

**REQUIRED ATTENDANCE FORM FOR HISD THAT
MUST BE SUBMITTED WITH MONTHLY INVOICE**

****REFER TO THE SES BILLING CALENDAR FOR DUE DATES****

HEREFORD INDEPENDENT SCHOOL DISTRICT
Supplemental Education Services
SES Attendance Record 2011/2012

Month _____

Print the following information legibly:

Student Name: _____ ID#: _____ Grade: _____

School: **Hereford Jr. High School** Subject(s): Math Reading Science Writing

SES Provider: _____ Tutor: _____

1. Indicate the time the student signs **in** and **out** for each tutoring session.
2. Calculate the total number of minutes per tutoring session.
3. Total the number of minutes each month and divide by 60.

4. STUDENT MUST SIGN DAILY

DATE	TIME		TOTAL MINUTES	STUDENT SIGNATURE
	IN	OUT		
Total minutes divided by 60				= total hours of SES attendance

I hereby certify that I have provided supplemental educational services to the above named student on the dates indicated.

Instructors Signature

Date