

# PINE CREEK HIGH SCHOOL

## Teacher Assistant Contract

Name: \_\_\_\_\_

Grade\* \_\_\_\_\_  
\*Grades 10-12 only

School Year \_\_\_\_\_

**PLEASE NOTE THE FOLLOWING:**

- Teacher Assistants are only available to full time Pine Creek High School students.
- Teacher Assistants are not advised for the college-bound student, since the most competitive college applicants are those who have taken the most rigorous high school curriculum available to them.
- Student athletes should check NCAA eligibility requirements before submitting a request for Teacher Assistant.

### CONDITIONS FOR TEACHER ASSISTANTS

Parent/ Guardian Initials	Student Initials	
		Student is to verify, via transcript, that he/she is on track to meet graduation requirements.
		Supervising staff members are only allowed <b>one</b> Teacher Assistant per semester per period. Students are allowed <b>two teacher assistant contracts throughout high school</b> .
		.5 credit is awarded and is a pass/fail course. The course is not counted towards GPA, but the credit is counted towards graduation.
		Students <b>MUST</b> attend class, be on time, and assist staff member(s) as needed. Failure to comply with attendance policy and work expectations will result in student being transferred to a Study Hall class.
		Student understands and agrees that all information seen or heard while performing duties is strictly confidential. Student will not share in any way information heard or seen in the classroom or office.
		Student understands and agrees that if the expectations of this contract are violated, student will be immediately removed from Teacher Assistant class and transferred into a Study Hall class.

I understand and agree to the conditions of this contract:

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

\_\_\_\_\_  
Date

I understand and agree to the conditions of this contract:  
**(10th grade students only)**

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**TEACHER APPROVAL**

Teachers may have one TA per class period. **TAs will not be assigned during planning periods.**

The student is approved to be my TA:

\_\_\_\_\_  
Semester

\_\_\_\_\_  
Period

\_\_\_\_\_  
Teacher Name (Print/Type)

\_\_\_\_\_  
Teacher Signature

\_\_\_\_\_  
Room #

\_\_\_\_\_  
Date

Return this completed form to your grade level counselor or the registrar ([sherry.gregory@asd20.org](mailto:sherry.gregory@asd20.org))

**Counselor Verification Approval:**

The student has been approved for Teacher Assistant, and I have verified student has the appropriate credits to support taking Teacher Assistant course

\_\_\_\_\_  
(Counselor Signature)

\_\_\_\_\_  
Date

Registrar Initial When Schedule Complete: \_\_\_\_\_

Section # \_\_\_\_\_