

Arlington Independent School District
University Student Residents, Interns or Observers

Semester: Summer _____ Fall _____ Spring _____ Other _____

University Contact Name: _____

If you have Arlington ISD school-age children and plan on volunteering, please list all of the schools where you will be volunteering:

Student's Name _____ Grade _____ School _____

Student's Name _____ Grade _____ School _____

Other: _____

Please print legibly. All information on the front and back of the application must be provided.
Incomplete applications will be destroyed at the end of the school year.

Preferred Name: _____

Mailing Address: _____

Street

City/State

Zip Code

Email Address: _____

Home Telephone Number: _____

Cell Telephone Number: _____

Work Telephone Number: _____

Are You An Arlington ISD Employee Or Substitute? Yes No

Employed at the following Arlington ISD Location: _____

If not employed by Arlington ISD, Employer: _____

CODE OF ETHICS

- I realize that, as a university student resident, intern or observer, I can help a student to attain his/her maximum educational potential as well as help and encourage all aspects of student growth.
- I will be responsible for arriving on time and be regular and consistent in attendance.
- I will encourage positive attitudes through sincere praise.
- I will be sensitive to procedures and student needs.
- I will be flexible in working with new ideas and materials.
- I agree to keep student information confidential. I will have respect for the confidential nature of school records, assignments and relationships between staff members and students.

