STUDENT ASSISTANT CONSENT FORM

To:

_____ Mr. Thomas
_____ Mr. Bean
_____ Mrs. Bryant
_____ Mr. Sayler
_____ Mrs. Crawford
_____ Mrs. Dillard
_____ Ms. McBride

_____ Mr. Kolimas
_____ Mrs. Rubin
_____ Dr. Rogers
_____ Mrs. Sayler
_____ Mrs. Freeman
_____ Mr. Vallicelli

Student Name _____ **Date** _____

Counselor _____ **I.D.** _____

Student Assistant requested for:

_____	_____	_____	_____	_____	_____
Teacher	**Course**	**Period**	**Sem. 1**	**Sem. 2**	**Both**

Comments:

_____

_____

_____

_____
Teacher Signature

☐ Approved ☐ Not Approved

_____ _____
Department Chair **Date**

Department Chair: Please request Section Code from Computer Services before returning to Counselor.

SECTION CODE: _____

RETURN TO COUNSELOR