



Baldwin-Whitehall School District

Administration Office: 4900 Curry Road * Pittsburgh, Pennsylvania 15236
Telephone: 412-884-6300 * Fax: 412-885-7802

REQUEST FOR PAYMENT – ELEMENTARY CLASS SIZE PROVISION

Classroom Teachers - Primary Grades (K, 1 and 2)

SCHOOL YEAR _____

1ST SEMESTER _____ 2ND SEMESTER _____

(Check one of the above)

Teacher's Name (Print) _____

Grade _____ Building _____

Total Number of Students (must attach roster from Skyward*) A. _____

Maximum Class Size B. _____

- Kindergarten – 23 Students
- First Grade – 25 Students
- Second Grade – 25 Students

Students Exceeding Maximum Class Size Number (Line A – Line B) C. _____

Payment per Child Exceeding Maximum Number D. \$ 250.00

Total Payment Due (multiply Line C and Line D) E. \$ _____

Teacher's Signature Date

Principal's Signature Date

Superintendent/Designee's Signature Date

Business Manager's Signature Date

***A COMPUTER-GENERATED CLASS ROSTER MUST BE SUBMITTED WITH THIS FORM – including teacher name, students' names, # of students, and date.**