



Time Document

Student: _____

Instructor: _____

School Year 2008/2009

EVENT OR CLASS: _____

MONTH: _____

Date	# of ACE students in group	Begin Time	End Time	Total Time (1/4 hour increments)	Parent Initials
TOTAL HOURS					

(ALL STUDENTS)
WORK SAMPLES:
 Monthly Work Samples attached? (circle one) YES NO
 If no, please explain:

(PART TIME STUDENTS ONLY)
EMERGENCY DRILL DATE & LOCATION
 Fire drill (odd months) Earthquake drill (even months)
 Date Street Address

Parent/Guardian signature (verifying work): _____

Instructor signature (verifying classes held): _____