my use. I will never use a staff computer.
5. Maintain my grades. The administration will check my grades and will see that I return to a study hall if I do not meet this requirement. (Semester grades will supersede midterm grades and the midterm grades will be determined on the last day of the midterm period.) I must maintain a C- or better, no D's or F's will be allowed.
6. Maintain my assigned work area and NOT bring food or drink to the office or classroom.
7. I realize this is a privilege which may be revoked at any time without cause.

I understand that if I am in violation of any of the above rules, I may be removed from my duty and assigned to a study hall by an assistant principal. I also understand that my teacher/supervisor may also request that I be removed from my duty without cause.

Signature of Student Date Signature of Parent Date
Signature of Teacher/Supervisor Date
Assistant Principal Signature Date Approved [ ] Denied [ ]