

**The School Board of Broward County, Florida
 Title I, Migrant and Special Programs
 2011 - 2012 SES Monthly Attendance & Payment Record**

Student's name: _____ **Date** _____

Student Number: _____ **School:** _____

Student's address: _____

Tutoring Location other than school: _____

SES Provider: _____ **Tel. #** _____

Beginning Date: _____ **Ending Date:** _____

Instructor's name: _____

Indicate Reading (R), Writing (W), and/or Math (M) in each box. There must be a minimum of 60 minutes per subject. Record attendance in thirty minute increments, Tutor must initial daily attendance. Invoice and attendance are to be submitted by the 15th of the following month. Submit one record per month.

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31	Month: _____			

Tutor Schedule: M T W T F S Sun (Please circle tutoring days)

Total Attendance: _____ **Hours** _____ **Minutes**

I certify, under penalty of perjury, that the above information is true and correct.

Print name of parent: _____ **Date** _____

Signature of Parent: _____

Signature of SES Provider: _____