

Application for Beatrice High School Student Aide

Student Name: _____ Grade: _____

Supervising Teacher: _____

Period Available: _____ Semester 1: Semester 2:

Department or Area of Work: _____

Activities to be carried out: _____

Credit given: _____ (maximum is 2.5 per semester)

Student Signature: _____

**if you are a senior, are you currently enrolled in Cadet Student Aide?

Yes _____ No _____

Date completed: _____

Approved by: Teacher _____

Principal _____