SPANISH SPRINGS HIGH SCHOOL REQUEST FOR: (check one)

Stude	ent Alde* (817	, , ,	Lab Assistant* (8091	/8092) (.50)
	•	Peer Tutor	* (8161/8162) (.50)	
Name of Recommended S	Student:			
Name of Teacher:		Room #: _	Date of Request:	
Name of Class:		Preferred Class Period:		
Semester: (Check one)	Fall	Spring	Full Year Class	
Teacher Signature:				
Reason for Request: complete by student			Explain what the student venue of the complete by to	eacher
tutoring/assisting with *ALL applicants MUST	in lab (Sciend stant applican a B or above. have at least	ce, Art, CTE) clasts must have pass		
Student Signature	Date		Parent Signature	Date
Administrative Action:				
Approved		_ Disapproved		
Reason for above Action:				

Date

Signature of Administrator