

Teacher/Office Aide Approval Request

Return this form to your Counselor after receiving teacher approval.

Name: _____ Student I.D.# _____ Date: _____

Counselor: _____ Semester: 1st _____ 2nd _____

Course Name	Period	Room #	Teacher Signature
Office Aide			
Library Aide			
Teacher Aide			
Science Lab Aide			
Other			

Aide classes provide a variety of practical experiences for students. As an aide, the student will earn 5 elective credits for a semester of service.

Attendance is required. Your teacher or supervisor will adhere to the school's Attendance Policy with regard to absences and tardies. Violation of classroom, office or school rules will result in disciplinary action.

Aide classes may be repeated for a maximum of 15 credits, with only 10 credits in one area, and no more than 5 credits in any one semester.

Student Signature

Date

Parent Signature

Date



La Costa Canyon High School

One Maverick Way
Carlsbad, CA 92009
Tel: (760) 436-6136
Fax: (760) 943-3539
Web: www.lchcs.com

Principal
Bryan Marcus

Current School Year: _____

San Dieguito

Union High School District

Board of Trustees
Joyce Dalessandro
Beth Hergesheimer
Amy Herman
Maureen "Mo" Muir
John Salazar

Interim Superintendent
Eric R. Dill

Course without Educational Content Enrollment Form

Legislation passed by the State of California effective January 1, 2016 requires parental permission for students to enroll in a course without educational content beginning in the 2016-17 school year. Your student, with consultation from school staff, has chosen to add a class without educational content to his/her schedule.

Please complete the information below, authorizing the school to add this course to your student's schedule.

Student Name: _____

Year in School: Freshman Sophomore Junior Senior

Course Type: Teacher's Aide Other: _____

By signing below, the parent/guardian/educational rights holder or eligible student (age 18 or older) consents to this course schedule and understands that the student is enrolling in a course without educational content for the current school year.

Name of Parent/Guardian/Educational Rights Holder **Date**

Signature of Parent/Guardian/Educational Rights Holder **Date**

By signing below, the Principal/Assistant Principal has determined that the pupil will benefit from being assigned to the course period.

Signature of Principal/Assistant Principal **Date**
