

TEACHER AIDE APPLICATION

Fill out the form below and get it signed by the TEACHER by the end of this week.
You can scan it or take a picture and email it to Ms. Joiner at jjoiner@isd221.net
You can also drop it off at the counseling office once you have completed the full form with parent signature.

Once your application has been received at the counseling office, we will do our best to try and accommodate your request. Remember, there is no guarantee of being a TA so please understand we may not be able to make TA for every student.

Also, this elective is for **1 semester only** and you must meet the following criteria:
No D's or F's in the previous grade period. No office referrals in the previous school year. And no major absences/ tardies.

Your First and Last Name:_____

Which grade will you be next year _____7th Grade _____8th grade

Do you have mostly A's and B's? _____Yes _____No

Teacher you wish to TA for_____

Teacher Signature_____ Date_____

Student Signature_____ Date_____

Parent Signature _____ Date_____