

**Arcadia Local School  
SATURDAY SCHOOL PAY FORM**

\_\_\_\_\_ monitored Saturday School for four hours  
Name  
at a rate of \$25.00 per hour on \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Monitor

This form should be returned to the building Principal.

\_\_\_\_\_  
Principal Signature

\_\_\_\_\_  
Date Approved

\_\_\_\_\_  
Superintendent Signature

\_\_\_\_\_  
Date Approved

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