

- FULL-TIME STUDENT HOME ROOM TUTORING EXTRA TRAVEL CHARGES
 SUPPLEMENTAL INSTRUCTIONAL FUNDS

Student: _____

Teacher: _____

TA: _____



Time Document

EVENT OR CLASS: _____

MONTH: _____

Date (Format: 00/00/00)	# of ACE students in group	Begin Time	End Time	Total Time (1/4 hour increments)	Parent Initials
TOTAL HOURS					

ALL STUDENTS

WORK SAMPLES:

Monthly Work Samples attached? (circle one) YES NO
(Math – Proctored & Scored w/ % grade)

If no, please explain:

PART-TIME STUDENTS ONLY

EMERGENCY DRILL DATE & LOCATION:

Fire drill (odd months) Earthquake drill (even months)

Date _____ Street Address _____

Parent/Guardian signature (verifying classes held): _____

Instructor signature (verifying classes held): _____