

HAMPSHIRE COUNTY BOARD OF EDUCATION

KINDERGARTEN TEACHER – PUPIL RATIO

Teacher's Name

Name of School

Employee ID Number

Payroll Period Ending

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 1/20 th	
Amount Due	

Signature of Teacher ***

Signature of Principal