Secondary Class Size Overage Record

[NOTE: This report must be completed within 10 school days of the end of each trimester]

Teacher Name ___________________________ School ___________________________

Hour/Class/Grade ___________________________ (Secondary must complete a separate form for each period)

# of Students Enrolled _______________________

# of Students Over Class Size Limit ___________________ (See Overage criteria below)

(For Middle/High School, overage does not apply within first 7 school days of each trimester)

First Date Overage Occurred _________________

Final Date of Overage _________________

Total Days of Overage _________________

Teacher Signature ___________________________

Principal Signature ___________________________

(Verifying accuracy of Class Enrollment)

Overage Criteria

NOTE: Overage stipends do not apply to band, choir, P.E, team/co-taught classes and classes where independent study students would create the overage)

Middle School
High School

More than 30 students
More than 30 students

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Reimbursement Rate: Middle & High School $ 2.50 per student per day

Payment: ___________________ X ___________________ X _________ = $____________

(# of student overage) (# of days of overage) (rate) (Payment for Trimester)