

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 Address: School				l:	
			Telephon	Telephone #:	
Provider Cont	act Person:			_	
				lourly Rate:	
	•	Record attendance	in minutes to the ne	arest 5 minutes each day.	
DATE	TIME IN	TIME OUT	# OF HOUR(S)	PARENT SIGNATURE	
Total number of billable hours for this month Hourly Rate				NOTE: Parent/guardian or school employee must sign daily attendance in BLUE ink. Student signature will not be accepted in lieu of parent/guardian.	
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		Data		Signature of SES Broyider	