

**Medical Lake High School**  
**Aide Application or Tutor Application**  
(Teacher's Aide, Office Aide, Counseling Center Aide, Library Aide)

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Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_

**It is a privilege to be an aide to a staff member or a tutor in a class. Please look over this application and make sure you meet the criteria before applying. Obtain the necessary signatures and turn into your counselor.**

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Please circle the period you wish to have an aide or tutor period:    1    2    3    4    5    6

Indicate what you are applying for:

- Teacher's Aide \_\_\_\_\_ (teacher name)
- Office Aide
- Counseling Center Aide
- Library Aide
- Math Tutor

Teacher/Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please have your counselor initial each statement.**

This student currently has \_\_\_\_\_ credits and is on track to graduate. \_\_\_\_\_

This student is at junior or senior standing. \_\_\_\_\_

This student has not failed any courses in his/her previous year of school. \_\_\_\_\_

This student has not had an excess of unexcused absences in his/her previous school year (90-95% attendance rate).  
\_\_\_\_\_

This student has met all his/her state assessment requirements for graduation. \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Final approval is required by the Principal or Vice Principal:**

Principal/Vice Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_