

Fallsburg Central School District

115 Brickman Road
Fallsburg, New York 12733

TUTOR REIMBURSEMENT & ATTENDANCE FORM

HOME TUTOR: _____

PERIOD COVERED: _____

STUDENT: _____

SCHOOL: _____

DATE	START TIME	END TIME	LESSON (TOPIC, CHAPTER, MATERIAL COVERED)	Total Hours	HRLY RATE	Session Held (YES or NO)	If No, Reason	PARENT OR GUARDIAN INITIALS
					\$45.00			
					\$45.00			
					\$45.00			
					\$45.00			
					\$45.00			
					\$45.00			
					\$45.00			
					\$45.00			
					\$45.00			
					\$45.00			
Weekly Totals					\$45.00		TOTAL TUTOR PAYMENT:	

PARENT VERIFICATION:

I verify that my child was tutored on the above date(s) by the employee indicated above.

_____ _____
Parent Signature *Date*

_____ _____
Employee Signature *Date*

ADMINISTRATIVE APPROVALS:

_____ _____
Principal's Signature *Date*

_____ _____
Pupil Personnel Director's Signature *Date*

_____ _____
Superintendent's Signature *Date*