



PILLAGER PUBLIC SCHOOLS

323 E. 2nd Street South, Pillager, MN 56473

www.isd116.org

Grades K-12 Enrollment Packet for Non-Resident District Students (Open Enrollment to Pillager Schools)

Please complete the following enrollment forms:

1. Pillager Public Schools Enrollment Information
2. Ethnic and Racial Demographic Designation Form
3. Statewide Enrollment Options Form
4. Student Transportation Information Form
5. Transcript Release Form- ISD #116 will request records from the previous school, enrollment is not complete until we have received student records.
6. Minnesota Language Survey
7. Please provide us with a copy of the Student's Birth Certificate

Completed forms may be dropped off at the school or sent in by mail, email or fax to:

<p>Elementary School (K-4) Brenda Uselman Principal: Josh Smith 323 E. 2nd Street South Pillager, MN 56473</p> <p>Fax: 218-746-2134 Phone: 218-746-2111 Email: buselman@isd116.org</p>	<p>Middle School (5-8) Katie Schaefer Principal: Wade Mortenson 323 E. 2nd Street South Pillager, MN 56473</p> <p>Fax: 218-746-2153 Phone: 218-746-2112 Email: kschaefer@isd116.org</p>	<p>High School (9-12) Brittney Lunday Principal: Jason Savage 323 E. 2nd Street South Pillager, MN 56473</p> <p>Fax: 218-746-3406 Phone: 218-746-2113 Email: blunday@isd116.org</p>
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Please note: Completed forms must be received a minimum of 3 days prior to enrollment to ensure all appropriate accommodations have been made.

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Pillager Public Schools Enrollment Information

Student Legal Name: _____

Grade: ____ Sex: M/F Last First Middle
Birthdate: _____ Place of Birth: _____

Student primarily lives with: _____

Primary Household:

Name(s): _____

Mailing Address: _____

City, State, Zip: _____ Name of County: _____

Physical Address: _____

Email Address: _____ Secondary Email: _____

Contact 1:

Cell Phone: _____ Work Phone: _____ Other: _____

Contact 2:

Cell Phone: _____ Work Phone: _____ Other: _____

Name of School District living in: _____ District #: _____

*For out of District residents, an Open Enrollment Application must be completed, reviewed and approved prior to entry.

Secondary Household:

Name(s): _____

Mailing Address: _____

City, State, Zip: _____ Name of County: _____

Physical Address: _____

Email Address: _____ Secondary Email: _____

Contact 1:

Cell Phone: _____ Work Phone: _____ Other: _____

Contact 2:

Cell Phone: _____ Work Phone: _____ Other: _____

List Sibling or other Children living with this child:

Name:	Birthdate:	Gender:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Emergency Information:

Name of person to call if you cannot be reached: _____

Cell Phone: _____ Other: _____

Other persons authorized to pick up your child if you are not available:

Name: _____ Phone: _____

Name: _____ Phone: _____

Previous School Information:

Previous School Attended: _____

Address: _____ City, State, Zip: _____

Phone Number: _____

Is your child currently receiving any of the following services? (Please Circle)

Special Education or Individual Plan 504 Plan Intervention (Reading, Math, or Both) EL

** If the student lives with only one parent, should the other parent receive school information? _____

** Please send any legal documentation to be kept in the students file if non-custodial parent is not allowed to have information or contact with the student.

Parent/Legal Guardian Signature

Date

For Office Use Only:
Today's Date: _____
Start Date: _____
Teacher: _____
Bus Number: _____

Health Information Form

We would like your child to gain the most from his/her school experience. To assist us in accomplishing this, it is necessary to have a current health history. Please complete this section of the enrollment form. At any time throughout the school year, please notify the health office at (218)746-2062 of changes in your child's health, healthcare needs, and changes in any phone numbers in the event we need to reach you.

Student Legal Name: _____ Date of Birth: _____

- | | | |
|--|-----|----|
| 1. Does the student have any health conditions?
If yes, please explain: _____ | Yes | No |
| 2. Does the student have any history of seizures?
If yes, Minnesota schools require a seizure action plan on file in the health office. A form is available in the Health Services section of the Pillager school website. | Yes | No |
| 3. Does the student have any allergies?
If yes, please list: _____
Does the allergy require an EpiPen or other epinephrine device?
If yes, the school requires an anaphylaxis emergency care plan to be on file in the health office. This form must be updated every year. Please see the Health Services section of the Pillager school website for a form if your medical provider has not provided one. | Yes | No |
| 4. Does the student take any medication?
If yes, please list: _____ | Yes | No |
| 5. Will any medications be required at school?
If yes, please see the Health Services section of the Pillager school website for the medication procedure process and the Medication Administration Authorization Form. | Yes | No |
| 6. Does the student have special dietary requirements?
If yes, please explain: _____
Before the school can deviate from the hot lunch program, the school will need a provider's order on file for dietary changes (lactose intolerance, gluten-free). The Special Diet Statement form is available in the Health Services section of the Pillager school website if needed. Lactose free milk is available by written request without a provider's signature. | Yes | No |
| 7. Does the student wear glasses and or contacts?
Date of last eye exam: _____ | Yes | No |

Before the student attends the first day of school, a copy of his/her immunization history or a notarized conscientious exemption form must have been received by the health office.

In the event of an accident or serious illness and I cannot be reached, by signing this form, I grant permission for the school to transport my child by ambulance to the nearest medical facility for treatment if needed. I understand I am responsible for related costs. I understand that the above information will be treated as confidential and will be used only as appropriate.

Parent/Legal Guardian Signature: _____ Date: _____

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Transcript Release/Request for Student Records

Student Name: _____ has enrolled in grade _____ in our district.

Student Date of Birth: _____ Enrolled/Start Date: _____

Previous School Attended: _____

Address: _____

City, State, Zip: _____

Phone Number: _____ Fax: _____

Parent/Guardian Signature: _____ Fax: _____

(Federal Law, Buckley Amendment, Section 99.31, states that a written consent is not required for the release of education records to another educational institution.)

Please Include:

- * Transcripts of grades and test scores
- * Health Records
- * Special Education Documentation and Current IEP
- * Psychological Assessments
- * MARSS Number (MN School)
- * Grad. Standards Test Scores
- * Attendance and Disciplinary Reports
- * Other Information that may be helpful in admission or placement of this student

Please fax or email current IEP and Evaluation immediately- Thank you!

<p>Elementary School (K-4) Brenda Uselman Principal: Josh Smith 323 E. 2nd Street South Pillager, MN 56473</p> <p>Fax: 218-746-2134 Phone: 218-746-2111 Email: buseلمان@isd116.org</p>	<p>Middle School (5-8) Katie Schaefer Principal: Wade Mortenson 323 E. 2nd Street South Pillager, MN 56473</p> <p>Fax: 218-746-2153 Phone: 218-746-2112 Email: kschaefer@isd116.org</p>	<p>High School (9-12) Brittney Lunday Principal: Jason Savage 323 E. 2nd Street South Pillager, MN 56473</p> <p>Fax: 218-746-3406 Phone: 218-746-2113 Email: blunday@isd116.org</p>
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District Parent Letter

Dear Parent or Guardian:

In an effort to assist Minnesota districts in providing targeted programs and services to help all students succeed, districts are required by law to request more detailed student ancestry or ethnic origin information based on Minnesota's largest groups, beyond what has been collected on enrollment forms under federal law since 2008. Parents or guardians are not required to answer the federal questions (in bold) on the Ethnic and Racial Demographic Designation Form for their children. However, if you choose not to answer the federal questions (in bold), federal law requires schools to choose for you. State questions are labeled as "Optional" and schools will not fill in this information for you. Refusal to respond will not impact enrollment in the school.

As a result of the new law, you are asked to report your child's information. Starting with the 2019-2020 school year, all schools in Minnesota will collect this information using these updated categories. The Minnesota Department of Education will continue to incorporate feedback from the public into this form.

To report your child's information, please complete the enclosed form and return it with your registration packet. Note: You may choose to not indicate any of the more detailed selections by marking the "decline to indicate" option(s). You may also choose to mark an "other" option if you do not see your group represented. School staff are not required to assign students to these detailed groups.

Please complete and return the enclosed form with your registration packet. Thank you!

Ethnic and Racial Demographic Designation Form

Student's First Name: _____ Middle Name/Initial: _____ Last Name: _____

Date of Birth: _____ District: _____ School: _____

Schools are required to report ethnicity and race to the state and to the U.S. Department of Education. Because of recent changes to Minnesota state law, Minnesota disaggregates each category into detailed groups to further represent our student populations. Parents or guardians are not required to answer the federal questions (**in bold**) for their children. If you choose not to answer the federal questions (**in bold**), federal law requires schools to choose for you. This is a last resort—we prefer if parents or guardians complete the form. State questions are labeled as "Optional" and schools will not fill in this information for you.

This information helps improve teaching and learning for everyone and helps us accurately identify and advocate for students currently underserved. The information this form collects is considered private information. You can review the privacy notice to learn more about the purpose of collecting this information, how it will be used and not used, and how the detailed groups were identified. The privacy notice can be found in our [Frequently Asked Questions: Ethnic and Racial Designation Form](#).

Is the student Hispanic/Latino as defined by the federal government? The federal definition includes persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.¹

[You must select "yes" or "no" to this question.]

Yes *[If yes, go to Question A.]*

No *[If no, go to Question 1.]*

Optional Question A: If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

- | | | | |
|--|---------------------------------------|--|--|
| <input type="checkbox"/> Decline to indicate | <input type="checkbox"/> Guatemalan | <input type="checkbox"/> Salvadoran | <input type="checkbox"/> Other Hispanic/Latino |
| <input type="checkbox"/> Colombian | <input type="checkbox"/> Mexican | <input type="checkbox"/> Spaniard/Spanish/
Spanish-American | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Ecuadorian | <input type="checkbox"/> Puerto Rican | | |

Go to Question 1.

[Select "yes" to at least one of the Questions (1-6) below.]

Question 1: Does the student identify as American Indian or Alaska Native as defined by the state of Minnesota? The state of Minnesota definition includes persons having origins in any of the original peoples of North America who maintain cultural identification through tribal affiliation or community recognition. [This question is needed to calculate state aid/funding.]

Yes *[If yes, go to Question 1a.]*

No *[If no, go to Question 2.]*

Optional Question 1a: If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

- | | | |
|--|--|---|
| <input type="checkbox"/> Decline to indicate | <input type="checkbox"/> Cherokee | <input type="checkbox"/> Other North American Indian Tribal Affiliation |
| <input type="checkbox"/> Anishinaabe/Ojibwe | <input type="checkbox"/> Dakota/Lakota | <input type="checkbox"/> Unknown |

Go to Question 2.

Question 2. Is the student American Indian from South or Central America?

Yes [Go to Question 3.]

No [Go to Question 3.]

Question 3. Is the student Asian as defined by the federal government? The federal definition includes persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.¹

Yes [If yes, go to Question 3a.]

No [If no, go to Question 4.]

Optional Question 3a. If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

- | | | | |
|--|-----------------------------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Decline to indicate | <input type="checkbox"/> Chinese | <input type="checkbox"/> Karen | <input type="checkbox"/> Other Asian |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Filipino | <input type="checkbox"/> Korean | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Burmese | <input type="checkbox"/> Hmong | <input type="checkbox"/> Vietnamese | |

Go to Question 4.

Question 4. Is the student black or African American as defined by the federal government? The federal definition includes persons having origins in any of the black racial groups of Africa.¹

Yes [If yes, go to Question 4a.]

No [If no, go to Question 5.]

Optional Question 4a. If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

- | | | |
|--|--|--------------------------------------|
| <input type="checkbox"/> Decline to indicate | <input type="checkbox"/> Ethiopian-Other | <input type="checkbox"/> Somali |
| <input type="checkbox"/> African-American | <input type="checkbox"/> Liberian | <input type="checkbox"/> Other black |
| <input type="checkbox"/> Ethiopian-Oromo | <input type="checkbox"/> Nigerian | <input type="checkbox"/> Unknown |

Go to Question 5.

Question 5. Is the student Native Hawaiian or Other Pacific Islander as defined by the federal government? The federal definition includes persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.¹

Yes [Go to Question 6.]

No [Go to Question 6.]

Question 6. Is the student white as defined by the federal government? The federal definition includes persons having origins in any of the original peoples of Europe, the Middle East, or North Africa.¹

Yes

No

Parent(s)/Guardian Name _____ Date _____

Parent(s)/Guardian Signature _____

Minnesota Language Survey

Minnesota is home to speakers of more than 100 different languages. The ability to speak and understand multiple languages is valued. The information you provide will be used by the school district to see if your student is multilingual. In Minnesota, students who are multilingual may qualify for a Multilingual Seal upon further assessment. Additionally, the information you provide will determine if your student should take an English proficiency test. Based upon the results of the test, your student may be entitled to English language development instruction. **Access to instruction is required by federal and state law. As a parent or guardian, you have the right to decline English Learner instruction at any time.** Every enrolling student must be provided with the Minnesota Language Survey during enrollment. Information requested on this form is important to us to be able to serve your student. Your assistance in completing the Minnesota Language Survey is greatly appreciated.

Student Information	
Student's Full Name: (Last, First, Middle)	Birthdate or Student ID:

	Check the phrase that best describes your student:	Indicate the language(s) other than English in space provided:
1. My student first learned:	<input type="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> only English.	
2. My student speaks:	<input type="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> only English.	
3. My student understands:	<input type="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> only English.	
4. My student has consistent interaction in:	<input type="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> only English.	

Language use alone does not identify your student as an English learner. If a language other than English is indicated, your student will be screened for English language proficiency.

Parent/ Guardian Information	
Parent/Guardian Name (printed):	
Parent/Guardian Signature:	Date:

* All data on this form is private. It will only be shared with district staff who need the information to best serve your student and for legally required reporting about home language and service eligibility to the Minnesota Department of Education. At the district and at the Minnesota Department of Education, this information will not be shared with other individuals or entities, except if they are authorized by state or federal law to access the information. Compliance with this request for information is voluntary.

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General Statewide Enrollment Options Application for K-12 and Early Childhood Special Education

The *General Statewide Enrollment Options Application for K-12 and Early Childhood Special Education* is the required application for all Minnesota school districts. Please use this application for inter-district K-12 open enrollment and inter-district enrollment in Early Childhood Special Education (ECSE). Please use the *Statewide Enrollment Options Application for State-funded Voluntary Pre-Kindergarten and School Readiness Plus* for voluntary pre-kindergarten or school readiness plus open enrollment.

IMPORTANT NOTE: Do not disclose other information to the non-resident district until a seat is offered in writing. At that point, the district will request information such as special needs, birth date, race, ethnicity, academic and other records.

Section 1: To be Completed by One or Both of the Student's Parents or Guardians

Student Information

Student Last Name: _____

First: _____

Full Middle: _____

Will the student be at least age 5 and under age 21 by September 1 of the enrollment year or be applying for ECSE?

Yes No*

***If No, please read information in the [Statewide Enrollment Options Instructions](#) before proceeding.**

Student's current grade level (If applying for ECSE, write EC): _____

Grade Level Desired: _____

Student Resident District Information

Resident District Name: _____

District Number: _____

City: _____

District of Choice (non-resident school district)

District of Choice Name: _____

District Number: _____

City: _____

Identify the reason for the request to enroll in a nonresident district:

Site or Program Preferences

If the non-resident school district has multiple sites/programs that serve your child's needs, you may rank sites/programs in order of preference (add more preferences if desired).

1. _____

2. _____

3. _____

Enrollment Timeline

When are you seeking to enroll your child?

- Immediately
- Not immediately, but sometime during the current school year
- Next school year.

Special Situations

Please check all that apply.

- Sibling preference: student has a sibling currently open-enrolled in this non-resident district.
- Employee child preference: Student has parent or legal guardian who is a Minnesota resident who is an employee of the non-resident district.

- Family move: The student’s resident district changed after December 1 prior to the school year requested, waiving deadlines.
- Student is a resident of City of Edina but the resident school district for the student’s Edina home is not Edina Public Schools. Student seeks enrollment in Edina Public Schools.
- Student is requesting a move into and/or a move out of a district that receives [Achievement and Integration Revenue](#), waiving deadlines. You can check here if you do not know the answer to this:
- Student is currently expelled under Minnesota Statutes, section 121A.45 for a reason listed in [Minnesota Statutes, section 124D.03, Subdivision 1](#), which allows but does not require the non-resident district to deny the application.

Parent/Legal Guardian Information

The student must live with at least one parent/guardian who lives in Minnesota.

Minnesota Parent/Guardian 1

Last Name: _____

First Name: _____

MI: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

E-mail: _____

Street Address: _____

City: _____

State: _____

ZIP: _____

Parent/Guardian 2:

Last Name: _____

First Name: _____

MI: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

E-mail: _____

Street Address: _____

City: _____

State: _____

ZIP: _____

Physical Signature of at Least One Parent/Guardian is Required

I hereby verify that the above information is true and correct to the best of my knowledge.

Signature of parent/legal guardian 1: _____

Date: _____

Signature of parent/legal guardian 2 (optional): _____

Date: _____

Submission Information

For priority consideration, please complete this application and send it to the Superintendent’s Office in the [non-resident District](#) by **January 15** before the first fall enrollment. Please do not send this application to the Minnesota Department of Education. Use one application per student per requested district.

Applications received by the non-resident district after the January 15 deadline may qualify for exceptions to deadline or, if not, districts may voluntarily agree to allow enrollment through a voluntary [School District Non-resident Agreement for Inter-district Enrollment](#).

Section 2: To be Completed by the Non-resident District

Non-resident District: Notify parents/guardians of application approval or disapproval in writing by **February 15 or no more than 90 days after receiving applications** that come later through an Achievement and Integration School Choice Program. If rejected, you must let families know legal reason for denial. Reminder: ECSE open enrollment applications cannot be denied solely due to lack of capacity to provide special education services. (See Minn. Stat. § 124D.03, subd. 6).

Please expedite any requests for open enrollment into Early Childhood Special Education Services.

Families must accept or decline the offer by **March 1 or 45 days after notification that their application has been approved**. After receiving the commitment to attend, the non-resident district must notify the resident district by March 15 (or 30 days after initial receipt if form filed after January 15) of the student’s intent to enroll. Districts must report all counts of rejected applications and reasons to the Minnesota Department of Education by July 15 or each year.

Date Application Received: _____

District Name: Pillager Public School

District Number: 0116-01

District Contact Name: Michael Malmberg

Title: Superintendent

Phone: 218-746-2100

Email Address: _____

Does the January 15 deadline apply?

- Yes, the deadline applies and it was met.
- Yes, but it was not met. **If this is the case, contact the superintendent's office in the resident district immediately regarding Section 3 of this form** to determine whether the resident district and your district will agree to a **Non-resident Agreement** to serve the student prior to open enrollment becoming available.
- No, one or both districts receive Achievement and Integration funding from MDE.
- No, family moved to resident district on December 1 or later.

- No, the commissioner of education and commissioner of human rights have determined the resident district's policies, procedures or practices are in violation of Title IV of the Civil Rights Act ([Minn. Stat. §124D.03, subd.7](#)).

Will the student have priority in a lottery? No Yes, based on:

- Sibling of currently open-enrolled student in this district.
- MDE-approved Achievement and Integration with specific school choice plan involving the districts.
- Child of Minnesota resident who is a district employee.
- City of Edina resident whose resident school district is not Edina Public Schools, seeking entry to the district.

Approval/Disapproval of Open Enrollment Application

APPROVED

APPROVED BUT WITH A NON-RESIDENT AGREEMENT for upcoming year that is mutually agreed upon by both districts. Enrollment will continue in subsequent years as open enrollment provided that a lottery is not needed for the student's grade level in the first fall enrollment or the grade level has not been closed by board action. Students will be entered into lottery if one is held. (Non-resident district: keep documentation of the agreement. Districts may document agreement using Section 3 or another format of their choosing.)

STUDENT ASSIGNMENT SITE/PROGRAM: On the basis of information provided in the above application, and with respect to district policies and procedures, the above student will be assigned to:

School Building Name: _____

Starting Date: _____

Grade Level: _____

NOT APPROVED

The non-resident district has denied the request for open enrollment because of the following reason(s) allowed in Minnesota Statutes, section 124D.03. Reminder: ECSE open enrollment applications cannot be denied based on special education program capacity. Check all that apply:

The January 15 deadline applies and was not met; situations that would have waived the deadline are not present. See Statewide Enrollment Options Instructions or Minnesota Statutes, section 124D.03, subdivision 3.

Statutory enrollment cap has been reached for open enrollment. ([Minn. Stat. § 124D.03, subd.2](#))

Grade is closed district-wide by board action. ([Minn. Stat. § 124D.03, subd. 2 and subd.6](#))

District has denied the application because of specific expulsion reasons allowed in law. ([Minn. Stat. § 124D.03, subd.1](#))

NOTIFICATION TO RESIDENT DISTRICT

Non-resident district must notify resident district or last district of attendance by March 15 or 30 days later of the pupil's intent to enroll in the non-resident district. The same procedures apply to a pupil who applies to transfer from one participating non-resident district to another participating non-resident district.

Name of Superintendent/Responsible Authority: _____

Signature: _____

Date: _____

Please Note: districts may not modify this form, add data fields or create alternative formats.

2023-2024 PILLAGER SCHOOL DISTRICT CALENDAR

BOARD APPROVED
02/27/2023

JULY 2023

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

AUGUST 2023

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

SEPTEMBER 2023

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

OCTOBER 2023

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

NOVEMBER 2023

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

DECEMBER 2023

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

JANUARY 2024

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

FEBRUARY 2024

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29		

MARCH 2024

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

APRIL 2024

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

MAY 2024

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

JUNE 2024

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

First Day of School for Students: **September 5**
Last Day of School for Students: **May 30**

1st Semester: 85 days 2nd Semester: 84 days

Total Instructional Days = 169 Days

HOLIDAYS

Independence Day	July 4
Labor Day	September 4
Thanksgiving Break	November 23-24
Winter Break	December 25 - January 2
Presidents Day	February 19
Good Friday	March 29
Memorial Day	May 27

OPEN HOUSE

August 30	4:30pm - 7:00pm
August 23 (5th)	5:30pm - 7:00pm

NEW TEACHER ORIENTATION

August 21

STAFF DEVELOPMENT DAYS (No School for Students)

August 28-31	October 19, 23, 30
November 3 (7:30-11:30am)	January 22, 26, April 1

PARENT TEACHER CONFERENCES

October 30	MS/HS 1:00pm - 4:00pm
November 2	Elementary 12:00pm - 7:00pm
January 23, 25	4:00pm - 7:00pm
	4:00pm - 7:30pm

POSSIBLE SNOW MAKEUP DAY (If Necessary)

January 26	February 16.	March 13
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SCHOOLS

PHONE

Early Childhood Center	218-746-3075
Pillager Elementary School	218-746-2111
Pillager Middle School	218-746-2112
Pillager High School	218-746-2113
Pillager District Office	218-746-3772

COMMENCEMENT MAY 24

KEY

-  Regular Monthly Board Meetings 6:00pm
-  Holiday or (No School)
-  MEA Break for Students & Employees on 184-Day Contracts
-  Semester Start/Stop Days
-  Staff Development Day No School
-  New Teacher Orientation
-  Early Release Day 1:00pm