

Regional School Unit #63

Transfer of Pupil Records

Date: _____

This is to certify that I _____ the parent/legal guardian of the child/children listed below do hereby request that the educational records of the below listed child/children be transferred to:

Holden Elementary School
590 Main Rd.
Holden, Maine 04429

Parent/legal guardian privileges and obligations under the Family Educational Rights and Privacy Act are:

1. Notification of the transfer.
2. If desired, a copy of records may be obtained with cost of copying provided by parent/legal guardian.
3. An opportunity for a hearing to challenge the content of the records provided.

I have been informed of and understand my rights regarding the transfer of pupil records.

Signature of Parent/Legal Guardian

Child/Children	Grade	Name and address of last school attended
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

REGIONAL SCHOOL UNIT #63

Student Registration Form

Student ID # _____

Check One: Initial Enrollment Transfer Student Enrolling in Grade _____ First Day of School _____ Town of Residency _____

Legal Name of Student _____
First Middle Last

Date of Birth _____ Place of Birth _____ Gender Male Female

Ethnic background (check all that apply): Caucasian/White American Indian/Native American African American/Black Hispanic
Asian/Pacific Islander

A parent or guardian is defined as a person who looks after and is legally responsible for the student being registered.

With Whom Does the Child Reside? (Circle all that apply) Both parents Parent 1 Parent 2 Guardian Stepparent Other: _____

Status of Parents: (circle) Married Separated Divorced Deceased Other: _____

Primary Household Information: (Student's Primary Residence)

1. Parent/Guardian's Name _____ Relationship to Student _____
Cell _____ Work Phone _____ Home Phone _____

Email Address _____ Place of Employment _____

Home Address _____ Mailing Address _____

2. Parent/Guardian's Name _____ Relationship to Student _____

Cell _____ Work Phone _____ Home Phone _____

Email Address _____ Place of Employment _____

Home Address _____ Mailing Address _____

Secondary Household Information: (Student's Secondary Residence)

1. Parent/Guardian's Name _____ Relationship to Student _____

Cell _____ Work Phone _____ Home Phone _____

Email Address _____ Place of Employment _____

Home Address _____ Mailing Address _____

2. Parent/Guardian's Name _____ Relationship to Student _____

Cell _____ Work Phone _____ Home Phone _____

Email Address _____ Place of Employment _____

Home Address _____ Mailing Address _____

Parent/Guardian Certification of Residency

I certify that I live with the student named above at the street address identified above. I understand that the RSU#63 School District requires proof of residency and that I have the burden of proof regarding residency. If this residency information changes, I agree to bring it to the immediate attention of the RSU#63 School District.

Date _____ Signature _____

Print Name _____

Guardianship, Custody, Emancipation Documents

- If parents are divorced, a copy of the court order regarding custody must be attached.
- If a custodial parent/guardian wishes the RSU#63 schools to comply with provisions of a court order restricting access to a child, a certified copy of the court order must be attached.
- If the student lives in one of the towns of RSU#63 with a legal guardian who is not a parent, a certified copy of the court order appointing the guardian must be attached.
- If there is a restraining order in effect, a certified copy of the order must be on file with the school for enforcement.
- If the student is an emancipated minor, a certified copy of the court order must be attached.
- If the student is homeless, he/she should discuss his/her situation with the School Principal or designee.

School student last attended: _____ Grade _____ Date last attended _____
 City, State, Zip _____
 Did student receive any of the following services?
 Special Education/IEP _____ 504 plan _____ Gifted and Talented Program _____ Title I _____
If you have a current IEP/504/GT plan copy, please provide one.
Pre-K and Kindergarten only: Has your child received Child Development Services (CDS)? Yes _____ No _____
 Reason for transfer: _____
Has your child ever been suspended/expelled for a weapons, drugs, bullying or violence violation: Yes _____ No _____

Language
 What language did your child **FIRST** speak? _____
 What language do you **MOST OFTEN** use when speaking to your child at home? _____
 What language does your child **MOST OFTEN** speak at home? _____
 What language does your child **MOST OFTEN** speak outside the home? _____

Please check one:
 1. Do you reside outside of Holden, Clifton or Eddington? Yes No
 If yes, attach *Permission to Attend* letter from the student's resident superintendent.
 2. Homeless? Yes No
 3. Eligible for Maine Care? Yes No
 Maine Care # _____
 4. Is child a ward of the state? Yes No
 5. Eligible for Free/Reduced Meals? Yes No

Optional: Parents/guardians are not required to provide this military family information. Are one or both of this student's parents/guardians currently (circle all that apply):
 1. Not connected to the United States Military
 2. Active Duty in the U.S. Army, Navy, Air Force, Marines, U.S. Coast Guard
 3. Full-time National Guard
 4. Part-time National Guard and Reserve
 5. Veteran

Siblings (relationship: brother, sister, stepbrother, stepsister, etc.)
 Name _____ Relationship _____ Grade _____ School _____
 Name _____ Relationship _____ Grade _____ School _____

Emergency Medical Authorization:
 If the parents or legal guardian on this registration record cannot be reached at the time of an emergency, and if immediate observation or treatment is urgent in the judgement of the school authorities, I authorize and direct the school authorities to send the student (properly accompanied) to the hospital or doctor most easily accessible. I understand I will assume full responsibility for the payment of any services rendered.
 Parent/Guardian Signature: _____ Date _____

Evidence of Immunization
 Students must be fully immunized prior to attending school.
 Non-immunized students are not permitted to attend school unless they have a medical exemption signed by his/her doctor.

 Print Name (parent/guardian)

 Sign Name (parent/guardian)

 Date

**HOLDEN SCHOOL
STUDENT EMERGENCY INFORMATION
2024 – 2025**

Name: _____ DOB: _____

Home Telephone Number: _____

Mailing Address: _____

Street Address (if different): _____

Mother's Name: _____

Mailing Address: _____

Employer: _____ Work Phone: _____

Cell Phone (or other) Number: _____

E-mail address: _____

Father's Name: _____

Mailing Address: _____

Employer: _____ Work Phone: _____

Cell Phone (or other) Number: _____

E-mail address: _____

Friends or relatives who may be contacted in case parents cannot be reached:

Name: _____ Relationship: _____

Telephone Number: _____

In case of an emergency, the school is authorized to (please check):

_____ Contact family physician _____ Phone: _____

_____ Take my child to the emergency department

_____ EMMC _____ St. Joseph's Hospital

_____ Other (Please specify): _____

.....
Signed: _____ Date: _____

Allergies: _____ None known

_____ Bee or other insect stings

_____ Foods (Please list): _____

_____ Medications (Please list): _____

Please describe what happens: _____

Medical Conditions: _____

Medications your child takes regularly: _____

RSU 63 Health Update

Name: _____ D.O.B. _____ Grade _____

Are immunizations complete? (Y/N) Documents must be provided.

Medical Issues: _____

Daily medication & medications taken as needed: _____

Allergies:

Does your child have an epi pen? (Y/N)

Please describe the allergic reaction: _____

Date of most recent reaction? _____

Dietary intolerance? (Y/N)

Please describe symptoms: _____

If this is a food allergy or intolerance, please provide documentation from your PCP. We need documentation if accommodations are requested.

Any recent illness or injury, including concussion: _____

It is the general policy of the Board of Directors (the Board) to discourage the dispensing of medication, including over-the-counter (OTC) medication on RSU 63 premises. The administration of prescribed medication to a student during school hours will be permitted only when failure to take such medication would jeopardize the health of the student, or the student would not be able to participate in school activities if the medication were not given during school hours.

Please contact the nurse at dbickford@rsu63.org if your child needs to take medicine at school. We will need a signed permission form and medication must be in the original container before it can be dispensed.

Parent Signature: _____ **Date:** _____

Optional-Dental-Prevention Works 2024-25

IF YOU DO NOT WANT YOUR CHILD TO PARTICIPATE OR THEY ALREADY HAVE A DENTIST-DO NOT FILL OUT THIS FORM.

A Dental Hygienist will see your child during school hours (twice per year) to provide: oral screening, dental cleaning, fluoride varnish, oral hygiene instructions, sealants, temporary fillings and/or Silver Fluoride (SF.) SF is used to temporarily manage cavities until your child is able to see a dentist for permanent fillings. When cavities are treated with SF, the tooth will turn dark, which is a good indication that the infection in the tooth is dying. If you DO NOT want SF used, please check this box

YOU WANT YOUR CHILD TO BE SEEN-THE ENTIRE FORM MUST BE COMPLETED OR IT WILL BE RETURNED TO YOU TO COMPLETE. THIS PROGRAM DOES NOT REPLACE AN EXAM BY A DENTIST.

FULL NAME OF STUDENT- PLEASE PRINT CLEARLY: _____ GENDER: _____

DATE OF BIRTH: _____ - _____ - _____ SCHOOL: _____ GRADE: _____

PARENT/GUARDIAN INFORMATION:

PARENT/GUARDIAN NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

EMERGENCY #: _____

PLEASE PROVIDE THE REQUESTED INFORMATION BELOW, AS IT MAY BE NEEDED IN CASE OF EMERGENCY. IF THERE ARE NONE-PLEASE PUT N/A

MEDICAL CONDITIONS: _____

CURRENT MEDICATIONS: _____

ALLERGIES: _____

Do you have any dental questions/concerns? _____

Has your child seen a dentist or hygienist? Yes ___ No ___ Date of last visit: _____

Dentist's Name or location of last visit: _____

IF YOU WOULD LIKE TO BE SELF PAY-you will be contacted by Prevention Works before your child's visit to discuss services, cost, payment procedure.

12 or younger-\$55 (includes cleaning & fluoride varnish)

13 or older-\$65 ((includes cleaning & fluoride varnish)

Sealants- \$20 per tooth (usually recommend on 6 and 12 year molar teeth)

WE WILL ACCEPT THE FOLLOWING DENTAL INSURANCE: MAINECARE, DELTA DENTAL, UNITED HEALTHCARE, PATIENTS ADVOCATES.

PLEASE FILL OUT INSURANCE SECTION ENTIRELY. A COPY OF BOTH SIDES OF THE INSURANCE CARD IS HELPFUL.

Dental Insurance:

Company Name: _____ Policy/ ID # _____ Group: _____

Subscriber's Name & Address: _____

(PLEASE PRINT)

I hereby give permission for my child to be seen throughout the school year. I understand that Prevention Works is HIPPA compliant and all records are kept confidential and that claims to MaineCare insurance will be electronically transferred. ***By signing below, you are giving Prevention Works authorization to share medical/dental information with other healthcare professionals.***

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

SY 2023 FREE AND REDUCED PRICE SCHOOL MEAL HOUSEHOLD APPLICATION

Complete one application per household for all children. A household is a person(s) living together that shares income and expenses, even if not related. You may also apply online at: <https://www.rtlappscloud.com>

Step 1: STUDENT INFORMATION: List all students living in the household

Student Last Name _____	Student First Name _____	School _____	Foster Child <input type="checkbox"/>	Homeless/Migrant <input type="checkbox"/>
Student Last Name _____	Student First Name _____	School _____	Foster Child <input type="checkbox"/>	Homeless/Migrant <input type="checkbox"/>
Student Last Name _____	Student First Name _____	School _____	Foster Child <input type="checkbox"/>	Homeless/Migrant <input type="checkbox"/>
Student Last Name _____	Student First Name _____	School _____	Foster Child <input type="checkbox"/>	Homeless/Migrant <input type="checkbox"/>

Step 2: BENEFITS Do any members of your household (including you) receive SNAP, TANF or FDPIR assistance? Y / N
If no > complete Step 3. If yes > provide the case number and name of the person receiving these benefits. Do not complete step 3.

Name: _____ SNAP or TANF Number _____ Letter _____

Step 3: INCOME List all Household Members. Include yourself & students listed above. List gross income for each person.

Names Household Member	Gross Income (before deductions)														
	Earnings from Work before deductions	Weekly	Every 2 weeks	2 times/month	Monthly	Welfare, Child Support, Alimony received	Weekly	Every 2 weeks	2 times/month	Monthly	Pensions, Retirement, Social Security & All Other Income	Weekly	Every 2 weeks	2 times/month	Monthly
\$					\$					\$					
\$					\$					\$					
\$					\$					\$					
\$					\$					\$					
\$					\$					\$					
\$					\$					\$					
\$					\$					\$					

Step 4: Required - Adult signature and last four digits of social security number

I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.

Signature of Adult: _____ Last 4 Digits of Social Security Number: _____ I do not have a Social Security Number

Printed Name: _____ Phone: _____ Email: _____

Address: _____ Date: _____

*** FOR SCHOOL USE ONLY ***

Annual Income Conversion: Weekly x 52, Every 2 weeks x 26, Twice a month x 24, Monthly x 12

Total Income: _____ Household Size: _____ Free _____ Reduced _____ Denied _____ Categorically eligible free: _____

Determining Official's Signature: _____ Date: _____

For Verification purposes only - Confirming Official's Signature: _____ Date: _____

Dear Parent/Guardian:

Maine welcomes families of all cultural and linguistic backgrounds. Speaking more than one language is a valuable asset, and we encourage families to maintain their languages while learning English. Students who speak or understand another language may be entitled to support to improve their English in order to meet Maine's challenging academic standards. The following questions, required for all students from pre-kindergarten through grade 12, will help your school determine whether your child may benefit from English language support services. If a language other than English is indicated, your child will be administered an English language screener. Depending on your child's score, your child may be classified as an English Learner and eligible for English language support. If you would like this letter and the survey below to be provided in another language, or if you would like an interpreter, your school will fulfill those requests. If you have questions about this survey, please contact your school principal.

Be assured that your answers will be used only for educational purposes. The completed survey will be kept in your student's permanent file, and only school staff will have access to it. No school employee may inquire about the immigration status of any member of your family.

Thank you for providing this information, and I wish your student great academic success.

Sincerely,

Nancy Mullins
Director of ESOL and Bilingual Programs, Maine Department of Education

LANGUAGE USE SURVEY

Student's Name: _____ Date of Birth: _____
School: _____ Anticipated Grade: _____

Please do not leave any question unanswered.

1. What language(s) did your child first speak or understand?
2. What language(s) does your child most easily speak or understand?
3. What language(s) do those who interact with your child frequently (daily or at least several times per week) use with your child?

Parent/Guardian Signature: _____ Date: _____

School Use Only	
Post-enrollment Identification: If no language other than English is indicated by a parent/guardian on this survey, an English language screener may be administered only if one or both of the questions below is answered affirmatively by a teacher.	
1. Have you observed the student use a language other than English? _____	
2. Has the student indicated to you that he/she uses a language other than English? _____	
Teacher Signature: _____	Date: _____

PLACE THE ORIGINAL OF THIS COMPLETED DOCUMENT IN THE STUDENT'S PERMANENT RECORD FOLDER

2024-2025 GENERAL FIELD TRIP PERMISSION – HOLDEN SCHOOL

Periodically during the school year various classes take a one day or less field trip for educational, recreational, and entertainment purposes. These trips are well chaperoned and the school takes precautions to make these trips safe.

I give my permission for my son/daughter _____ in grade ____ to go on these trips in school provided transportation which will be owned and operated by the school.

I understand that a notice of any field trip will be given prior to the date of the trip. If I do not wish my child to attend, I will notify the school at that time.

Date

Signature of Parent/Guardian

2024-2025 PUBLISHING PERMISSION – HOLDEN SCHOOL

PARENT/GUARDIAN AGREEMENT FORM TO PUBLISH STUDENT INFORMATION ON THE RSU #63 WEBSITE

Name of Student: _____ Grade: _____

School: _____

Name of Parent(s)/Guardian(s): _____

RSU #63 has a policy requiring written permission from a student's parent/guardian prior to publishing student information, photographs or work on the district website. A copyright notice is also included prohibiting the copying of student work without express written permission. In the event that a request for copying is received by RSU #63, the student's parent/guardian will be notified.

- I. Please indicate below whether or not you agree to the publication of your child's information/photograph/work and return this form to the school office as soon as possible.

- II. This agreement will remain in effect for the entire school year unless it is rescinded in writing. If you have any questions, please contact the building Principal.

_____ I grant permission for my child's information/work to be published on RSU #63's website.

_____ I grant permission for my child's photograph to be published on RSU #63's website.

OR

_____ I do not want my child's information/photograph/work to be published on RSU #63's website. ***Please note: if you select this option your student's name and/or picture will not appear in the newsletter or other printed material for honor rolls, awards, sports team participation, or any other school activity in which they are involved.***

Parent/Guardian Signature(s)

Date

2024-2025 FILMING PERMISSION – HOLDEN SCHOOL

Holden School occasionally has local television networks televise on our school premises. Teachers may photograph or videotape students during activities, assemblies or field trips for use in the classroom or in the yearbook. Student teachers may film their classes for review at the college level and/or for their personal portfolios.

FILMING PERMISSION

Yes, I give permission for my child to be filmed by local television networks that are on school premises or by student teachers filming their classes for review at the college level and/or for their personal portfolios.

No, I do not give permission for my child to be filmed by local television networks that are on school premises or by student teachers filming their classes for review at the college level and/or for their personal portfolios.

Date

Signature of Parent/Guardian

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### 2024-2025 STUDENT COMPUTER/INTERNET USE ACKNOWLEDGMENT FORM

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Student Name (please print)

---

Date

---

Signature of Student

#### **Parent/Guardian:**

I have read policy *IJNDB – Student Computer/Internet Use* – and understand that my son'/daughter's use of school district computers/devices and the Internet is subject to compliance with these rules.

---

Parent/Guardian (please print)

---

Date

---

Parent/Guardian Signature

Questions/Comments

Please return to your student's school by **October 1, 2023**

\*A copy of *IJNDB Student Computer/Internet Use* can be found in the Parent/Student Handbook

## Signature Page 2024-2025

This is to certify that I have received, read and understand the Parent/Student Handbook, and will follow the rules and policies within. I have also reviewed this Handbook with my child(ren) and will be sure he/she abides by the rules and policies.

\_\_\_\_\_

Date

\_\_\_\_\_

Parent Signature

\_\_\_\_\_

Student Signature

\_\_\_\_\_

Student Signature

\_\_\_\_\_

Student Signature

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **STUDENT AND RIDER CONDUCT ON SCHOOL VEHICLES ACKNOWLEDGEMENT**

I have read the bus safety regulations and rules and have reviewed them with my child.

\_\_\_\_\_

PARENT'S SIGNATURE

CHILD'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

APPROVED APRIL 29, 2024

## RSU #63 2024-2025 School Calendar

| JULY |    |    |    |    |    |    |
|------|----|----|----|----|----|----|
| S    | M  | T  | W  | TH | F  | S  |
|      | 1  | 2  | 3  | H  | 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 |    |    |    |    |    |    |
|--------|----|----|----|----|----|----|
| S      | M  | T  | W  | TH | F  | S  |
|        |    |    |    | 1  | 2  | 3  |
| 4      | 5  | 6  | 7  | 8  | 9  | 10 |
| 11     | 12 | 13 | 14 | 15 | 16 | 17 |
| 18     | 19 | FX | FX | FX | N  | 24 |
| 25     | P  | P  | FD | 29 | 30 | 31 |

Student Days = 3  
Teacher Days = 6  
First Day School: August 28th  
FX: Teacher Classroom Flex Day: 8/20-8/22

| SEPTEMBER |    |    |    |    |    |    |
|-----------|----|----|----|----|----|----|
| S         | M  | T  | W  | TH | F  | S  |
| 1         | H  | 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 |    |    |    |    |    |

Student Days = 20  
Teacher Days = 20

Open House  
2:15 - 3:00  
August 26: Eddington  
August 27: Holden  
3:30 - 4:15  
August 29: Holbrook

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

Student Days = 22  
Teacher Days = 22

| NOVEMBER |     |     |    |    |    |    |
|----------|-----|-----|----|----|----|----|
| S        | M   | T   | W  | TH | F  | S  |
|          |     |     |    |    | 1  | 2  |
| 3        | 4   | 5   | 6  | 7  | 8  | 9  |
| 10       | H   | 12  | 13 | 14 | P  | 16 |
| 17       | 18  | 19  | 20 | 21 | 22 | 23 |
| 24       | ER* | ER* | X  | H  | H  | 30 |

Student Days = 16  
Teacher Days = 17 (+1 X)  
\*Parent Teacher Conferences:  
November 25th & 26th

| DECEMBER |    |    |    |    |    |    |
|----------|----|----|----|----|----|----|
| S        | M  | T  | W  | TH | F  | S  |
| 1        | 2  | 3  | 4  | 5  | 6  | 7  |
| 8        | 9  | 10 | 11 | 12 | ER | 14 |
| 15       | 16 | 17 | 18 | 19 | 20 | 21 |
| 22       | V  | V  | H  | V  | V  | 28 |
| 29       | V  | V  |    |    |    |    |

Student Days = 15  
Teacher Days = 15

176 Pupil Days  
5 Early Release Days  
7 Professional Days  
1 (Teacher) Exchange Day  
1 (Teacher) Classroom Flex Day

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

Student Days = 21  
Teacher Days = 21

| FEBRUARY |    |    |    |    |    |    |
|----------|----|----|----|----|----|----|
| S        | M  | T  | W  | TH | F  | S  |
|          |    |    |    |    |    | 1  |
| 2        | 3  | 4  | 5  | 6  | 7  | 8  |
| 9        | 10 | 11 | 12 | 13 | 14 | 15 |
| 16       | H  | V  | V  | V  | V  | 22 |
| 23       | 24 | 25 | 26 | 27 | 28 |    |

Student Days = 15  
Teacher Days = 15

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

Student Days = 20  
Teacher Days = 21

Progress/Report Cards Out  
December 2nd  
March 26th  
Last Day of School - mailed home

| APRIL |    |    |    |    |    |    |
|-------|----|----|----|----|----|----|
| S     | M  | T  | W  | TH | F  | S  |
|       |    | 1  | 2  | 3  | 4  | 5  |
| 6     | 7  | 8  | 9  | 10 | 11 | 12 |
| 13    | 14 | 15 | 16 | 17 | 18 | 19 |
| 20    | H  | V  | V  | V  | V  | 26 |
| 27    | 28 | 29 | 30 |    |    |    |

Student Days = 17  
Teacher Days = 17

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

Student Days = 21  
Teacher Days = 21

| JUNE |    |      |      |      |    |    |
|------|----|------|------|------|----|----|
| S    | M  | T    | W    | TH   | F  | S  |
| 1    | 2  | 3    | 4    | 5    | 6  | 7  |
| 8    | LD | LDSD | LDSD | LDSD | PA | 14 |
| 15   | 16 | 17   | 18   | H    | 20 | 21 |
| 22   | 23 | 24   | 25   | 26   | 27 | 28 |
| 29   | 30 |      |      |      |    |    |

Student Days = 6  
Teacher Days = 7

| Key  |                                                   |
|------|---------------------------------------------------|
| N    | New Staff Day                                     |
| FD   | First Day Students                                |
| V    | Vacation Day                                      |
| H    | Holiday                                           |
| ER   | Early Release                                     |
| X    | Exchange Day                                      |
| P    | Professional Day                                  |
| FX   | Teacher Flex Day                                  |
|      | Last Day of School - Early Release (No Snow Days) |
| LD   | Last Days of School with 3 Built-In Snow Days     |
| LDSD | Last Days of School with 3 Built-In Snow Days     |
|      | Chris Greeley Day of Service                      |

End of Trimester:  
November 15th  
March 13th  
June 9th

\*Parent Teacher Conferences  
November 25 1:00pm-6:00pm All Schools  
November 26 1:00pm-6:00pm All Schools

3 Snow Days are included. Tentative last day if June 12, 2025. Professional Day will be June 13, 2025.  
If there are no snow days, the last day will be June 9, 2025 and Professional Day will be June 10, 2025.