

## Required Documents For Registration 2008-2009 School Year

The following items must be presented in order to register a new student:

### 1. Original Birth Certificate

Please provide the **official certified embossed birth certificate** issued by the county/country in which the student was born. We cannot accept the decorative footprint hospital certificate. You may register with a copy of the original birth certificate, although you will then have 30 days to provide the original to the school.

### 2. Any Existing Legal Custody/Guardianship Documents

If there are any legal documents pertaining to custody of the student, you **must** provide a copy of that documentation. This includes divorce decrees and temporary legal guardianship papers.

### 3. Illinois State Transfer Form OR Letter of Good Standing

The previous school will issue the Illinois Transfer form once you have transferred your child out. The parent needs to have this in hand to register in any school district in Illinois. Students that are not transferring from an Illinois school should produce a letter of good standing that states the student was not expelled or suspended at the time of transfer. If the student is transferring from an out of state elementary school, a private elementary school, or from out of the country we will accept the most recent report card in lieu of the letter of good standing

### 4. Current Physical

**For student's transferring from another Illinois school** we need a copy of the Kindergarten physical or most recent one available. **For student's transferring from out of state** we need a physical dated within the last 12 months and comparable to an Illinois state physical. A comparable physical will include immunization records, Height, Weight, Blood Pressure, Body Mass Index, Diabetes Screening recommendation, Lead Risk Screening recommendation, Review of major body systems, and permission to participate in physical education. **For student's transferring from out of the country** we need an Illinois school physical, TB test and results reading.

### 5. Most recent IEP, if applicable

If the student is receiving special education services, you must provide a copy of the most recent IEP in order to set up appropriate placement.

### 6. 3 Proofs of Residency \*\*

1 or 2 from each Category to make 3 Total

#### Category A

- Recent Real Estate Tax Bill
- Lease (signed)
- Settlement Statement (signed)
- Truth In Lending (signed)
- Warranty Deed

- Residency/Guardianship Affidavit

#### Category B

- Drivers License OR State ID
- Auto Insurance
- Auto Registration
- Utility Bill
- Public Aid Card
- Cellular Phone Bill
- Homeowners/Renters Insurance
- Photo ID from Foreign Consulate
- Letter from Dept. of Immigration

**NOTE:** If you do not own or rent the home in which you are residing, please obtain the student residency affidavit and bring the documents listed on the cover sheet of that document.

### 8. Payment (See School Fee Statement Included)

# DISTRICT 202 SCHOOL INFORMATION FORM

Revised 05/08

For office use only

School: \_\_\_\_\_ Today's Date: \_\_\_\_\_ Start Date: \_\_\_\_\_ ID#: \_\_\_\_\_ Teacher: \_\_\_\_\_

Student's Legal Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
First Middle Last

Name student goes by: \_\_\_\_\_ SS# \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_  
(optional) M or F

Student Address: \_\_\_\_\_ Subdivision: \_\_\_\_\_  
Number Street City Zip

Home Phone\_(\_\_\_\_) \_\_\_\_\_ Birthdate: \_\_\_\_\_ Birthplace: \_\_\_\_\_  
Month-Day-Year City/State Country (if not USA)

### Contact Telephone #'s for Student Attendance:

1<sup>st</sup> Contact Tel.#: \_\_\_\_\_ 2<sup>nd</sup> Contact Tel.#: \_\_\_\_\_

Ethnic Group (Check all that apply): White \_\_\_\_\_ Hispanic \_\_\_\_\_ Black \_\_\_\_\_ Pacific Island/Asian \_\_\_\_\_ Amer Indian/Alaskan \_\_\_\_\_

Student's Native Language: \_\_\_\_\_ Multi-Racial \_\_\_\_\_

School Transportation: \_\_\_\_\_ Before and/or After School Care: \_\_\_\_\_  
Bus/Walk/Car Name of Provider and Phone Number

### Student Resides With (at address above):

**Family Status:** Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Single \_\_\_\_\_ Widowed \_\_\_\_\_ Other \_\_\_\_\_

**ADULT 1** Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Legal Custody: Yes/No

Highest Grade Completed in School: \_\_\_\_\_ Work: \_\_\_\_\_  
Employer Town Occupation

Work Phone: \_(\_\_\_\_) \_\_\_\_\_ Cell Phone: \_(\_\_\_\_) \_\_\_\_\_ Pager: \_(\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Preferred Language for School Written & Electronic Communications \_\_\_\_\_

**ADULT 2** Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Legal Custody: Yes/No

Highest Grade Completed in School: \_\_\_\_\_ Work: \_\_\_\_\_  
Employer Town Occupation

Work Phone: \_(\_\_\_\_) \_\_\_\_\_ Cell Phone: \_(\_\_\_\_) \_\_\_\_\_ Pager: \_(\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Other Parent Student Does Not Reside With:** Send Mailings? Yes \_\_\_\_\_ No \_\_\_\_\_

**ADULT 3** Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Legal Custody: Yes/No

Highest Grade Completed in School: \_\_\_\_\_ Work: \_\_\_\_\_  
Employer Town Occupation

Work Phone: \_(\_\_\_\_) \_\_\_\_\_ Cell Phone: \_(\_\_\_\_) \_\_\_\_\_ Pager: \_(\_\_\_\_) \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_(\_\_\_\_) \_\_\_\_\_  
Number/Street City/State/Zip

**EMERGENCY NAMES:** In case parent/guardian cannot be reached, what LOCAL resident(s) may we call?

Name1: \_\_\_\_\_ Relation to student: \_\_\_\_\_ Phone: \_(\_\_\_\_)\_\_\_\_\_ (H)

Phone: \_(\_\_\_\_)\_\_\_\_\_ (Work) Phone: \_(\_\_\_\_)\_\_\_\_\_ (Cell)

Name2: \_\_\_\_\_ Relation to student: \_\_\_\_\_ Phone: \_(\_\_\_\_)\_\_\_\_\_ (H)

Phone: \_(\_\_\_\_)\_\_\_\_\_ (Work) Phone: \_(\_\_\_\_)\_\_\_\_\_ (Cell)

Previous School Student Attended: \_\_\_\_\_  
Name City-State

**Did your student receive special services/programs at their previous school?** \_\_\_\_\_  
Speech/TPI/TBE/IEP/Gifted/Title I/Other

**Has the student ever attended Plainfield School District in the past?**  Yes  No

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**SIBLINGS: (Currently attending Plainfield School District 202)**

Name \_\_\_\_\_ School \_\_\_\_\_ Gender \_\_\_\_\_ Birthdate \_\_\_\_\_

Name \_\_\_\_\_ School \_\_\_\_\_ Gender \_\_\_\_\_ Birthdate \_\_\_\_\_

Name \_\_\_\_\_ School \_\_\_\_\_ Gender \_\_\_\_\_ Birthdate \_\_\_\_\_

Name \_\_\_\_\_ School \_\_\_\_\_ Gender \_\_\_\_\_ Birthdate \_\_\_\_\_

Name \_\_\_\_\_ School \_\_\_\_\_ Gender \_\_\_\_\_ Birthdate \_\_\_\_\_

Name \_\_\_\_\_ School \_\_\_\_\_ Gender \_\_\_\_\_ Birthdate \_\_\_\_\_

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**WEARS GLASSES:** \_\_\_\_\_ YES \_\_\_\_\_ NO

**WEARS CONTACT LENSES:** \_\_\_\_\_ YES \_\_\_\_\_ NO

**MEDICAL INFORMATION** (Please list any medical conditions we need to know):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

It is imperative that all items on this registration form are complete. As parent/guardian of the above named student, I affirm that I have completed this form in its entirety and to the best of my knowledge.

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_



**Category III** - PROVIDE ONE OF THE FOLLOWING DOCUMENTS WITH THE DEPOSIT:

- \_\_\_\_\_ Fully executed purchase agreement, stating an approximate closing date, and a deposit of \$350.00 is required for nonresidents to prove future residency. An additional tuition payment to cover the next month will be required if occupancy is not acquired within 30 days of the 1<sup>st</sup> day of school attendance.
- \_\_\_\_\_ Fully executed residency sales contract, showing no unsatisfied contingencies, and a deposit of \$350.00 will be required for nonresidents to prove future residency. An additional deposit to cover each additional month will be required if occupancy is not acquired within 30 days of the 1<sup>st</sup> day of school attendance.
- \_\_\_\_\_ Fully signed lease with occupancy beginning after the 1<sup>st</sup> day of student attendance and a deposit of \$350.00 will be required for nonresidents to prove future residency. An additional deposit to cover the next month's tuition will be required if occupancy is not acquired within 30 days of the 1<sup>st</sup> day of student attendance.

**Category IV**

- \_\_\_\_\_ None of the documents in Categories I, II, or III above are applicable because the student is homeless and eligible for enrollment under the Illinois Education for Homeless Children Act.

**Grounds for Legal Custody:** (Check one of the following as applicable. If none is applicable, you must check one of the "Exceptions" noted on the form.)

1. \_\_\_\_\_ Custody is exercised by a natural or an adoptive parent with whom the student resides.
2. \_\_\_\_\_ Custody has been granted by court order to a person with whom the student resides for reasons other than to have access to the educational programs of this District. (Attach copy of court order)
3. \_\_\_\_\_ Custody is exercised under a court approved short-term guardianship. (Attach copy of court order)
4. \_\_\_\_\_ Custody is exercised by a caretaker adult relative who is receiving aid under the Illinois Public Aid Code for the student who resides with that caretaker for the purposes other than to have access to the educational programs of this District. (Attach copy of Public Aid documents)
5. \_\_\_\_\_ Custody is exercised by an adult who demonstrates that, in fact, he or she has assumed and exercises legal responsibility for the student and provides the student with a regular fixed nighttime dwelling for purposes other than to have access to the educational programs of this District.

**Exceptions:**

1. \_\_\_\_\_ The student is homeless.
2. \_\_\_\_\_ The student is a foreign exchange student.
3. \_\_\_\_\_ The student has been placed with a foster parent or child care facility by the Department of Children and Family Services outside this District, but DCFS has determined it to be in the best interests of the student to maintain attendance in this District. (Attach copy of DCFS determination.)
4. \_\_\_\_\_ The student is at least 18 years old and lives in this District on a full and indefinite length of time basis.
5. \_\_\_\_\_ The student is under 18, but has been emancipated by court order or marriage and lives in this District on a full and indefinite length of time basis. (Attach copy of court order or marriage license).

**Warnings and Affirmation:**

Illinois law has made it a crime, punishable by imprisonment and fine, to knowingly or willfully present any false information regarding the residency of a student for purposes of enabling that student to attend on a tuition-free basis or to knowingly enroll or attempt to enroll a student on a tuition-free basis when the student is known to be a non-resident of the District. The School District will seek prosecution to the full extent of the law of any person who the district believes has committed any residency-related crime. Additionally, a civil lawsuit may be initiated by the School District.

I affirm that I am a resident of this District and that the information presented in this Affidavit or in connection with any investigation of my residency or the residency of the student is true, complete, and accurate.

\_\_\_\_\_  
Signature of Person with Legal Custody of the Student

\_\_\_\_\_  
Date

## COMPUTER, INTERNET AND ELECTRONIC MAIL USER AGREEMENT

### Plainfield School District #202

All use of the Internet shall be consistent with the District's goal of promoting educational excellence by facilitating resource sharing, innovation, and communication. This *Agreement* does not attempt to state all required or proscribed behavior by user. It is intended to serve as a summary of the Board of Education's policy entitled, "Acceptable Use Of Plainfield Community Consolidated School District 202 Computer Network, Electronic Mail and the Internet: Administrative Procedure" (File: INA.AP). If you want to read this policy in its entirety, it is available at each school campus as well as the District Administrative Center. **The failure of any user to follow the terms of the "User Agreement" will result in the loss of privileges, disciplinary action, and/or appropriate legal action.** The signature(s) at the end of this document is legally binding and indicates the party who signed has read the terms and conditions carefully and understands their significance.

1. Acceptable Use – Access to the District's electronic network must be (a) for the purpose of education or research, and be consistent with the educational objectives of the District, or (b) for a legitimate business use.
2. Privileges – The use of the District's electronic network is a privilege, not a right, and inappropriate use will result in a cancellation of those privileges. The system administrator will make all decisions regarding whether or not a user has violated this *Agreement* and may deny, revoke, or suspend access at any time; his or her decision is final.
3. Network Etiquette – You are expected to abide by the generally accepted rules of network etiquette.
4. No Warranties – The District makes no warranties of any kind, whether expressed or implied, for the service it is providing.
5. Indemnification – The user agrees to indemnify the School District for any losses, costs, or damages, including reasonable attorney fees, incurred by the District relating to, or arising out of, any breach of this *Agreement*.
6. Security – Network security is a high priority. If you can identify a security problem on the Internet, you must notify the system administrator or building principal. Do not demonstrate the problem to other users. Keep your account and password confidential.
7. Vandalism – Vandalism will result in cancellation of privileges and other disciplinary action. Vandalism is defined as any malicious attempt to harm or destroy data of another user, the Internet, or any other network.
8. Telephone Charges – The District assumes no responsibility for any unauthorized charges or fees, including telephone charges, long-distance charges, per-minute surcharges, and/or equipment or line costs.
9. Copyright Web Publishing Rules – Copyright law and District policy prohibit the republishing of text or graphics found on the Web or on District Web sites or file servers, without explicit written permission.
10. Use of Electronic Mail – The District's electronic mail system, and its constituent software, hardware, and data files, are owned and controlled by the School District. The School District provides e-mail to aid students and staff members in fulfilling their duties and responsibilities, and as an education tool.

As outlined in Board policy and administrative procedures (File: INA), copies of which are available in the main office of each school, the following are not permitted:

- Violating any Federal, State or local laws
- Sending or displaying offensive messages or pictures
- Using obscene language
- Harassing, insulting or attacking others
- Damaging computers or the District's computer network, including the introduction of viruses designed to corrupt systems, files and/or resources
- Using others' passwords
- Trespassing in others' folders, work or files
- Intentionally wasting limited resources
- Employing the District's computer network for commercial purposes
- Political lobbying

I understand and will abide by the above *User Agreement*. I understand that the District and/or its agents may access and monitor my use of the Internet, including my E-mail and downloaded material, without prior notice to me. I further understand that should I commit any violation, my access privileges may be revoked, and school disciplinary action and/or appropriate legal action may be taken. In consideration for using the District's electronic network connection, and having access to public networks, I hereby release the School District and its Board members, employees, and agents from any claims and damages arising from my use of, or inability to use the Internet.

USER (**TEACHER**) SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**This Section for Student and Parent/Guardian Signature Only!**  
*(Required if the user is a student)*

I have read this *User Agreement*. I understand that access is designed for educational purposes and that the District has taken precautions to eliminate controversial material. However, I also recognize it is impossible for the District to restrict access to all controversial and inappropriate materials. I will hold harmless the District, its employees, agents, or Board members, for any harm caused by materials or software obtained via the network. I accept full responsibility for supervision if and when my child's use is not in a school setting. I have discussed the terms of this *Agreement* with my child.

Please check "**YES**" if you allow your child to have access to the District Computer Network and the Internet or "**NO**" if you do not want to allow your child access to the District Computer Network and the Internet.

Student's Signature: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Student's Name (Please Print): \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ **YES** Permission granted for my student to use the District Computer Network and access to the Internet

\_\_\_\_\_ **NO** Permission denied for my student to use the District Computer Network and access to the Internet

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Home Telephone: (\_\_\_\_\_) \_\_\_\_\_ Work Telephone: (\_\_\_\_\_) \_\_\_\_\_

# STUDENT HEALTH HISTORY

To be completed by parent or guardian

STUDENT'S NAME: \_\_\_\_\_ SCHOOL YEAR: 20\_\_\_\_ - 20\_\_\_\_

GRADE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ SEX: MALE FEMALE SCHOOL: \_\_\_\_\_

DOCTOR'S NAME: \_\_\_\_\_ DOCTOR'S PHONE: \_\_\_\_\_

ALLERGIES YES NO \_\_\_\_\_

LIFE THREATENING YES NO \_\_\_\_\_

OTHER YES NO \_\_\_\_\_

ASTHMA YES NO \_\_\_\_\_

USES INHALER YES NO \_\_\_\_\_

BLOOD DISORDERS YES NO \_\_\_\_\_

DAILY MEDICATIONS YES NO \_\_\_\_\_

NAMES OF MEDICATIONS \_\_\_\_\_

Include those taken at home. If taken at school, the medication authorization form must be completed and on file.

DIABETES YES NO \_\_\_\_\_

EAR/HEARING PROBLEMS YES NO \_\_\_\_\_

EYE/VISION PROBLEMS YES NO \_\_\_\_\_

GLASSES/CONTACTS YES NO \_\_\_\_\_

HEART PROBLEMS YES NO \_\_\_\_\_

HOSPITALIZATIONS YES NO \_\_\_\_\_ AGE: \_\_\_\_\_

MENTAL HEALTH CONCERNS YES NO \_\_\_\_\_

MUSCULOSKELETAL PROBLEMS YES NO \_\_\_\_\_

NEUROLOGICAL PROBLEMS YES NO \_\_\_\_\_

PHYSICAL RESTRICTIONS YES NO \_\_\_\_\_

SEIZURES YES NO \_\_\_\_\_

SERIOUS INJURIES YES NO \_\_\_\_\_ AGE: \_\_\_\_\_

SURGERY YES NO \_\_\_\_\_ AGE: \_\_\_\_\_

Please contact the school nurse if you would like to discuss any medical concerns.  
Thank you,

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



# Home Language Survey - Form A

The State of Illinois School Code requires that each school district shall administer a Home Language Survey to each student entering the school district for the first time. The information is used to count the students whose families speak a language other than English at home. It also helps to identify the need for language support services in the schools.

Name of the student: \_\_\_\_\_  
*Last First Middle*

Date of Birth \_\_\_\_\_ Country of Birth \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

1. Is a language **other than** English spoken in your home?  YES  NO  
If yes, which language? \_\_\_\_\_

2. Does your son/daughter speak a language other than English?  YES  NO  
If yes, which language? \_\_\_\_\_

3. Has your son/daughter previously attended USA Schools?  
 Less than 1 year  More than 1 year  Not applicable  
 More than 2 years  More than 3 years

4. Has your son/daughter received English as a second language support services in Illinois?  YES  NO

If the answer to either question is YES, the school will assess your child's English language proficiency. The school will use the W-APT test to measure your child's listening, speaking, reading and writing skills.

Signed: \_\_\_\_\_  
*Parent or legal guardian*

\_\_\_\_\_ *Date*

OFFICIAL USE ONLY
District Enrollment Date:
ELL Program Entry Date:

**2008 - 2009**  
**School Times for Plainfield School District 202**

<b><u>High Schools</u></b>	<b><u>Full Day</u></b>	<b><u>Half Day</u></b>		
PHS – Central (Jr. & Sr.)	7:25 – 1:50	7:25 – 10:25		
PHS – Central (Fr. & So.)	9:16 – 3:41	8:36 – 11:36		
Plainfield North HS	7:20 – 2:31	7:20 – 10:20		
Plainfield South HS	8:10 – 3:21	8:10 – 11:10		
Plainfield Academy	7:45 – 1:15	7:45 – 10:45		
Plainfield East HS (Fr. & So.)	8:10 – 3:21	8:10 – 11:10		
<b><u>All Middle Schools</u></b>	7:30 – 2:31	7:30 – 10:30		
<b><u>Elementary Schools</u></b>	<b><u>Full Day</u></b>	<b><u>Half Day</u></b>	<b><u>AM Kind.</u></b>	<b><u>PM Kind.</u></b>
All, except LF	8:55 – 3:30	8:55 – 11:55	8:55 – 11:40	12:45 – 3:30
Lakewood Falls	8:45 – 3:20	8:45 – 11:45	8:45 – 11:30	12:35 – 3:20
Elementary MMI Programs	8:45 – 3:20	8:45 – 11:45		
<b><u>Bonnie McBeth EC</u></b> 815-439-4288				
Early Childhood AM	8:00 – 10:45			
Early Childhood PM	12:15 – 3:00			
Full Day EC	9:00 – 2:00			

**Kindergarten and Early Childhood Programs do not meet on half days of school.**

## How Do I Choose My Schedule?

Once you have registered, you will need to schedule an appointment with you counselor in order to choose your classes. Please call to make an appointment the day after you complete registration.

### **PLAINFIELD CENTRAL HIGH SCHOOL**

24120 West Fort Beggs Drive  
Plainfield, IL. 60544

Please contact either:

Janet Mladic (815) – 436-3200 ext. 1446  
OR  
Sherry Cammack (815) 436-3200 ext. 1442

### **PLAINFIELD SOUTH HIGH SCHOOL**

7800 West Caton Farm Road  
Plainfield, IL. 60586

Please contact either:

Deb Reuther (815) 577-5550  
OR  
Maritza Martillo (815) 577-5584

### **PLAINFIELD NORTH HIGH SCHOOL**

12005 South 248<sup>th</sup> Street  
Plainfield, IL. 60585

Please contact Student Services Dept. (815) 254-6171

During the school year: Ask for the Counselor

During the summer: Please ask for:

Julia Fukar or Kari Pappini (815) 254-6171  
PNHS Counselors are assigned alphabetically by student's last name

### **PLAINFIELD EAST HIGH SCHOOL**

12001 Naperville Road  
Plainfield, IL. 60585

Please contact:

Judy Siekerman (815) 577-0324  
OR Jill Sperling – Asst Principal

Students Last Name	Counselor	Ext. #
A – CAZ	Scheaffer	2829
CB – F	Smiley	2818
G – KAZ	Wagner	2825
DB – LUL (& ELL)	Ortiz	2819
LUM – MOL (& Outside Placed)	Moore	2854
MOM – POL (& Testing)	Cammiso	2826
POM – STEVENS	Smith	2830
STEVENSON – Z	Harrison	2828

## **P.E. UNIFORMS FOR PLAINFIELD SCHOOL DIST. #202**

The Plainfield Community Consolidated School District #202 Board of Education has determined that physical education uniforms for all students in the middle and high schools will be available through private vendors effective July 1, 2003. Students will be expected to purchase uniforms at a local vendor who stocks the specific P.E. Uniform.

Below is a list of the two vendors who will stock P.E. uniforms:

**Eich's**  
**835 W. 143<sup>rd</sup> Street**  
**Plainfield, IL 60585**  
**815-436-3771**

**Directions: Left onto Route 59. Left onto 143<sup>rd</sup> Street. Eich's is on the right hand side of the street.**

**J.J. Sports**  
**1932 Essington Road**  
**Joliet, IL 60435**  
**815-436-4300**

**Directions: Right onto Route 59. Left on Caton Farm Road. Right on Essington. JJ Sports is on the left hand side of the street.**

# PLAINFIELD COMMUNITY CONSOLIDATED SCHOOL DISTRICT 202 2008-2009 SCHOOL CALENDAR

August				
M	T	W	Th	F
				1
4	5	6	7	8
11	12	13	14	15
18	19	20	21	22
25	26	27	28	29

February				
M	T	W	Th	F
2	3	4	5	6
9	10	11	12	13
16	17	18	19	20
23	24	25	26	27

September				
M	T	W	Th	F
1	2	3	4	5
8	9	10	11	12
15	16	17	18	19
22	23	24	25	26
29	30			

March				
M	T	W	Th	F
2	3	4	5	6
9	10	11	12	13
16	17	18	19	20
23	24	25	26	27
30	31			

October				
M	T	W	Th	F
		1	2	3
6	7	8	9	10
13	14	15	16	17
20	21	22	23	24
27	28	29	30	31

April				
M	T	W	Th	F
		1	2	3
6	7	8	9	10
13	14	15	16	17
20	21	22	23	24
27	28	29	30	

November				
M	T	W	Th	F
3	4	5	6	7
10	11	12	13	14
17	18	19	20	21
24	25	26	27	28

May				
M	T	W	Th	F
				1
4	5	6	7	8
11	12	13	14	15
18	19	20	21	22
25	26	27	28	29

December				
M	T	W	Th	F
1	2	3	4	5
8	9	10	11	12
15	16	17	18	19
22	23	24	25	26
29	30	31		

June				
M	T	W	Th	F
1	2	3	4	5
8	9	10	11	12
15	16	17	18	19
22	23	24	25	26
29	30	31		

January				
M	T	W	Th	F
			1	2
5	6	7	8	9
12	13	14	15	16
19	20	21	22	23
26	27	28	29	30

July				
M	T	W	Th	F
		1	2	3
6	7	8	9	10
13	14	15	16	17
20	21	22	23	24
27	28	29	30	31

 No Student Attendance  
 Half-Day of Student Attendance

## August

- 19-20 Teacher Institutes - No Student Attendance
- 21 First day of Student Attendance - Grades PreK-12 (Full day)

## September

- 1 Labor Day - NO SCHOOL
- 19 Teacher Institute - NO STUDENT ATTENDANCE

## October

- 13 Columbus Day - NO SCHOOL
- 24 End of First Quarter

## November

- 3 In-Service - 1/2 Day of School
- 4 Parent/Teacher Conference Day - NO SCHOOL
- 26 Teacher Institute - NO STUDENT ATTENDANCE
- 27-28 Thanksgiving Recess - NO SCHOOL

## December

- 19 Last Day Before Winter Break

## January

- 5 Classes Resume Following Winter Break
- 16 Teacher Institute - NO STUDENT ATTENDANCE
- 16 End Semester One
- 19 Martin Luther King Jr's Birthday - NO SCHOOL

## February

- 16 President's Day - NO SCHOOL
- 23 In-Service Day - 1/2 Day of School
- 24 Parent/Teacher Conference Day - NO SCHOOL

## March

- 20 End of Third Quarter
- 27 Teacher Institute - NO STUDENT ATTENDANCE

## April

- 3 Last Day Before Spring Break
- 13 Classes Resume

## May

- 25 Memorial Day - NO SCHOOL
- 29 Tentative Last Day of School (Full day)

Emergency Days : June 1, 2, 3, 4, 5