

**RICHARD MONTGOMERY HIGH SCHOOL REQUEST FOR  
STUDENT ASSISTANT POSITION**

**Guidelines:**

- Students will not receive credit for being a student assistant.
- Student may only be an assistant for one period per semester. *If a student is dropping a full year course then a student must find an aide position for both semesters (please complete two forms).*
- Student is responsible for finding a student assistant position.
- Student is expected to attend, be on time, carry out assignments, and manage their behavior as covered by the school discipline policy.

To be considered for a student assistant position, please complete Part 1 and give it to the resource teacher of the department in which you choose to serve. Give the form to your counselor upon completion of parts 1, 2 and 3 (if appropriate).

**Part 1 STUDENT ASSISTANT**

Name \_\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_\_ School Year \_\_\_\_\_

Student ID# \_\_\_\_\_ Counselor \_\_\_\_\_

Name of current course to be dropped \_\_\_\_\_ Period \_\_\_\_\_ Semester \_\_\_\_\_

Please notify your current teacher of your intent to drop the course--> Teacher notification \_\_\_\_\_  
(TEACHER SIGNATURE)

Parent Approval (required) \_\_\_\_\_ Date \_\_\_\_\_  
(SIGNATURE)

*By signing below, I agree to the guidelines for a student assistant position and will continue attending the class that I'm requesting to drop until I get a copy of the schedule change from my counselor. If I leave class before this process is finalized, I risk earning an E in the class.*

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**Part 2 DEPARTMENT ACCEPTING STUDENT ASSISTANT**

To be completed by the department accepting the student assistant.

Department \_\_\_\_\_ Teacher Assignment \_\_\_\_\_ Room \_\_\_\_\_  
(PRINT)

Teacher Approval \_\_\_\_\_ Resource Teacher Approval \_\_\_\_\_ Date \_\_\_\_\_  
(SIGNATURE) (SIGNATURE)

**Part 3 25th DAY WITHDRAWAL (S1/October 4, 2022 and S2/March 6, 2023)**

If this request is processed after the 25<sup>th</sup> day of the semester a withdrawal grade must be recorded on the report card. Please have the teacher whose class you are dropping complete the following:

Course Name \_\_\_\_\_ Course Code \_\_\_\_\_ Grade at time of withdrawal \_\_\_\_\_

Teacher Name \_\_\_\_\_ Teacher Signature \_\_\_\_\_ Date \_\_\_\_\_  
(PRINT)

**Part 4 TO BE COMPLETED BY THE COUNSELOR**

Counselor Signature \_\_\_\_\_ Date Completed \_\_\_\_\_

Section Code \_\_\_\_\_