Cambridge Jr./Sr. High School
Tutoring Time Sheet

Tutor Name: _____

Student Name: _____

Date(s) of Tutoring	# of Hours	**Mileage to/from
	Total hrs:	Total Mileage:

**The school district will only reimburse you for mileage based on the number of miles it is to and from the student's house from school.

Please hand in this time sheet to the School Counselor to obtain the following signatures. Thank you.

_____ _____
Guidance School Counselor Date

_____ _____
Mrs. Caroline H. Goss, Principal Date

_____ _____
Dr. Doug Silvernell, Superintendent Date