

SCHOOL ADMINISTRATIVE UNIT #2

Ashland School District

Inter-Lakes School District

Humiston Building • 103 Main Street Suite 2 • Meredith, New Hampshire 03253

Main Office Tel: (603) 279-7947 • Special Education Tel: (603) 279-3144 • Fax: (603) 279-3044

Mary A. Moriarty
Superintendent of Schools

Ashley Dolloff
Business Administrator

Lisa Holiday
Director of Student Services

Dear Parents/Guardians:

Welcome to the Inter-Lakes School District. Our school community is looking forward to working with you and your child(ren).

In accordance with New Hampshire laws, your child(ren) may attend school in the Inter-Lakes School District by being a legally residing resident within the boundaries of our School District. In order to facilitate and complete the school registration for your child(ren), the following documentation is required:

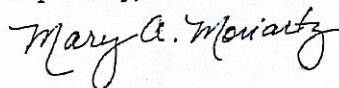
1. **Admission Requirements for Students Entering or Transferring into the Inter-Lakes School District** (School Board Policy #5119). A copy of a fully executed lease with the name and phone number of the landlord; a copy of a fully executed closing statement and/or deed; a telephone, electric, or cable bill; an envelope with yellow forwarding postal sticker; or a bill or mailing from doctor's bill, bank statement, or payroll check.
2. **Current Immunization Records** and a copy of last physical examination (RSA 200:32 and ED 311.03).
3. **Birth Certificate** - for child(ren) being registered (clear copy or original accepted).
4. If applicable, copies of Guardianship or Legal Custody documents.
5. For students of divorced parents, a copy of the written agreement identifying which school the child will attend and proof of one parent's residency in that district.
6. Please note additional documentation may be requested by the School District to prove residency.

In order to ensure we make your child(ren)'s first day of school in the Inter-Lakes School District a positive one, students may begin attending school the 24 hours after all registration requirements have been satisfied.

The Inter-Lakes School District values and welcomes communication with our families. In order to assist us in communicating, please keep the School District informed of any changes in your phone numbers and/or address by contacting the school.

I wish you and your child(ren) the best during the school year. Please do not hesitate to contact me with questions or comments. I can be reached at the address and phone number listed above and also by e-mail at mary.moriarty@interlakes.org.

Respectfully,



Mary A. Moriarty
Superintendent of Schools

SCHOOL ADMINISTRATIVE UNIT #2

Student Records Request

Name of Student: _____ Grade Entering: _____

Date of Birth: _____

I, hereby give my permission for *(please check one of the following)*:

- ☐ **Ashland Elementary School**
(Kindergarten – Grade 8)
16 Education Drive, Ashland, NH 03217
Phone: 968-7622
- ☐ **Inter-Lakes Elementary School**
(Kindergarten – Grade 6)
21 Laker Lane, Meredith, NH 03253
Phone: (603) 279-7968
Fax: (603) 279-6344
- ☐ **Inter-Lakes Middle / High School**
(Grades 7 – 12)
1 Laker Lake, Meredith, NH 03253
Phone: (603) 279-6162
Fax: (603) 279-5302
- ☐ **Sandwich Central School**
(Kindergarten – Grade 6)
28 Squam Lake Road, Center Sandwich, NH 03227
Phone: (603) 284-7712
Fax: (603) 284-6104

to request the following data/records regarding my child for the purposes of programming and placement:

- Permanent Cumulative School Record showing all grades
- Health Records including up-to-date immunizations
- Attendance Records
- Discipline Records
- Achievement Test Scores
- Special Education and 504 Records
- Psychological Records

From the following School/District/Agency:

Name of School: _____

Address: _____

City, State, Zip Code: _____

Phone #: _____ Fax #: _____

Signature _____ Date: _____

Parent, Legal Guardian, or Guidance

Relationship to Child: _____

Upon refusal to sign to send discipline records, please know the district will inform the next school district if the discipline behavior posed a significant risk to the well-being and safety of others.

INTER-LAKES SCHOOL DISTRICT RESIDENCY STATEMENT

In order to be admitted to the Inter-Lakes School District, a pupil must reside in one of the towns served by the District: Center Harbor, Meredith, Sandwich, NH.

New Hampshire state law is quite specific in that no person who lives outside of the Inter-Lakes School District may attend school in Inter-Lakes without the consent of the School Board. The fact that an individual pays taxes to a district, but has an established residence elsewhere, does not extend the privilege of attending local schools.

If a pupil is registered in the Inter-Lakes School District and is found to reside outside of the District, the parent/guardian will be held responsible for the payment of tuition commensurate with the number of days of attendance. There is also the risk of criminal charges.

Please acknowledge that you have read the above by signing the appropriate line below. This attests that your child lives within the Inter-Lakes School District.

_____ I am a resident of Center Harbor, NH

_____ I am a resident of Meredith, NH

_____ I am a resident of Sandwich, NH

_____ Parent/Guardian

_____ Date

Student Name: _____

Physical Address: _____

NOTE:

- * Newly registered students MUST complete this form AND supply valid proof or residency per Policy #5119 – Proof of Residency (see back of page for policy details)
- * Returning students must complete this form each year.

Admission Requirements for Students Entering or Transferring into the Inter-Lakes School District

All entering and transferring students, prior to enrollment/admission to school, must present the following documentation:

- ✓ Completed Inter-Lakes School District – Student Registration Form
- ✓ Copy of the child's birth certificate
- ✓ Immunization records, to include record of a physical examination by a licensed physician in accordance with RSA 200:32 or copy of medical or religious exemption
- ✓ Proof of residency
 - Items accepted to prove residency:
 - copy of a fully executed lease, with the name and phone number of the landlord
 - copy of a fully executed closing statement
 - telephone, electric or cable bill
 - envelope with yellow forwarding postal sticker
 - billing or mailing from current doctor's bill, bank statement, or payroll check
 - Items not accepted to prove residence:
 - property tax bill
 - voter registration
 - driver's license
 - PO Box
 - Additional documentation may be requested by the School District to prove residency.
 - Falsification of residency may result in tuition charges

Legal Reference:

RSA 193:12 II Legal Residence Required

RSA 200:32 Physical Examination of Pupils

Revised: 03/83

Revised: 06/88

Reviewed: 07/89

Adopted: 09/25/89

Reviewed: 11/00

Amended: 10/09/18

INTER-LAKES SCHOOL DISTRICT – STUDENT REGISTRATION FORM

STUDENT INFORMATION: (please print, using black or blue ink)

Name: _____
(Last) (First) (Middle)

Gender Identify: _____ Date of Birth: _____ City/State of Birth: _____

Country of Birth: _____ Date 1st Entered US Schools: _____

Street Address: _____

Town: _____ State: _____ ZIP: _____

Are you living in temporary housing? Yes No

Mailing Address: (if different from above) _____

Home/Cell Phone: _____ Can Receive Text Message: Yes No

Student Cell Phone: _____ Can Receive Text Message: Yes No

Student Resides With: (check one)

_____ Both Parents _____ Mother _____ Father _____ Legal Guardian(s)

_____ Joint Custody _____ Foster Parent _____ Other _____

Do you have any court orders? If yes, a complete original copy of any legal documents/court orders must be presented (i.e. divorce decree/parenting plan pertinent to custody and registration for school; custody; restraining order; etc.)

PARENT/GUARDIAN MILITARY STATUS (As required by ESSA): Select all that apply for this student's Parents or Guardians:

_____ Active Duty in Armed Forces (not including National Guard) including Army, Navy, Air Force, Marine Corps and Coast Guard

_____ Full-Time National Guard

Ethnicity: (circle one)

Is your child Hispanic/Latino? Yes No

Race: (check all that apply)

_____ American Indian/Alaskan Native _____ Native Hawaiian/Other Pacific Islander _____ Asian

_____ White _____ Black/African American

_____ Other : _____

Primary Household: (Parent(s)/Guardian(s)/Legal Custodian(s) with whom the student primarily resides)

1. Name: _____ Relationship to student: _____

Home/Cell Phone: _____ Work Phone: _____ E-mail Address: _____

2. Name: _____ Relationship to student: _____

Home/Cell Phone: _____ Work Phone: _____ E-mail Address: _____

Secondary Household: (Parent(s)/Guardian(s)/Legal Custodian(s) with whom the student does not primarily reside)

Name: _____ Relationship to student: _____

Home/Cell Phone: _____ Work Phone: _____ E-mail Address: _____

Mailing Address: _____

(Number/Street)

(City/Town)

(State/ZIP)

Lives with: Yes No Can Pick Up: Yes No Emergency Contact: Yes No Receives Mail: Yes No

Has View Access: Yes No

Please complete information on reverse side.....

Inter-Lakes School District – Student Registration Form (pg 2)

Date of Withdrawal from Last School: _____ Grade Now Entering: _____

Last School Attended: _____ Grade: _____
(School) (City/Town) (State)

➤ Has your child ever registered or been evaluated by the Inter-Lakes School District before? Yes No
If yes, when or how long ago? _____

➤ Does your child receive Special Services now? Yes No
If yes, check all that apply:

____ IEP _____ 504 Accommodation Plan
____ Physical Therapy _____ Occupational Therapy
____ Speech/Language _____ Other (Please describe) _____
____ Title I Reading _____

➤ Does your child have health issues: Yes No

➤ Is there any other information we should know about your child (behavior, medical, attentional, physical or learning)?

➤ Please list all children who reside in the primary household between the ages of 0-18: (name, date of birth, school – if applicable)

1. _____ 4. _____
2. _____ 5. _____
3. _____ 6. _____

Parent/Guardian Signature: _____ Date: _____

OPTIONAL:

Does your household have internet access? _____

If so, share the type of access and provider: _____

FOR OFFICE USE ONLY

Town Responsible: _____ Starting Date: _____ Entry Code: _____

School ID#: _____ SASID #: _____ HR Teacher: _____

Locker#: _____

Records Request Sent: _____

Proof of Residency Verified: _____ Lease _____ Closing Statement _____ Cable _____ Other _____
Date

Residency Affidavit Signed (if required) _____ Sent to SAU _____
Date Date

INTER-LAKES SCHOOL DISTRICT
Home Language Survey

School: _____ Date: _____

Student Information:

First Name: _____ Last Name: _____

Gender Identity: _____ Date of Birth: _____ Country of Birth: _____

Date of Entry in U.S. _____ Date first enrolled in a U.S. School: Month _____/Year _____

Current Grade: _____

Family Information:

Name of Parent/Legal Guardian: _____

Address: _____

Phone #: _____

Please translate school notices: **Yes No** If yes, language _____

Questions for Parents/Guardians:

➤ Please list all languages spoken in your home: _____

➤ Which language did your child first hear or speak? _____

If English is the only language listed **stop here**. If another language is listed, please continue.

➤ Which language(s) do you speak to your child? _____

➤ Which language(s) does your child speak at home with adults? _____

➤ Which language(s) does your child speak at home with other children? _____

For parents and guardians:

If a language other than English is listed above, an ESOL (English for Speakers of Other Languages) Teacher will test your child to find out if he or she can speak, understand, read, and write well in English. The results will be sent to you within 30 days. Based on the results of the test, your child may be eligible to enroll in an English Language (ESOL) class at school. Parents/guardians may accept or decline ESOL Program services for their child.

Instructions for survey administrator:

1. Please provide an interpreter when necessary.
2. If responses indicate a language other than English, please contact the ESOL Teacher and provide him/her with a copy of this survey. Date of referral to ESOL Teacher: _____
3. File original Home Language Survey in student's cumulative folder.

2025-2026 INTER-LAKES SCHOOL DISTRICT HEALTH & EMERGENCY INFORMATION

Student's Last Name: _____ First: _____ Middle: _____
Grade: _____ Birthdate: _____ Gender: _____ HR Teacher: _____
Mailing Address: _____
Physical Address: _____

PARENTS/GUARDIANS

Parent/Guardian Name: _____	Name: _____
Relationship: _____	Relationship: _____
Home Phone: _____ Cell Phone: _____	Home Phone: _____ Cell Phone: _____
Work Phone: _____ Employer: _____	Work Phone: _____ Employer: _____
E-Mail: _____	E-Mail: _____
Lives with: _____ Can Pick Up: _____	Lives with: _____ Can Pick Up: _____
Emergency Contact: _____	Emergency Contact: _____

OTHER CUSTODIAL PARENT or NON-CUSTODIAL PARENT

Name: _____ Relationship: _____
Mailing Address: _____
Home Phone: _____ Cell Phone: _____ E-Mail: _____
Lives with: _____ Can Pick Up: _____ Emergency Contact: _____
Do you want student and/or school information to be mailed to this address? Yes: _____ No: _____

#1 EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____
Home Phone: _____ Cell Phone: _____
E-Mail: _____ Can Pick Up: _____

#2 EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____
Home Phone: _____ Cell Phone: _____
E-Mail: _____ Can Pick Up: _____

STUDENT HEALTH INFORMATION

Does this student take medication regularly, have any specific allergies or specific medical conditions, such as:
Glasses ☐ ADD/ADHD ☐ Asthma ☐ Seizures ☐ Allergies ☐ Diabetes ☐ Other ☐

PLEASE EXPLAIN IN DETAIL: _____

Does this student take daily medication? Yes ☐ No ☐ If yes, name of medication: _____
EpiPen Yes ☐ No ☐ Inhaler Yes ☐ No ☐

Physician/Phone: _____ Dentist/Phone: _____

Medical Insurance: BC/BS ☐ Healthy Kids ☐ School Insurance ☐ Other ☐ None ☐

In the event of a life threatening emergency the school will call 911 and administer oxygen if needed. In case of an accident or serious illness, I request that the school call me first. If I cannot be reached, please call the emergency contacts listed. In the event that my child suffers an anaphylactic reaction (severe allergic reaction), I give permission to the school nurse to administer EpiPen. I also allow the school nurse to share health information with other school personnel working with my child.

Signature of Parent/Guardian: _____ Date: _____

I give permission for my child to be given the following over the counter medications: Benadryl ☐ Tums ☐ Midol ☐
Tylenol (acetaminophen) ☐ Cough/Cold Elixir ☐ Motrin/Advil (ibuprofen) ☐ Topicals ☐ Cough Drops ☐
I give permission for my child to change into school clothing if necessary Yes ☐ No ☐

Signature of Parent/Guardian: _____ Date: _____

2025-2026 INTER-LAKES SCHOOL DISTRICT
EMERGENCY CONTACT INFORMATION

STUDENT INFORMATION

Student's Last Name: _____ First: _____ Middle: _____		
Grade: _____	Birthdate: _____	Gender: _____ HR Teacher: _____
Mailing Address: _____		
Physical Address: _____		

PARENTS/GUARDIANS

Parent/Guardian Name: _____		Name: _____	
Relationship: _____		Relationship: _____	
Home Phone: _____	Cell Phone: _____	Home Phone: _____	Cell Phone: _____
Work Phone: _____		Work Phone: _____	
E-Mail: _____		E-Mail: _____	
Lives with: _____	Can Pick Up: _____	Lives with: _____	Can Pick Up: _____
Emergency Contact: _____ Mailings: _____		Emergency Contact: _____ Mailings: _____	

OTHER CUSTODIAL PARENT or NON-CUSTODIAL PARENT

Name: _____		Relationship: _____	
Mailing Address: _____			
Home Phone: _____	Cell Phone: _____	E-Mail: _____	
Lives with: _____	Can Pick Up: _____	Emergency Contact: _____	
Do you want student and/or school information to be mailed to this address? Yes: _____ No: _____			

EMERGENCY CONTACT INFORMATION (other than parents, parents will be called first)

Name: _____		Relationship: _____	
Home Phone: _____	Cell Phone: _____		
E-Mail: _____	Can Pick Up: _____		

Name: _____		Relationship: _____	
Home Phone: _____	Cell Phone: _____		
E-Mail: _____	Can Pick Up: _____		

INTER-LAKES SCHOOL DISTRICT
Home Language Survey

School: _____ Date: _____

Student Information:

First Name: _____ Last Name: _____

Gender Identity: _____ Date of Birth: _____ Country of Birth: _____

Date of Entry in U.S. _____ Date first enrolled in a U.S. School: Month _____/Year _____

Current Grade: _____

Family Information:

Name of Parent/Legal Guardian: _____

Address: _____

Phone #: _____

Please translate school notices: **Yes No** If yes, language _____

Questions for Parents/Guardians:

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Inter-Lakes Expectations for the Responsible Use of Technology

I will be...

Responsible

I accept that my choices and actions, as well as any accounts and/or technology entrusted to me, are my responsibility. Whether I am at school or off-campus, I will protect myself, my accounts/tools, and others by:

- Using passwords that are strong and that I will not share.
- Not sharing personal information, or the personal information of others, including pictures, audio, and/or video.
- Ensuring that the technology tools I use are kept safe, clean and that they are not defaced.
- Using online resources which are safe and appropriate for me.
- Making healthy choices about how, when, and where to use technology.

Respectful

I understand that I need to respect and protect myself, others, and the equipment in my care. I will:

- Follow the directions given to me by school staff.
- Use technology to help me learn.
- Create a positive digital presence that represents myself and my school in the best possible way.
- Respect the privacy of others.
- Obtain appropriate permission before taking pictures, video or audio.
- Respect the opinions and the works of others.
- Respect the time of others by avoiding texting and the use of social media during class and unstructured times unless it is part of the learning experience.

Ready

I will strive to:

- Be ready to learn every day and to arrive at school with a fully charged device.
- Practice skills and explore technologies that help my learning and productivity in a positive way.
- Find solutions to problems I encounter with technology.
- Do my best while learning from my mistakes/failures.

I accept that any actions I take or behaviors I engage in which are not in line with responsible and respectful use will be handled in accordance with the behavioral guidelines established by each school.

Signature: _____

Student: _____

Year of Graduation: _____

Signature: _____

Parent/Guardian
Name: _____

School: _____

School District Internet Access for Students

The School Board recognizes that technological resources can enhance student performance by offering effective tools to assist in providing a quality instructional program, facilitating communications with parents/guardians, teachers, and the community, supporting District and school operations, and improving access to and exchange of information. The Board expects all students to learn to use the available technological resources that will assist them in the performance of their education. As needed, students shall receive training, lessons and instruction in the appropriate use of these resources.

Students shall be responsible for the appropriate use of technology and shall use the District's technological resources primarily for purposes related to their education. Students are hereby notified that there is no expectation of privacy on district computers, computer files, email, internet usage logs, and other electronic data.

The Superintendent or designee shall ensure that all District computers with internet access have a technology protection measure (ie. filter) that prevents access to visual depictions that are obscene or pornographic and that the operation of such measures is enforced.

The Superintendent or designee may disable the technology protection measure during use by an adult to enable access for bona fide research, educational, or other lawful purpose.

The Superintendent shall establish administrative regulations and a Responsible Use Agreement that outlines student obligations and responsibilities related to the use of District technology. He/she also may establish guidelines and limits on the use of technological resources. Inappropriate use may result in a cancellation of the student's user privileges, disciplinary action, and/or legal action in accordance with law, Board policy, and administrative regulations.

The Superintendent or designee shall provide copies of related policies, regulations, and guidelines to all students and their parents. Students and their parents shall be required to acknowledge in writing that they have read and understand the District's Responsible Use Agreement.

Legal References:

RSA 194:3-d, School District Computer Networks

47 U.S.C. 254, Requirements for Certain Schools - Internet Safety

20 U.S.C. 6777, Enhancing Education through Technology - Internet Safety

Adopted: 12/13/16

INTER-LAKES SCHOOL DISTRICT SCHOOL COUNSELING SERVICES

Inter-Lakes Elementary School, Sandwich Central School, Inter-Lakes Middle/High School

Contact us:

Nicholas Connell, M.Ed. District Guidance Director
Last names He - L Grades 7 - 12 ILM/HS
nick.connell@interlakes.org
(603) 279-6162

Stacey Gagnon, M.Ed., School Counselor
Last names M - Z Grades 7 - 12 ILM/HS
stacey.gagnon@interlakes.org
(603) 279-6162

Melissa LaPan, M.Ed. School Counselor
Last names A - Ha, Grades 7 - 12 ILM/HS
melissa.lapan@interlakes.org
(603) 279-6162

Kate Clark, M.Ed. School Counselor
Grades 4 - 6 Inter-Lakes Elementary School
kate.clark@interlakes.org
(603) 279-7968

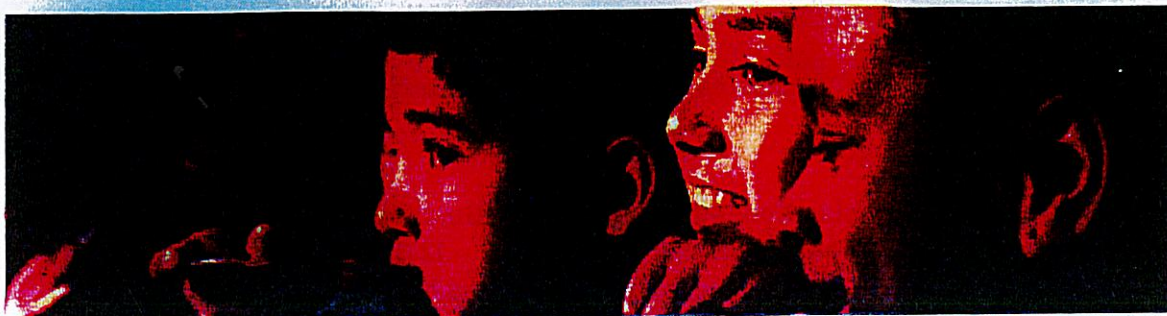
Laurie Raymond, LICSW, MLADC, District Outreach Counselor
laurie.raymond@interlakes.org
(603) 279-6162

Ashley Shuffleton, M.Ed. School Counselor
Grades Pre-K - 3 Inter-Lakes Elementary School
ashley.shuffleton@interlakes.org
(603) 279-7968

Sandra J. Spiro, M.Ed., School Counselor
Grades K - 6 SCS
sandy.spiro@interlakes.org
(603) 284-7712

Alicia White, Guidance Registrar
Grades 7 - 12 ILM/HS
alicia.white@interlakes.org
(603) 279-6162

INFORMATION FOR PARENTS



IF YOUR FAMILY LIVES IN ANY OF THE FOLLOWING SITUATIONS:

In a shelter



In a motel or campground due to the lack of an alternative adequate accommodation



In a car, park, abandoned building, or bus or train station



Doubled up with other people due to loss of housing or economic hardship

*Your school-age children may qualify for certain rights and protections under the
federal McKinney-Vento Act.*

Your eligible children have the right to:

- Receive a free, appropriate public education.
- Enroll in school immediately, even if lacking documents normally required for enrollment.
- Enroll in school and attend classes while the school gathers needed documents.
- Enroll in the local school; or continue attending their school of origin (the school they attended when permanently housed or the school in which they were last enrolled), if that is your preference.
 - * If the school district believes that the school you select is not in the best interest of your children, then the district must provide you with a written explanation of its position and inform you of your right to appeal its decision.
- Receive transportation to and from the school of origin, if you request this.
- Receive educational services comparable to those provided to other students, according to your children's needs.

If you believe your children may be eligible, contact the local liaison to find out what services and supports may be available. There also may be supports available for your preschool-age children.



Local Liaison
Lisa Holiday
603-279-3144
lisa.holiday@interlakes.org

State Coordinator
Christina Dotson
Christina.L.Dotson@doe.nh.gov
(603) 271-3840

If you need further assistance with your children's educational needs,
contact the National Center for Homeless Education:
1-800-308-2145 * homeless@serve.org * <http://nche.ed.gov>

**2025/2026 Transportation Registration
Form Inter-Lakes School District
Grades K-12**



If your child(ren) requires bus transportation for the **2025/2026** school year, please complete this form and return it to your child's school. All students **MUST** register in order to receive school bus services for the 2025-2026 school year.

Parent/Guardian Information:

Parent/Guardian Name:		Home Physical Address:
Town of Residence:		
Telephone:		
Telephone:		

Student Information

<i>Please list each student and his or her transportation needs.</i>	School Attending			Grade	Please check		
Student Name(s)	ILES	SCS	ILMHS		AM	PM	Both

Comments/Concerns/Questions:

Parent/Guardian Signature: _____ **Date:** _____

Distribution: Please date and initial below to ensure all necessary are notified.

First Student _____

School Office _____

SAU Office _____

**Inter-Lakes School District
SCHOOL CALENDAR 2025 - 2026**

X = No School for Students * = Possible Snow Make-Up

August 2025						
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	X	X	X	X	X	30
31						

September 2025 – 21 Days						
Su	Mo	Tu	We	Th	Fr	Sa
	X	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 2025 – 22 Days						
Su	Mo	Tu	We	Th	Fr	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	X	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

November 2025 – 15 Days						
Su	Mo	Tu	We	Th	Fr	Sa
						1
2	3	X	5	6	7	8
9	10	X	12	13	14	15
16	17	18	19	20	21	22
23	24	25	X	X	X	29
30						

December 2025 – 16 Days						
Su	Mo	Tu	We	Th	Fr	Sa
	X	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	X	X	X	27
28	X	X	X			

January 2026 – 18 Days						
Su	Mo	Tu	We	Th	Fr	Sa
				X	X	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	X	20	21	22	23	24
25	26	27	28	29	X	31

February 2026 – 15 Days						
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	X	X	X	X	X	28

March 2026 – 21 Days						
Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	X	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

April 2026 – 18 Days						
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	X	X	X	X		

May 2026 – 19 Days						
Su	Mo	Tu	We	Th	Fr	Sa
					X	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	X	26	27	28	29	30
31						

June 2026 – 14 Days						
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	*	20
21	*	*	*	*	*	27
28	*	*				

School Board Meeting Dates:

- TBD

Green = Teacher/Paraeducator Workshop Day

August 25: New Educator Orientation
August 26, 27, 28: Teacher/Paraeducator Workshop Days
December 1: PK-6 Teacher-Directed Workshop Day (PK-6 Paraeducators OFF) 7-12 Teacher/Paraeducator District Directed Workshop Day
January 2: Teacher/Paraeducator Workshop
January 30: 7-12 Teacher-Directed Workshop Day (7-12 Paraeducators OFF) PK-6 Teacher/Paraeducator District Directed Workshop Day
March 10: PK - 12 Paraeducator Workshop Day

Orange = First Day of School & Early Releases

September 2: First Day of School
December 23: Early Release Day
June 18: Tentative Last Day of School/ Early Release

Pink = Parent/Student/Teacher Conferences
November 4: Parent/Student/Teacher Conferences
March 10: Parent/Student/Teacher Conferences PK-12

Blue = Teachers only - District Extended Afternoon Meetings (3:25 p.m.-5:10 p.m.) October 21, January 13, April 14, May 12

Holidays and Recesses

September 1: Labor Day
October 13: Columbus Day
November 11: Veterans Day
November 26, 27, 28: Thanksgiving Recess
December 24-January 2: December Recess
January 19: Martin Luther King Jr. Civil Rights Day
February 23 - February 27: Winter Recess
April 27 - May 1: Spring Recess
May 25: Memorial Day
June 19 - June 30 Snow Make-Up Days (if necessary)

The School Board Meeting Calendar is subject to change. The most up-to-date version can be found at: <https://www.interlakes.org/school-board>
"Teachers" refers to all staff covered by the Collective Bargaining Agreements between the Inter-Lakes School Board and the Inter-Lakes Education Association.

Board Approved: 3/18/2025

Holiday names comply with D.S.A. 200.1