

**WAPPINGERS CENTRAL SCHOOL DISTRICT**  
**2024-2025 SCHOOL YEAR**

**CHAPERONE FORM**

THIS FORM IS USED FOR DISTRICT EMPLOYEES ONLY and is to be submitted MONTHLY! Forms submitted after 6/30/25 will not be processed.

SCHOOL: \_\_\_\_\_

NAME OF CHAPERONE: \_\_\_\_\_

JOB TITLE: PLEASE CIRCLE: TEACHER, MONITOR, TA, CLERICAL,  
 OTHER \_\_\_\_\_

DATE SERVICE PERFORMED	<u>DESCRIPTION OF ACTIVITY</u> (ALL ENTRIES ARE TO BE LISTED IN CHRONOLOGICAL ORDER)	START TIME	END TIME	TOTAL HRS: (ROUND TO NEAREST 1/4 HR)	DOLLAR AMOUNT <u>\$25.80/HOUR</u> <u>DAILY MAXIMUM</u> <u>\$206.40</u>
<b><u>TOTALS</u></b> *		Total Hours <i>MUST</i> be entered here →			

*SUBMIT FORMS TO THE OFFICE OF INSTRUCTION. (INCOMPLETE FORMS WILL BE RETURNED AND PAYMENTS DELAYED)*

SIGNATURE OF CHAPERONE \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE OF PRINCIPAL \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: ASST SUPT OF INSTRUCTION \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: INTERNAL CLAIMS AUDITOR \_\_\_\_\_ DATE: \_\_\_\_\_