Eagle River High School

STUDENT AIDE REQUEST FORM

Sem 1 Sem 2

Student Name _____ Grade _____

Student ID # _____

NOTE: (1) Must have a 2.5 GPA
(2) Leave request with your counselor

Approved: Yes No Course #_____
(office use only)

Counselor Signature _____

_____ Teacher Aide _____ Library Aide

_____ Front Office Aide _____ Nurse's Aide

_____ Counseling Aide _____ Stock Clerk

_____ Student Services _____ Drop Conflicting

X _____ Period _____ Room _____
Staff Name (please print)

X _____ Teacher Number _____
Staff Signature

_____ Date _____
Parent Signature

_____ Date _____
Student Signature

_____
Date Received by Counselor

Class Built ☐ Entered on Student Schedule ☐ Entered on Spreadsheet ☐