

TEACHER ASSISTANT APPLICATION FORM



Student Family Name: _____

ID#: _____

Student Given Name: _____

English Name: _____

Period: A B C D E F G1 G2 H1 H2 (circle 1)

Semester: 1 / 2 (circle 1)

Teacher to Assist: _____

Class to be Dropped: _____ (optional) **Dropped Class Teacher:** _____

Reason for TA Application:

Signatures to be signed in Order:

1. Teacher Signature: _____
2. Dean Students Signature: _____ (Verifying no Discipline Issues)
3. Assistant Principal Signature: _____ (Verifying Academic Standing)
4. Principal's Signature: _____

Approved: ____ Not Approved: ____

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