Goshen Central School District
41 Lincoln Avenue Annex
Goshen, New York 10924

TUTOR REIMBURSEMENT & ATTENDANCE FORM

HOME TUTOR: _____ PERIOD COVERED: _____

STUDENT INITIALS _____ ID: _____ SCHOOL: _____

DATE	START TIME	END TIME	LESSON (TOPIC, CHAPTER, MATERIAL COVERED)	TOTAL HOURS	SESSION HELD (Y OR N)	IF NO, REASON	PARENT or GUARDIAN INITIALS
			WEEKLY TOTALS		$33.00	Total	

Account Code: _____

Parent Verification:

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

_____
Parent Signature

_____
Employee Signature

Approvals:

_____
Building Principal's Signature (if applicable) Date

_____
Pupil Personnel Director's Signature Date