

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