

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					\$33.66	Total	

**Account Code:** \_\_\_\_\_

**Approvals:**

**Parent Verification:**  
 I verify that my child \_\_\_\_\_ was tutored on the above date(s) by the employee indicated above.

\_\_\_\_\_

*Parent Signature*

\_\_\_\_\_

*Employee Signature*

\_\_\_\_\_

Building Principal's Signature (if applicable) Date

\_\_\_\_\_

Pupil Personnel Director's Signature Date