

BACK-TO-SCHOOL PACKET

2025-2026
School Year





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Non-SBHC Back-to-School Packet



Dear CPS Families,

Welcome back!

We're excited to kick-off the school year with you! Please find the 2025-2026 Back-to-School packet enclosed. **All back-to-school forms are available digitally on FOCUS.**

Collecting back-to-school information online is preferred to ensure fewer errors. Online forms are available in Spanish, French, and Arabic. Benefits to filling out the forms online include:

- You only need to check and update existing information
- Ensures student information is not duplicated

To access online documents, create an account on FOCUS and search for your child with their FOCUS ID number, first and last name, and date of birth.

If you need help, your child's school has staff that are trained to use the Online Registration System.

If you fill out forms digitally, you do not need to fill out paper forms. However, since many families prefer paper forms, inside this document, you will find all paper forms families are required to fill out, including:

- Health history and consent forms
- CPS' Mobile Device Agreement and Acceptable Use Policy
- Parent Involvement Survey
- Positive Behavior Intervention Supports
- CPS District Calendar

Families are also responsible for understanding Emergency Weather Procedures, which can be found on our website at <https://www.cps-k12.org/our-students/severe-weather-procedures>.

To get a copy of the forms in Spanish, French or Arabic, please contact your school.

If you would like to register a student for preschool, please contact early childhood education at (513) 363-0240 or visit <https://www.cps-k12.org/our-district/preschool>.

Thank you, and we look forward to a great school year!



Students with Disabilities

Cincinnati Public Schools is conducting an Intensive Awareness Campaign in accordance with the requirements of the Individuals with Disabilities Education Improvement Act (IDEIA 2004), the Ohio Administrative Code, the Ohio Revised Code, and the Operating Standards for Ohio Educational Agencies Serving Children with Disabilities.

Public school districts and the Ohio Department of Education are trying to **identify children with disabilities, from birth through age 21**, who may need special education and related services.

For children birth to age 3, a disability means an established condition known to result in either a developmental delay or a documented developmental delay.

For children ages 3 through 5, a disability means a child has a documented deficit in one or more of the following developmental areas:

- Communication
- Vision
- Hearing
- Motor skills
- Social emotional/behavioral functioning
- Self-help skills
- Cognitive development

For school-age children, a disability means a child has been identified as having one or more of the following conditions:

- Autism
- Deaf-blindness
- Hearing impairment (including deafness)
- Multiple disabilities
- Orthopedic impairment
- Other health impairment
- Specific learning disability
- Speech or language impairment
- Traumatic brain injury
- Visual impairment (including blindness)
- Intellectual disabilities
- Emotional disturbance

Your public school offers:

- Evaluation for all children with suspected disabilities, birth through age 21
- Education for all children with disabilities ages 3 through 21 years

When school staff is notified about a child who is suspected of having a disability:

- The child's parents are contacted and informed of their rights, as required by the Individuals with Disabilities Education Improvement Act (IDEIA 2004), the Ohio Revised Code, and the State Board of Education's Operating Standards for Ohio's Schools Serving Children with Disabilities.
- Arrangements are made to review all information and documentation pertaining to the suspected disability.

If you know a child who is suspected of having a disability and is not being served, tell staff at the child's school or contact CPS' Student Services Department, (513) 363-0280.



Districtwide Discipline Policy

Positive Behavior Intervention Supports

- There is a district-wide Code of Conduct for students.
- The Code of Conduct is updated annually and available for review on CPS' website: www.cps-k12.org/codeofconduct

Cincinnati Public Schools strives to create a Positive School Culture in all our schools, aimed at creating a safe and orderly environment that keeps students in school and engaged in learning.

Part of this Positive School Culture is a district-wide **Code of Conduct** that provides clear and explicit expectations for student behavior, specifies guidelines for teaching social skills to students, describes methods to help correct behavior and outlines the consequences for misbehavior.

In addition to the Code of Conduct, each school is required to develop its own Positive Behavior Intervention Supports Plan through its Positive Behavior Intervention Supports Committee. This plan must include a range of options that teach behavior expectations to students. Schools must communicate this plan to parents and students. Parents should know and understand the Positive Behavior Intervention Supports Plan at their children's schools.

Searches of Student and Property

Students will be subject to searches by metal detectors and/or by hand on a random basis, or with reasonable suspicion, by district administrators or security personnel.

The district may search: A student's outer clothing, pockets, book bags or other property; a student's locker; a vehicle driven to school by a student and parked on school property.

Students have no expectation of privacy in cell phones or other electronic devices brought to school. If there is reasonable suspicion that a search will reveal a violation of school rules, cell phones and other electronic devices may be confiscated and searched, including searching calls, e-mails, contacts, texts, and other communications or Internet access.

Students will be treated with respect during a search. Any student failing to cooperate during a search will be subject to discipline under the CPS Code of Conduct.

The Cincinnati Public School District is not responsible for damaged, lost or stolen personal items.

The Cincinnati Public School District provides equal educational, vocational, and employment opportunities for all people without regard to race, gender, ethnicity, color, age, disability, religion, national origin, creed, sexual orientation, or affiliation with a union or professional organization, and provides equal access to the Boy Scouts and other designated groups. The district is in compliance with Title VI, Title IX and Section 504 of the Vocational Rehabilitation Act. For additional information, contact the Title IX Coordinator or Section 504 Student Coordinator: (513) 363-0000 TDD: (513) 363-0124



Dear CPS Families, Parents & Guardians,

Providing our CPS students and staff with a safe educational environment remains one of our top priorities. As a part of an April 2022 School Board resolution, we are encouraging our families to implement secure firearm storage at home to ensure children don't have access and/or bring a gun to school. A firearm stored safely at home is the first step. We have partnered with the "Be Smart For Kids" program to provide you with key information, statistics, and the ability to get a gun lock.



Secure all guns in your homes and vehicles;
Model responsible behavior around guns;
Ask about unsecured guns in other homes;
Recognize the role of guns in suicide;
Tell your peers to Be SMART

Studies of school-based gun violence point to the same significant point for intervention: addressing students' unauthorized access to guns in the home. One recent study of targeted school violence incidents from 2008 to 2017 found that 76% of the firearms were obtained from the home of a parent or close relative.

What's more, unsecured guns in the home pose a risk to students *outside* school. Firearms are now the leading cause of death among children in the U.S. Every year, nearly 350 children under the age of 18 unintentionally shoot themselves or someone else. Distressingly, almost 40% of child gun deaths are suicides—nearly 700 child gun suicides annually (pre-pandemic). In most incidents, the gun used was one that belonged to someone in the student's home.

**4.6 million
American children
live in homes with
guns that are both
loaded and
unlocked.**

One study found that 87% of kids know where their parents' guns are kept, and 60% have handled them. Research shows that secure firearm storage practices are associated with up to an 85% reduction in the risk of self-inflicted and unintentional firearm injuries among children and teens. Storing firearms securely protects any child in your home as well as students throughout the school district and community.

As an additional measure to ensure our parents are informed and aware about secure firearm storage, our school staff will share this information while registering their children for the 2024-2025 school year and confirm this within our student information system.

You can also learn more about secure firearm storage, talking to your children about guns, and facts and resources on child firearm suicide at **BeSMARTforKids.org**. Please take the necessary steps in protecting your family, community, and schools – 'Be Smart' and secure your firearms.

Yours in Service,

Shauna Murphy
Superintendent



Update to the Meal and Educational Benefits Application

Dear CPS Families,

During the pandemic, free breakfast and lunch meals were provided to all students regardless of income verification.

For Fall 2025, breakfast will continue to be provided at no cost to all students, but expired federal waivers as of July 1, 2022 will require parents/guardians with children attending the below three CPS schools to complete a Meal & Educational Benefits Application to qualify for free lunch:

- Hyde Park School
- Kilgour School
- Walnut Hills High School

Paid meals will be \$1.75 at elementary schools and \$2.00 at secondary schools.

Parents/guardians at these three schools may access and fill out the online application available on the CPS webpage or complete a paper application at your child's school.

For more information about our Student Dining Services and Free and Reduced Meal programs, please visit: www.cps-k12.org/studentdining.



Request to Restrict Privacy Information and Photos/Video

Federal and Ohio laws prohibit Cincinnati Public Schools (CPS) from publicly releasing student information, photos and video/audio without authorization, except for designated "Directory Information." Under Ohio public records law, CPS is required upon request to provide the Directory Information to any member of the public who requests it. Per **Board Policy No. 8330**, CPS defines Directory Information as the following:

A student's name, school, grade level, parent-guardian's name, home address, telephone number, email address, participation in officially recognized activities and sports, and awards received.

CPS' primary purpose for releasing Directory Information is to highlight student accomplishments. Sometimes, the district and/or school takes photos and captures video/audio that may be placed on the district's websites, social media channels, approved publications and/or may appear within a broadcast media news story.

If you agree that CPS may release your child's Directory Information, photos, video/audio, **you do not need to return this form** and no further action is needed. If you do not want CPS to release directory information, photos, video/audio or to military recruiters, please check the applicable boxes below.

Directory and General Public Release

Parents, legal guardians, or students aged 18 and older may refuse to allow CPS to release Directory Information by checking the box returning this form to the school by the end of September.

☐

CPS **may not** release Directory Information about my child.

Media Release

Parents, legal guardians, or students aged 18 and older may refuse to allow CPS to release photos and video/audio that features students on the district's websites, social media channels, and publications or may appear on broadcast news. Opting-out does not cover events or performances that are open to the public.

☐

CPS **may not** release photos and/or video/audio of my child.

Military Recruiters:

Per federal law, CPS must release the names, addresses and telephone numbers of high school students to military recruiters, unless the parent, legal guardian, or student aged 18 and over specifically objects.

☐

CPS **may not** release my child's name, address and phone number to military recruiters.

Student Information

Last Name: _____ First Name: _____

Birth Date: ____ / ____ / ____ School: _____ Grade: ____ Home Room: ____

Please check one: ☐ I am the student, and I am 18 years of age or older.
☐ I am the parent or legal guardian of the student and the student is under 18 years of age.

Parent/Guardian Name (Please Print): _____

Signature: _____ Date: ____ / ____ / ____

Parents/guardians and/or eligible students who believe their rights under the Federal Education Rights and Privacy Act (FERPA) have been violated may file a complaint with: Family Policy Compliance Office, U.S. Department of Education, 400 Maryland Avenue, SW, Washington, D.C., 20202-4605.
www.ed.gov/offices/OM/fpco. Informal inquiries may be sent to the Family Policy Compliance Office via email: FERPA@ed.gov.



Community Learning Center
Cincinnati Public Schools
2651 Burnet Avenue
Cincinnati, Ohio 45219
Phone: (513) 363-0154

2025-26 Parent / Guardian Consent Form Student Computerized Records

The Cincinnati Public Schools partners with a number of organizations to assist with addressing student needs.

The partners offer an array of services related to the following areas: tutoring, mentoring, health, and after school services. Services may be organized through Resource Coordinators who are assigned to individual schools.

The Resource Coordinators or partner organizations may request access to the student computerized records system, including IEP data, to view personally identifiable student data. This data may also be shared with staff and volunteers working with the partner organization. This would enable the Resource Coordinators and partner organizations to identify and assign appropriate services to students. If granted access, the Resource Coordinator or partner organizations must maintain the confidentiality of student information, and not re-disclose the information to persons not identified in this consent. The Resource Coordinator and partner organizations are only permitted to access student records in their own program and to the extent necessary to perform his/her duties. In addition, the Resource Coordinator or partner organizations may share information about his/her program with school district staff and other partners listed below, in order to better serve students.

Confidential information may only be shared to the extent that the information is relevant to the student's educational progress, safety, or well-being. Student information may be disclosed in a grave medical emergency which necessitates facilitation of medical care.

A parent/guardian authorization is required to allow the coordinator and partner organizations access to your child's data. Please select the partners below that you give consent to.

Resource Coordinator and/or school will enter partner options below

<ul style="list-style-type: none">• _____• _____• _____	<ul style="list-style-type: none">• _____• _____• _____
---	---

I have read the above and consent to all partners listed above serving **Cincinnati Public Schools** to release, obtain, and exchange my child's information from school district staff and partners listed above.

Print Parent/Guardian Name

Print Student Name (one student per form)

Parent/Guardian Signature

Date

School Name

Grade

Phone Number

For Office Use Only

Student ID #: _____



Student Acceptable Use Policy and Internet/Network Safety Agreement

Cincinnati Public Schools 2025-2026 School Year

Grades PreK - 3

Student Agreement

I WILL...	
	Always handle my iPad or computer properly.
	Only use the websites my teachers approve of.
	Always keep my username and password private.
	Always keep food and drinks away from my iPad or computer, because another student may use the device.
	Always be respectful and kind with using the internet.
	Always report anything on the internet that makes me sad, scared, uncomfortable or unsafe.
	Always take responsibility if I damage my iPad or computer.



Student Acceptable Use Policy and Internet/Network Safety Agreement

Cincinnati Public Schools 2025-2026 School Year
Grades PreK - 3

1. **What is an AUP?**

Acceptable Usage Policy. An agreement or promise that you will follow the rules when using school computers, iPads, and other devices.

2. **Why is the AUP important?**

Our school wants to keep you and the equipment you use safe. The AUP tells you the rules and your job when using computers, iPads, and devices.

The AUP reminds us that when you are using computers, iPads, and other devices it is not private. Your teacher is watching and so are others on the internet. You must remember to be respectful, responsible, and safe.

3. **What is the MDA?**

The Mobile Device Agreement. An agreement or promise that you will take care of the school computers, iPads, and other devices.

4. **Why is the MDA important?**

The Mobile Device Agreement helps remind you to keep the computers, iPads, and devices in good working condition. It also tells you there are consequences if you destroy or damage the computer, iPad, or device.



Student Acceptable Use Policy and Internet/Network Safety Agreement







Cincinnati Public Schools 2025-2026 School Year
Grades PreK - 3

For all questions, please call the Family Technology
Support Center: 513-363-0688



Student Acceptable Use Policy and Internet/Network Safety Agreement
Cincinnati Public Schools 2025-2026 School Year
Grades 4-12

Student Agreement

I WILL...	
	I understand that I am expected to use my assigned device safely, responsibly, and for educational purposes only
	I will treat my equipment with care and respect. I understand that I am responsible for the proper use of technology that is issued to me in my name.
	I will be a respectful digital citizen. I will not cyberbully, send inappropriate messages or use inappropriate language.
	I will notify an adult if an internet/security issue is suspected or identified.
	I will return the device in the condition in which I received it (keyboard/screen cleaned off; no food particles), because I understand another student may be assigned this device.
	I will follow the student responsibilities listed below and the Cincinnati Public Schools (CPS) Code of Conduct while using technology.

CPS "Code of Conduct" can be found at: <https://www.cps-k12.org/our-students/policies-and-guidelines/code-of-conduct>

Student Responsibilities

1. **I will be responsible for my assigned device and accounts.** I will not share my account information, passwords, or other information used to access programs to anyone. I also know that I should not access accounts under someone else's name. If I see someone else's information, when using a shared device, I

will tell an adult and wait to use the device until an adult has removed the material.

2. **I will be kind and respectful in my language and how I treat others while online.** I will not intentionally be hurtful, bully, harass, intimidate, stalk, or threaten other students and staff ("cyberbullying"). I will only use language on the internet and in my school email that I would use in the classroom with my teacher. I will tell a teacher if I see anything hurtful to another student online.
3. **I will use the CPS Network responsibly.** I will not access, post, display, or otherwise use material that is not school appropriate. I will not look up web pages, apps, or documents that have content that is inappropriate. I will not create or share photos, videos, or texts/chats that are inappropriate. Inappropriate content can include things that are discriminatory, mean-spirited, improper, sexually explicit, violent, or disruptive language. I will not download any files, including music and video files, unless a teacher gives me permission.
4. **I will be honest about who I am online.** I will not pretend to be anyone else online. I will not send email, create an account, or post any words, pictures, or sounds using someone else's name. I will not use another person's login name or password. I will not "plagiarize." When I use information from a website, I need to let people know where I got the information and cite my sources. I will obey copyright laws and will not download words, pictures, video, or music that belongs to someone else.
5. **I will protect the security of the CPS Network.** I will not try to change security settings or install any software on school devices without permission. I will not use a phone, personal laptop, or any electronic device in school without a teacher's permission. I will not "hack" into any systems to manipulate data of the district of other users.
6. **I will protect all CPS property that is assigned to me.** I will not break or destroy any equipment on purpose. I will not move any equipment, including keyboards and mice, without permission. I will not disrupt or harm district technology (such as destroying district equipment, placing a virus on district computers, adding or removing a computer program without permission, changing settings on shared computers, etc).
7. **I will protect myself and others while online.** I will not publish any material on a school website, wiki, blog, podcast, or discussion group without permission. I will not publish a picture, including my picture, with the person's first or last name attached. I will not give personal information (such as name, address, telephone number, Social Security number, or other personal information) of mine, another student, staff member, or anyone else without permission or with the intent to threaten, intimidate, harass, or ridicule that person.

Frequently Asked Questions

What is an AUP?

AUP stands for "Acceptable Use Policy." It means that you agree to only do "acceptable" things when you are using Cincinnati Public Schools (CPS) internet and technology. For details on what is "acceptable" see the above agreements and responsibilities as well as your building and/or classroom rules. The AUP is an agreement that you must digitally sign for you to be allowed to use CPS network and equipment.

What is an MDA?

MDA stands for “Mobile Device Agreement.” It means that you agree to handle devices and equipment in a safe and secure manner. Please note that within this agreement it states you may be charged for repair or replacement costs to your device if there is damage caused by:

- A. horseplay in the vicinity of the device.
- B. spilling liquid or food on the device.
- C. closing the monitor on an object (e.g. pen, pencil, calculator, paper clip, etc.).
- D. the device not being cleaned off when turned in.
- E. theft of the device resulting from not securing the device properly.
- F. loss of missing devices.

Why does CPS have an AUP/MDA?

A lot of people use the Cincinnati Public Schools' network and school devices. We need to make sure that our devices and printers are in working order and that everyone is safe and comfortable when using the network.

Why do I have to be responsible for what I do on the CPS District Network?

It is important that we are all responsible digital citizens in order for all staff and students to have safe spaces to learn and grow. Using the internet and district technology is a privilege given to help in achieving that goal. Please understand that the CPS network, web pages, and email accounts are NOT private. CPS staff, as well as the Cincinnati Police, are able to “monitor” all activity on school devices. (Including everything you read, what you write, and the web pages that you visit on school devices). This is done to ensure that district technology is being used for safe and appropriate activities. Pause and think before you use your device to ensure you don't do anything online that you would not want your teachers or parents to see.

What happens if a student does not follow the rules in the AUP/MDA?

The CPS AUP/MDA are in place to ensure we all have safe spaces to learn and grow while using technology. If you see anything online that does not follow the agreements and responsibilities, report it to a teacher or adult IMMEDIATELY! Students who do not follow the CPS AUP/MDA will receive consequences up to the loss of device privileges. Consequences will be determined by your building principal according to your school's rules and procedures. Please note the Cincinnati Police Department will be contacted if your actions have broken a law. Lastly, you could be responsible for fees associated with your device(s).



Education Center - Office of Environmental Health and Safety

2651 Burnet Avenue Cincinnati OH 45219-5381 Phone: 513-363-0107 Fax 513-363-0373

DATE: 6/25/2025

TO: Parents, Staff, School Organizations and Employee Representative Groups

RE: AHERA Annual Notification

This memo is to notify all parents, staff, school organizations and employee representative groups that the Cincinnati Public School District complies with the United States Environmental Protection Agency's (U.S. EPA) Asbestos Hazard Emergency Response Act (AHERA) regulations.

These regulations require every private, parochial and public school district to inspect all school buildings for asbestos containing material, assess the condition of the asbestos material and draw up a plan on how the district is to manage the asbestos containing material.

The Cincinnati Public School District has had all buildings inspected for asbestos and has compiled the results in the Asbestos Hazard Emergency Response Act (AHERA) – *Asbestos Management Plan*. The plan for each school is located in the main school office and is available for review.

The Asbestos Management Plan should be checked when planning all building renovations so as to prevent the disturbance of asbestos. All planned repairs and renovations of school district buildings, which involve the disturbance of known asbestos containing material, are completed by certified persons who are trained to work with asbestos material. These projects are completed in a safe manner by following procedures detailed in the Asbestos Management Plan.

The school district continues to monitor the condition of all asbestos containing building material by having district employees check the condition every six months. In addition, the district has trained inspectors from outside the district conduct a major re-inspection of all buildings every three years. The results of these required inspections are available in the Asbestos Management Plan.

If your school has had asbestos abatement projects, you will find a brief description of the projects in the Asbestos Management Plan.

Any questions or concerns about the implementation of the AHERA regulations should be given to the building administrator who will contact the Environmental Health and Safety Manager, if necessary, to obtain clarification.

Sincerely,

Steven Knapik

Environmental Health and Safety Manager

Sign Up Today



- Educate your children **on when and how** to dial 9-1-1 in an emergency, and make sure your children know their home address.
- Create a Smart911 Safety Profile at **www.smart911.com** to provide 9-1-1 staff and First Responders — police officers, firefighters and Emergency Medical Services — with information that can help protect your family in an emergency.

Signing up for Smart911 gives First Responders important information you have provided that can help **locate you and help you** in an emergency.

Other safety reminders:

- To avoid injury, choose your child's backpack carefully, making sure it won't get too heavy. A loaded backpack should weigh no more than 10 percent to 20 percent of your child's body weight.
- Don't put your child's name on a backpack, or on any outer clothing. If your child's name is easily readable, it makes it easier for strangers to approach and begin a conversation.
- Teach your children that **any adult they don't know is a stranger**, even if the person looks nice, and that they should never go anywhere with a stranger.



Dear Parent or Guardian,

Welcome back! We're thrilled for another exciting school year and can't wait to see all our students achieve great things.

Please complete and return the required health forms. You can pick these up at the school or find them online at: <https://www.cps-k12.org/our-students/forms>.

Here's a quick rundown of the important forms:

- **Emergency Medical Authorization:** This form allows us to get emergency treatment for your child if they become ill or injured at school and we can't reach you.
- **Health History Update:** Ohio law requires this form every school year. It provides us with important health information about your child.
- **Additional Forms for Chronic Conditions:** If your child has a chronic condition like asthma, diabetes, or a seizure disorder, please get additional forms from your school's health office.

Medication Forms (*Only complete these if your child needs medication during school hours*):

- CPS Administration of Prescription Medication
- CPS Administration of Over-the-Counter Medication

Please note: Both medication forms require signatures from both the healthcare provider and the parent/guardian.

If you would like your child to receive services from any of our **School Based Health Centers**, please fill out the appropriate consent form:

- Cincinnati Children's Hospital Medical Center (*Hughes, Rockdale, South Avondale*)
- Cincinnati Health Department (*AWL, Aiken, Ethel Taylor, JP Parker, Mt. Airy, Oyler, Riverview East, Roberts, Roll Hill, Shroder HS, Taft HS, West High/Dater HS, Withrow*)
- Crossroads (*Rothenberg, Taft Elementary*)
- Mercy (*Sayler Park*)
- WinMed (*Bond Hill, Winton Hills, Woodward*)

Thank you for taking care of these important documents and for helping us keep your child healthy!

Angie Maddox
School Health Manager

Please fill out and return to the school health office. Thank you.
Ohio law requires that a current Health History form be on file for every student.

Any history of the following problems? (Circle Y for YES or N for NO)

History For Student and then Family	Student	Family
Allergies: Seasonal/Hay fever	Y N	Y N
Life Threatening Allergy to:	Y N	
EpiPen prescribed	Y N	
ADD/ADHD	Y N	Y N
Anemia or Other Blood Problems	Y N	Y N
Asthma	Y N	Y N
Behavioral Problems _____	Y N	Y N
Blood Pressure Problems (High/Low)	Y N	Y N
Developmental Problems _____	Y N	
Cancer – type _____	Y N	Y N
Chronic Diarrhea or Constipation	Y N	Y N
Chronic Ear Infections	Y N	
Depression	Y N	Y N
Diabetes	Y N	Y N
Drugs or Alcohol Used During Pregnancy	Y N	
Eczema/Chronic Skin Condition	Y N	Y N

History For Student and then Family	Student	Family
Emotional/Psychological Problems	Y N	Y N
Frequent Headaches	Y N	Y N
Head Injury/Concussion? When	Y N	
Frequent Stomachaches	Y N	Y N
Hearing Problems	Y N	Y N
Heart Disease – type _____	Y N	Y N
Kidney Disease – type _____	Y N	Y N
Learning Problems _____	Y N	Y N
Prematurity or Birth Weight under 5 lb.	Y N	
Seizure Disorder/Epilepsy/Tics	Y N	Y N
Sickle Cell Disease	Y N	Y N
Sleep Problems	Y N	Y N
Speech Problems	Y N	Y N
Toothaches/Dental Problems	Y N	Y N
Problems with Vision	Y N	Y N
Wears Glasses	Y N	
Surgery? What type? _____	Y N	

Tuberculosis (TB) Risk Assessment:

Is your child in contact with any of the following people: Immigrants from another country, someone diagnosed with or treated for TB, incarcerated children or adults, HIV infected, homeless, nursing home residents, institutionalized children or adults, illegal drug users, migrant farm workers?

For your child, please circle Yes or No below, and explain any Yes answers.

Diagnosed or treated for TB? ____ No ____ Yes _____

Immigration from another country? ____ No ____ Yes _____

Traveled to another country? ____ No ____ Yes _____

Ever been in jail or in 2020 (Juvenile Detention Center)? ____ No ____ Yes _____

Student's Name _____

Has your child received the COVID-19 Vaccine? ____ No ____ Yes Dates: _____

Please list any **CURRENT** health problems or conditions your child has (may be same as above): _____

Please list any allergies (include **food, medications, environmental, seasonal, etc.**):

Please list any dietary restrictions (medical or non-medical) _____

Does your child see a specialist? Yes ____ No ____ If yes, please list condition, doctor's name, and phone number:

Please list any medications (prescribed or over-the-counter) your child takes **at home** on a daily or as-needed basis (such as medication for ADHD, allergies, asthma, or headaches): _____

SPECIAL NOTE: If your child must take any medications at school, including emergency medications (such as an inhaler or Epi Pen), you must fill out a CPS Administration of Medication form (available at the school).

Has your student had any operations, serious injuries or overnight hospital stays? No ____ Yes ____; please explain:

Has your child ever been pregnant? No ____ Yes ____; please explain:

Has your child ever been a victim of abuse? No ____ Yes ____; please explain:

Has anything bad, scary or sad happened to your family? No ____ Yes ____; please explain:

School Concerns

Is your child in a special education class? No ___ Yes ___; please explain: _____

Has your child repeated a grade? No ___ Yes ___; details: _____

Does your child get into trouble at school? No ___ Yes ___; details: _____

What are your child's grades on the report card? _____

Any changes recently in grades? No ___ Yes ___

Name of Parent/Guardian _____ Date _____

How can we reach you during school hours? Cell: _____ Work _____ Other _____



Emergency Medical Authorization Form

Fill out this form and return it to your child's school.

Student's Name: _____ ID #: _____ Homeroom: _____ Birth Date: _____

School: _____ Grade: _____ Year: _____

Student's Address: _____ Apt.: _____ Phone: _____

City: _____ State: _____ Zip: _____

Purpose — To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached.

Residential Parent or Guardian

Parent / Guardian Name: _____ Daytime Phone: _____

Parent / Guardian Name: _____ Daytime Phone: _____

Other's Name: _____ Daytime Phone: _____

Name of Relative or Child-care Provider: _____

Relationship: _____ Daytime Phone: _____

Address: _____ Zip: _____

PART I or PART II MUST BE COMPLETED

PART I: TO GRANT CONSENT I hereby give consent for the following medical-care providers and local hospital to be called:

Physician: _____ Phone: _____

Dentist: _____ Phone: _____

Medical Specialist: _____ Phone: _____

Local Hospital: _____ Emergency Room Phone: _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above-named doctors, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of my child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Date: _____ Signature of Parent/Guardian: _____

Address: _____ Zip: _____

PART II: REFUSAL TO GRANT CONSENT I do **NOT** give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school to take the following action:

Date: _____ Signature of Parent/Guardian: _____

Address: _____ Zip: _____



Authorization for Administration of Over-the Counter Medications at School

This form expires at the end of the current school year (2025-2026).

Student's Name _____		Date of Birth _____	School Year _____	
Street Address _____	Apt. No. _____	City _____	State _____	Zip _____
School _____		Grade _____	Homeroom _____	

As this student's parent/guardian, I give permission for my child to receive the following over-the-counter medications during school hours or during after-school activities. I agree to provide the medication my child needs in the original labeled container with the protective seal intact.

(Circle yes or no for each medication listed below. *Physician to complete dosage and time/frequency)

Over-the-Counter Medication (Parent to Complete)	Circle Yes	Circle No	Dosage (Physician to complete)	Time/Frequency (Physician to complete)
---	---------------	--------------	-----------------------------------	---

Acetaminophen (Tylenol) for headache, toothache or minor pain	Yes	No		
Ibuprofen for headache, toothache, minor pain or menstrual cramps	Yes	No		
Anti-itch cream or lotion	Yes	No		
Cough drops	Yes	No		
Tums (antacid)	Yes	No		

Is student allergic to any medications? ☐ No ☐ Yes, allergic to _____

Severe reactions that should be reported to the physician: _____

Student's Provider (Physician / Nurse Practitioner / Dentist) *Complete dosage and frequency above.

Provider's Signature: _____ Date: _____

Provider's Name: _____ Emergency Phone _____

I give permission to the Cincinnati Public Schools' designee to give my child the above-mentioned medications for comfort measures. I further agree to indemnify or hold harmless the Cincinnati Public Schools and its agents from all claims as a result of any and all acts performed under this authority. I will inform the school if there is a change in any of this information.

Signature of Parent or Guardian _____ Date _____

Please Print Name of Parent or Guardian _____

How can we reach you during school hours?

Work Phone _____	Cell Phone _____	Home Phone _____	Other _____
------------------	------------------	------------------	-------------



Authorization or Administration of Prescription Medication Form

This form expires at the end of the current school year (2025-2026).

Parent/Provider Request for School Personnel to Give Prescription Medicine

School: _____ Grade: _____ Homeroom: _____ School Fax: _____

Cincinnati Board of Education policy, Section 5330, requires consent of the parent, guardian, or eligible student 18 years or older before medication (including prescription medication, inhalers, Epinephrine, etc.) can be given to a student by school personnel. The following information is necessary to comply with this policy. **Please answer all questions and return this completed form to your student's principal or school health office.**

Student's Name: _____ Date of Birth: _____ Home Phone: _____

Street Address: _____ Apt. #: _____ City: _____ State: _____ Zip: _____

TO BE COMPLETED BY THE STUDENT'S PROVIDER (Physician / Nurse Practitioner / Dentist)

Name of Medication: _____ Dosage: _____

Time/Frequency: _____ How Administered: _____ Date to Begin: _____

Permission for this medication is only valid through the end of the current school year unless otherwise noted. EXCEPTION: For emergency medications for asthma, anaphylaxis, seizures or diabetes, this permission can be valid for 3 years. A provider order is required for any changes in this medication.

Date to Terminate Emergency Medication: _____ (3 years)

Please attach an emergency action plan with procedures to be followed if emergency medication does not alleviate student's emergency.

For Epinephrine orders only: I have determined that this student is capable of possessing and using this auto injector/epipen appropriately and have provided the student with training in the proper use of the auto-injector.

Severe reactions that should be reported to the physician: _____

Special conditions for storage of drug: _____

Provider's Signature: _____ Date: _____

Provider's Name: _____ Emergency Phone #: _____

TO BE COMPLETED BY THE STUDENT'S PARENT OR ELIGIBLE STUDENT

The medicine must be in pill, capsule, liquid, auto-injector or inhaler form, and must be clearly marked from the pharmacist. The label must show the student's name, medication name, dosage directions, doctor, and prescription number.

Pharmacy: _____ Phone Number: _____

As the parent/guardian of this student (or eligible student), I give permission for the principal or designee to administer the prescribed medication. The undersigned agrees not to file or make any claim for negligence in connection with the administration or non-administration of this medicine(s) and further agrees to hold them harmless from any liability incurred as a result of the administration or non-administration of any medicines. I will inform the school if there is a change in any of this information.

Please check the following if applicable:

For Students with Asthma:

_____ As the parent/guardian of this student, or myself, an eligible student, I authorize the student (or myself) to possess and use an asthma inhaler as prescribed, at the school and any activity, event, or program sponsored by or in which the student's school participates.

For Students with EpiPen/Twinject/Auto Injector:

_____ As the parent/guardian of this student, or myself, an eligible student, I authorize the student to possess and use an Epinephrine Auto-Injector, as prescribed, at the school and any activity, event, or program in which the student's school participates. I understand that a school employee will immediately request assistance from an emergency medical service provider if this medication is administered. **I will provide a backup dose of the medication to the school as required bylaw.**

Name of Parent / Guardian / Eligible Student (please print): _____

Signature of Parent / Guardian / Eligible Student: _____ **Date:** _____

Primary Emergency Phone: _____ **Secondary Emergency Phone:** _____

Cincinnati Health Department
School and Adolescent Health Program
Consent Form for 2025-2026 Seasonal Influenza Vaccine

COMPLETE THIS FORM ONLY IF YOU WANT YOUR CHILD TO GET THE FLU VACCINE

A. SCHOOL NAME: _____

STUDENT NAME (Last)	(First)	(M.I.)	GRADE/HR	
DATE OF BIRTH	AGE	GENDER M / F	RACE	PHONE NUMBER
STREET ADDRESS	CITY	STATE	ZIP	
INSURANCE STATUS: <input type="checkbox"/> Medicaid <input type="checkbox"/> CareSource <input type="checkbox"/> United Healthcare Community Plan <input type="checkbox"/> Molina <input type="checkbox"/> Paramount <input type="checkbox"/> Buckeye <input type="checkbox"/> No Insurance <input type="checkbox"/> Private Insurance _____ Insurance Billing# _____ Medical Card Billing Number# _____ Child's SS# _____ <small>*No student will be denied the flu vaccine due to inability to pay or lack of insurance</small>				

B. In order to determine if your child needs a booster dose, please answer this question:

1. Did your child receive **2 doses** of seasonal flu vaccine since July 2010? ☐ Yes ☐ No ☐ Unsure

C. Please answer all of the following questions:

YES NO

1. Is the student sick today with fever or respiratory illness?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the student have a serious allergy to eggs, thimerosal or another component of the flu vaccine?	<input type="checkbox"/>	<input type="checkbox"/>
3. Has the student ever had a serious reaction to a previous dose of flu vaccine?	<input type="checkbox"/>	<input type="checkbox"/>
4. Has the student ever had Guillain-Barré Syndrome (a temporary severe muscle weakness) within 6 weeks after receiving flu vaccine?	<input type="checkbox"/>	<input type="checkbox"/>

D. Please answer all of the following questions:

YES NO

1. Does the student have a long term health problem with heart disease, lung disease, asthma, kidney disease, neurologic or neuromuscular disease, liver disease, metabolic disease (e.g., diabetes), anemia or another blood disorder?	<input type="checkbox"/>	<input type="checkbox"/>
2. If the student is between the ages of 2 and 4 years old, in the past 12 months has a health care provider told you that he or she had wheezing or asthma?	<input type="checkbox"/>	<input type="checkbox"/>
3. Does this student have a weakened immune system because of HIV/AIDS or another disease that affects the immune system, long term treatment with drugs such as high dose steroids, or cancer treatment with radiation or drugs?	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the person have close contact with someone who needs care in a protected environment (for example, someone who has recently had a bone marrow transplant)?	<input type="checkbox"/>	<input type="checkbox"/>
5. Is the person on long-term aspirin or aspirin-containing therapy (for example, does the person take aspirin every day)?	<input type="checkbox"/>	<input type="checkbox"/>
6. Is the student receiving anti-viral medications?	<input type="checkbox"/>	<input type="checkbox"/>
7. Is the person pregnant or could become pregnant in the next month?	<input type="checkbox"/>	<input type="checkbox"/>
8. Has the person received any of the following vaccinations within the past 30 days? MMR, Varicella, or Flu Mist? If yes, give type and date. Recent Vaccinations: _____ Date received: _____	<input type="checkbox"/>	<input type="checkbox"/>

E. Consent

CONSENT FOR VACCINATION:

I understand I will receive the **Flu Vaccine Information Statement** and be offered the **Cincinnati Health Department Notice of Privacy Practices** prior to my child receiving the vaccine.

I GIVE CONSENT for the student named at the top of this form to receive the Flu vaccine.

Signature of Person/Parent/Legal Guardian _____ Date: month _____ day _____ year _____
Print Name of Parent Legal/Guardian _____
Parent Cell Phone Number: _____

F: Vaccination Record (FOR ADMINISTRATIVE USE ONLY):

Vaccine	Date Dose Administered	Route	Lot Number	Name and Title of Vaccine Administrator
2024 Seasonal Flu /	/2024	L Arm R Arm <input type="checkbox"/> IM		
Booster Dose /	/2023	L Arm R Arm <input type="checkbox"/> IM		

Get Support with Parent Advocacy Hours

Are you looking for support or assistance navigating CPS?

We are now offering virtual office hours with CPS' District Parent Champion, LaRonda Thomas.

Appointments are 15 minutes and give you space to ask questions, discuss any concerns or how CPS can support you and your child.

Parent Advocacy Office Hours:

Mondays and Wednesdays

10:00 a.m. - 11:00 a.m.

2:00 p.m. - 3:00 p.m.

6:00 p.m. - 7:00 p.m.

Please contact LaRonda Thomas to schedule an appointment at parentvoice@cps-k12.org or **513-377-2167**.

Interpreter Services available



**PARENT
VOICE**
#activateyourvoice

Join a Parent Organization!

Make a difference at your student's school! Join a Parent Organization today!

School Parent Organizations give you the opportunity to:

1. Activate your voice
2. Support your students' academic and social-emotional success
3. Share your expertise
4. Build community
5. Learn and have fun!

Contact your school's Parent Chair or School Resource Coordinator for more information

Create a Parent Organization at Your School!

Help us reach our goal of 65 parent organizations by 2025! Contact LaRonda Thomas, CPS Parent Champion, for information on establishing or becoming involved in a Parent Organization at your school!



To learn more visit
<https://bit.ly/parentresources>

Email ParentVoice@cps-k12.org
Join our Parent Commnutiy on Facebook
<https://bit.ly/CPSParentVoiceGroup>



Parent Engagement Form

Welcome New & Returning Parents, Guardians and Caregivers!
Would you like to volunteer at your child's school?

Fill out the survey online by visiting <https://bit.ly/ParentEngagementSurveySY23> or scanning the QR code.



If you complete the paper form, please return it to the main office at your child's school.

Student Information

Name: _____

Grade: _____

School: _____

Parent / Guardian / Caregiver Information

Name: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

E-mail: _____

Best time and /or day for volunteering:

Monday_____ Tuesday_____ Wednesday_____ Thursday_____ Friday_____

Please share your skills and areas of interest for volunteering. For example, tutoring, chaperone, office assistant or classroom guest speaker and topics.



Are you registered to vote?

Registering to vote or updating your address for voting is easy — you can go online, print a form and mail it in, or go in person to any public library or Ohio BMV.



Check your registration status or register now at
<https://votehamiltoncountyohio.gov/register/>

To vote in the **August 5, 2024** Special Election, you must register by **July 7, 2024**.

To vote in the **November 4, 2024** General Election, you must register by **October 6, 2024**.

Voter Registration and Information Update Form

Please read instructions carefully. Please type or print clearly with blue or black ink.
For further information, you may consult the Secretary of State's website at: VoteOhio.gov or call 877-SOS-OHIO (877-767-6446).

Eligibility

You are qualified to register to vote in Ohio if you meet all the following requirements:

1. You are a citizen of the United States.
2. You will be at least 18 years old on or before the day of the general election.
3. You will be a resident of Ohio for at least 30 days immediately before the election in which you want to vote.
4. You are not incarcerated (in jail or in prison) for a felony conviction.
5. You have not been declared incompetent for voting purposes by a probate court.
6. You have not been permanently disenfranchised for violations of election laws.

Use this form to register to vote or to update your current Ohio registration if you have changed your address or name.

NOTICE: This form must be received or postmarked by the 30th day before an election at which you intend to vote. You will be notified by your county board of elections of the location where you vote. If you do not receive a notice following timely submission of this form, please contact your county board of elections.

Please see information on back of this form to learn how to obtain an absentee ballot.

Numbers 1 and 2 below are required by law. You must answer both of the questions for your registration to be processed.

Identification Requirements

If you have a current Ohio driver's license or state ID card, you must provide that number on line 10. If you do not have an Ohio driver's license or state ID card, you must provide the last four digits of your Social Security number on line 10. If you have neither, please write "None."

Residency Requirements

Your voting residence is the location that you consider to be a permanent, not a temporary, residence. Your voting residence is the place in which your habitation is fixed and to which, whenever you are absent, you intend to return. If you do not have a fixed place of habitation, but you are a consistent or regular inhabitant of a shelter or other location to which you intend to return, you may use that shelter or other location as your residence for purposes of registering to vote. If you have questions about your specific residency circumstances, you may contact your local board of elections for further information.

Your Signature

In the area below the arrow in Box 14, please write your cursive, hand-written signature or make your legal mark, taking care that it does not touch the surrounding lines so when it is digitally imaged by your county board of elections it can effectively be used to identify your signature.

WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE

I am: ☐ **Registering as an Ohio voter** ☐ **Updating my address** ☐ **Updating my name**

1. Are you a U.S. citizen? ☐ Yes ☐ No
2. Will you be at least 18 years of age on or before the next general election? ☐ Yes ☐ No
- If you answered NO to either of the questions, do not complete this form.

3. Last Name		First Name		Middle Name or Initial	Jr., II, etc.
4. House Number and Street (Enter new address if changed)		Apt. or Lot #	5. City or Post Office		6. ZIP Code
7. Additional Mailing Address (if necessary)			8. County (where you live)		FOR BOARD USE ONLY SEC4010 (rev. 2/7/23) City, Village, Twp. Ward Precinct School Dist. Cong. Dist. Senate Dist. House Dist.
9. Birthdate (MM/DD/YYYY) (required)	10. Ohio driver's license number, state ID card number, OR last four digits of Social Security number (one form of ID required to be listed or provided)		11. Phone Number (voluntary)		
12. PREVIOUS ADDRESS IF UPDATING CURRENT REGISTRATION - Previous House Number and Street					
Previous City or Post Office		Previous County	Previous State		
13. CHANGE OF NAME ONLY Former Legal Name		Former Signature			
14. I declare under penalty of election falsification I am a citizen of the United States, will have lived in this state for 30 days immediately preceding the next election, and will be at least 18 years of age at the time of the general election.					
Your Signature			Date (MM/DD/YYYY)		

**TO ENSURE YOUR INFORMATION IS RECEIVED,
PLEASE DO THE FOLLOWING:**

1. Print this form.
2. Make sure all required fields are complete.
3. Sign and date your form.
4. Fold and insert your form into an envelope.
5. Mail your form to your county board of elections.

Board of Elections – Hamilton County Ohio

Registration Department

4700 Smith Rd. Cincinnati OH 45212

If you have additional questions, please call the office of the Ohio Secretary of State at 877-SOS-OHIO (877-767-6446).

HOW TO OBTAIN AN OHIO ABSENTEE BALLOT

You are entitled to vote by absentee ballot in Ohio without providing a reason. Absentee ballot applications may be obtained from your county board of elections or from the Secretary of State at: VoteOhio.gov or by calling 877-SOS-OHIO (877-767-6446).

OHIO VOTER IDENTIFICATION REQUIREMENTS

Voters must bring photo identification to the polls in order to verify identity. Voters who do not provide identification will still be able to cast a provisional ballot pursuant to R.C. 3505.181. For more information on voter identification requirements, please consult the Secretary of State's website at: VoteOhio.gov or call 877-SOS-OHIO (877-767-6446).

**WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A
FELONY OF THE FIFTH DEGREE.**



2025-2026 Calendar

August						
Su	Mo	Tu	We	Th	Fr	Sa
					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						
Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15M	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

October						
Su	Mo	Tu	We	Th	Fr	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17Q	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

November						
Su	Mo	Tu	We	Th	Fr	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17M	18	19	20	21	22
23	24	25	26C	27	28	29
30						

December						
Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19Q	20
21	22	23	24	25	26	27
28	29	30	31			

January						
Su	Mo	Tu	We	Th	Fr	Sa
				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						
Su	Mo	Tu	We	Th	Fr	Sa
1	2M	3	4	5	6	7
8	9C	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28

March						
Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13Q	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

April						
Su	Mo	Tu	We	Th	Fr	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13M	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

May						
Su	Mo	Tu	We	Th	Fr	Sa
					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	28Q	29	30
31						

June						
Su	Mo	Tu	We	Th	Fr	Sa
	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				

July						
Su	Mo	Tu	We	Th	Fr	Sa
			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	

- First day of school/last day of school
- Teacher classroom workday-**NO STUDENTS**
- PD day--**NO STUDENTS**
- Holiday/Break - **All of CPS is Closed**
- Holiday/Break -**Schools Closed**
- C** Teacher Conference Exchange Days (11.26 & 02.09)
- Summer School-- **June 1-30**
- Q** End of Quarter
- M** Midterm Week

Notes:

- 171 Student Days
- 191 Teacher Days
- 1050-1137.5 Instructional Hours

* CPS Staff: Please review payroll calendars for additional details regarding paid holidays and schedule.

2025-26 Calendar Dates and Details

Aug 13-14	Teacher Classroom Workday*
Aug 15	Professional Development Day*
Aug 18	Professional Development Day*
Aug 19	Building Professional Meeting Day*
Aug 20	First Day of School for Students
Sept 1	Labor Day Holiday - Schools Closed/Central Office Closed
Sept 15	Midterm Week
Sept 22	District Professional Development Day - No Students*
Oct 2	Teacher classroom workday- No Students*
Oct 17	End of First Quarter (40 Instructional Days, 48 Staff Days)
Nov 4	Election Day - Only Schools Closed*
Nov 11	Veterans' Day Holiday - Schools Closed/Central Office Closed
Nov 17	Midterm Week
Nov 24	Holiday/Break - Only Schools Closed*
Nov 25	Holiday/Break - Only Schools Closed*
Nov 26	Holiday/Break - Only Schools Closed - Teacher Conference Exchange Days*
Nov 27	Thanksgiving Day Holiday - Schools Closed/Central Office Closed
Nov 28	Holiday/Break - Schools Closed/Central Office Closed*
Dec 19	End of Second Quarter (43 Instructional Days, 47 Staff Days)
Dec 22-Jan 2	Winter Recess - Only Schools Closed (10 days)*
Dec 24-25	Christmas Eve and Christmas Day Holiday-Schools Closed/Central Office Closed*
Jan 1	New Year's Day Holiday-Schools Closed/Central Office Closed
Jan 5	District Professional Development Day - No Students*
Jan 6	Schools Reopen
Jan 19	Martin Luther King Jr. Day Holiday - Schools Closed/Central Office Closed
Feb 2	Midterm Week
Feb 9	Holiday/Break - Only Schools Closed - Teacher Conference Exchange Days*
Feb 16	Presidents' Day Holiday - Schools Closed/Central Office Closed
Mar 2	District Professional Development Day - No Students*
Mar 13	End of Third Quarter (45 Instructional Days, 51 Staff Days)
Mar 23-27	Spring Break - Only Schools Closed (5 days)*
Mar 30	Schools Reopen
Apr 13	Midterm Week
May 25	Memorial Day Holiday - Schools Closed/Central Office Closed
May 28	End of Fourth Quarter - Last day for Students (43 Instructional Days, 45 Staff Days)
May 29	Teacher Classroom Workday - Last day for Teachers*
June 19	Juneteenth Holiday - Schools Closed/Central Office Closed
July 3	Independence Day Holiday - Schools Closed/Central Closed

