



Individual Teacher Class Schedule

NOTE: This form must be submitted for initial approval by **September 30, 2021**.
This form must be submitted for final reimbursement by **December 17, 2021**.
(ALL required documents must be included with the final reimbursement request)

Teacher Name as it appears on license _____

Grade Level(s) of the students being taught _____ School Year _____

Time Frame (List the time that each class starts and ends)	Subject (List the name of the instructional class)
Ex: 7:30 – 8:00	Morning Announcements. Bell Ringers Math or ELA

I certify by my signature below; the above schedule is in place for my classroom for the 2021-22 school year.

Teacher’s Signature _____ Date _____

NOTARIZED SIGNATURE
Mississippi Notary Acknowledgment

The State of Mississippi
County of _____

Personally appeared before me, the undersigned authority in and for the said county and state on this _____ day of _____ in the year 20____ within my jurisdiction, the within named _____ who acknowledged that he/she executed the above and foregoing instrument.

Signature

Notary Public Signature

Print

(SEAL)