

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



# Time Document

Student: \_\_\_\_\_

Teacher: \_\_\_\_\_

TA: \_\_\_\_\_

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
<b>TOTAL HOURS</b>					

**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): \_\_\_\_\_