TUCKER COUNTY BOARD OF EDUCATION
KINDERGARTEN
TEACHER – PUPIL RATIO FY 2019

Teacher's Name _____ Name of School _____

Date	Number of Students enrolled in excess of 20	Date	Number of Students enrolled in excess of 20

*** Copy of class list must be attached to this form

Finance Office Use Only	
Total Days	
Total Students	
Teacher's daily rate x 1/20th	
Amount Due	

Signature of Teacher *** _____ Signature of Principal _____

Acct. Code _____ Date Paid _____