

REQUEST FOR PAYMENT – ELEMENTARY CLASS SIZE PROVISION

Special Area Teachers - Grades K-5

SCHOOL YEAR	
SCHOOL YEAR 1 ST SEMESTER 2 ND SEMESTER	
(Check one of the above)	
Teacher's Name:	
(Print) (Sign)	(Date)
Grade Level (Select One) Kdg. Primary (Gr. 1, 2 & 3) Intermediate	(Gr. 4 & 5)
Building(s)	
Total Number of Students Assigned at that Level (per semester) (must attach rosters from Skyward*)	А
Number of Classes Taught at that Level (per semester)	В
Average Number of Students (Line A/Line B)	С
 Maximum Class Size Kindergarten – 23 Students Grades 1, 2 and 3 – 25 Students Grades 4 and 5 – 28 Students 	D
Students Exceeding Maximum Class Size Number (Line C – Line D)	E
 Rounding Procedure (Applicable if Line E contains decimals) 0.01 to 0.49 - round down to "0" 0.50 to 0.99 - round up to "1" 	F
Payment per Child Exceeding Maximum Number	G. <u>\$ 60.00</u>
Total Payment Due (Line F x Line G)	H. <u>\$</u>
Approval:	
Principal's Signature	Date
	Date
Superintendent/Designee 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.