

CLERICAL AIDE

NO CREDIT

NOTE: THE HOUR OF YOUR CLERICAL AIDE WILL BE ASSIGNED AFTER THE REST OF YOUR SCHEDULE HAS BEEN DETERMINED.

NAME _____ STUDENT NUMBER _____

SEMESTER: 1 2 circle semester(s)

TEACHER YOU WISH TO BE AN AIDE FOR _____

TEACHER SIGNATURE _____

ATTENDANCE APPROVAL) _____

COMMUNITY SERVICE COMPLETED (Mrs. Ullery room 2048) _____

CONFIDENTIALITY STATEMENT

Upon signing this statement, I understand that any records, papers, or information obtained by me as a clerical aide for the above, will be kept in strictest confidence. If this confidence is breached at any time, I understand that I will be relieved of my clerical aide position immediately.

NAME _____ **DATE** _____

Return signed and completed form to your Counselor.