

**TURTLE MOUNTAIN SCHOOL DIVISION**

**2-S**

**EXTRA GRADES**

**SCHOOL YEAR \_\_\_\_\_**

Principals:

Please indicate teachers' names, extra grades taught (see TMTA agreement Article 3:06) and percentage of time taught. Fax or email Amanda at the Division Board Office no later than September 1.

Thank you.

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

Teacher's Name	Extra grades taught	% of time with extra grades

\_\_\_\_\_  
Principal's signature

\_\_\_\_\_  
Date