

**LINCOLN COUNTY SCHOOLS  
KINDERGARTEN PER SESSION  
 TEACHER-PUPIL RATIO**

<b>Teacher's Name</b>	<b>School Location</b>
<b>Employee ID</b>	<b>Payroll Period</b>

**Number of Students in Excess of 20**

Date	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>	6 <sup>th</sup>	7 <sup>th</sup>	8 <sup>th</sup>

<b>Finance Office Use Only</b>	
<b>Total # of Students</b>	
<b>Teachers Daily Rate</b>	
1/20 th	_____
1/7 th	_____
<b>Amount Due</b>	

\_\_\_\_\_  
 Employee Signature

Account # 11..11111.114.\_\_\_\_\_  
 Location #

\_\_\_\_\_  
 Principal Signature

**COPY IN GREEN ONLY**

