

Elementary Oversize Class Form

Teacher Name: \_\_\_\_\_ Location: \_\_\_\_\_ Grade: \_\_\_\_\_ Month: \_\_\_\_\_

Kindergarten-3<sup>rd</sup>: Classes over 24

4-6th: Classes over 33

Combination classes: Classes over 31

Special Day classes: Classes over 13

**Instructions:** Teachers complete this form on a monthly basis, have it signed by their administrator, and then forward to the Business Office.

Reminder: First ten student days of each school year should not be included. Please keep a copy for your records.

<b>SUNDAY</b>	Total # _____ # Over _____	Total # _____ # Over _____	Total # _____ # Over _____	Total # _____ # Over _____	Total # _____ # Over _____	<b>SATURDAY</b>
<b>SUNDAY</b>	Total # _____ # Over _____	Total # _____ # Over _____	Total # _____ # Over _____	Total # _____ # Over _____	Total # _____ # Over _____	<b>SATURDAY</b>
<b>SUNDAY</b>	Total # _____ # Over _____	Total # _____ # Over _____	Total # _____ # Over _____	Total # _____ # Over _____	Total # _____ # Over _____	<b>SATURDAY</b>
<b>SUNDAY</b>	Total # _____ # Over _____	Total # _____ # Over _____	Total # _____ # Over _____	Total # _____ # Over _____	Total # _____ # Over _____	<b>SATURDAY</b>
<b>SUNDAY</b>	Total # _____ # Over _____	Total # _____ # Over _____	Total # _____ # Over _____	Total # _____ # Over _____	Total # _____ # Over _____	<b>Monthly Total</b> _____

Remember:

**Administrator's Signature** \_\_\_\_\_

Write date in top left corner of each box.

**Teacher's Signature** \_\_\_\_\_

Cross off holidays and pupil-free days.