

Claremont Unified School District

Supplemental Educational Services Attendance Record Sheet (Attach to monthly invoice)

For the month	of (one month per s	heet only) :				
Student:			Student ID #:			
Student's Add	dress:		School	School:		
SES Provider	(agency):		Telephor	Telephone #:		
Provider Conf	tact Person:			_		
Instructor's N	ame:		H	Hourly Rate:		
	•	Record attendance	in minutes to the ne	earest 5 minutes each day.		
DATE	TIME IN	TIME OUT	# OF HOUR(S)	PARENT SIGNATURE		
Total number of billable hours for this month				NOTE: Parent/guardian or school employee must sign daily attendance in BLUE ink. Student signature will not be accepted in lieu of parent/guardian.		
Hourly Rate				accepted in fleu of parent/guar	<u>'aian</u> .	
Total Amoun (total minute		rate = total due)			
I certify, unde	r penalty of perju	ry, that the above	information is true	e and correct:		
Signature of Tutor		Date		Signature of SES Provider	Date	
Signature or rutor		Date		Cignature of OLO i rovider	Date	