OAKDALE HIGH SCHOOL
GUIDANCE OR FRONT OFFICE
STUDENT AIDE APPLICATION

1. STUDENT NAME: ________________________________________________________________

2. CURRENT GRADE: ________ (Only Juniors and Seniors are eligible to aide)

3. BLOCK: _________

4. CLASS TO BE DROPPED: _______________________________________________________

5. PRINTED NAME OF SUPERVISING STAFF MEMBER: ________________________________

6. SIGNATURE OF STAFF MEMBER: _______________________________________________

Please read the statements below and sign:

➢ Student Aide positions are assigned no grade or credit

➢ I understand that being a student aide is a privilege which requires responsible behavior.

➢ I understand that I am expected to perform the tasks assigned by my teacher or supervisor and that I may not abuse this opportunity by being in the halls or any other area of the building without authorization.

_________________________________________  ______________________
Student Signature                              Date

_________________________________________  ______________________
Parent/Guardian Signature                      Date