# APPENDIX K

Elementary Oversize Class Form (updated 9/2015)

Teacher Name: Location: Grade: Month:

Kindergarten-3rd: 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.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **SUNDAY** | Total # # Over  | Total # # Over  | Total # # Over  | Total # # Over  | Total # # Over  | **SATURDAY** |
| **SUNDAY** | Total # # Over  | Total # # Over  | Total # # Over  | Total # # Over  | Total # # Over  | **SATURDAY** |
| **SUNDAY** | Total # # Over  | Total # # Over  | Total # # Over  | Total # # Over  | Total # # Over  | **SATURDAY** |
| **SUNDAY** | Total # # Over  | Total # # Over  | Total # # Over  | Total # # Over  | Total # # Over  | **SATURDAY** |
| **SUNDAY** | Total # # Over  | Total # # Over  | Total # # Over  | Total # # Over  | Total # # Over  |  **Monthly** **Total**  |

**Remember: Administrator’s Signature**

**Write date in top left corner of each box. Teacher’s Signature**

## Cross off holidays and pupil-free days.