

ELIDA LOCAL SCHOOL DISTRICT

**CLASS SIZE OVERAGE PAYMENT FORM**

**Class Size Guidelines (Contract Page 10):**

Kindergarten: 22 to 1

Grades 1-5: 24 to 1

Grades 6-12: 27 to 1

**\* This agreement does not include class size overages for PE, Band, Choir, Study Halls (Academic Assist) or any digital offerings.**

**\*\* The students causing the class size overage must be registered in the teacher's classroom for twenty days during the nine week period for payment to occur.**

**\*\*\*This form must be turned into the building principal within ten school days of the end of the nine week period to receive payment. The principal will submit the form to the superintendent.**

Teacher's Name: \_\_\_\_\_ Date Submitted to Principal: \_\_\_\_\_

Submission for Quarter (please circle one):    1       2       3       4

Grade/Subject: \_\_\_\_\_

**For inclusion settings, teachers would split the pay for class size overage based on the class size guidelines.**

Is this an Inclusion Class?:                     Yes                     No

Inclusion Teacher's Name: \_\_\_\_\_

**Guidelines for Class Size:**  
Kindergarten:  
    22 to 1  
Grades 1-5:  
    24 to 1  
Grades 6-12:  
    27 to 1

Class/Period	Total Number of Students in the Class	\$ Amount Requested

\_\_\_\_\_  
Teacher Signature/Date

\_\_\_\_\_  
Principal Signature/Date

\_\_\_\_\_  
Superintendent Approval/Date

\_\_\_\_\_  
Amount Approved