

Cornwall Central School District
Home Tutoring

Student Name: _____ School: _____ Grade: _____

Date of Service	Time of Service: <i>From - To</i>	Total Hours	Location	Subject / Description of Services	Parent Signature	Teacher Signature

Teacher/Provider Name: _____ Date: _____

Teacher/Provider Signature: _____

Total Hours Claimed: _____

Note: When tutoring services are provided in one of the schools, an administrator may sign in place of the parent.

Must be attached to the claim form for payment to be made.