

Giles County High School
Student Enrollment Data Form
2025-2026

Grade- _____
Homeroom- _____

Student Information: (Please Print)

Student's Legal Full Name: _____
Last First Middle Other

Grade _____ Year student entered 9th grade: _____ Students' Email _____

Preferred Name: _____ Home Phone: (____) _____ Student's Cell Phone: (____) _____

Gender: ☐ Male ☐ Female Student's SSN/PIN: _____ - _____ - _____ Birth Date: ____/____/____

Country of Birth: _____ State of Birth: _____ County of Birth: _____ City of Birth: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____
(If different from physical)

Ethnicity (choose one) ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race (choose all that apply) ☐ American Indian/Alaskan Native ☐ Asian ☐ Black/African American ☐ Pacific Islander/Native Hawaiian ☐ White

AM Bus: ☐ Yes ☐ No Bus # _____ PM Bus: ☐ Yes ☐ No Bus # _____ Estimated number of miles (one way) _____

School Information:

Last School Attended: _____

School Address: _____ City: _____ State: _____ Zip: _____

School Phone: (____) _____ Fax: (____) _____ Contact Person: _____

Date Enrolled in Previous School: _____ Date Withdrawn: _____

Did your child have an IEP or 504 at the previous school? YES _____ NO _____

Has your child ever attended a Giles County School: _____ Year: _____

Family Information:

Father's Name: _____

Address: _____

Mother's Name: _____
(First) (Maiden) (Current last name)

Address: _____

Custodial Parent/Guardian Full Names: _____

Custody (choose one): ☐ Both Parents ☐ Mother ☐ Father ☐ Guardian Student lives with: _____

Notice: If for any reason the non-custodial parent is not allowed visitation rights and does not have the right to remove the student from school, we must have a legal document from the custodial parent to support this order. If a Power of Attorney is being used the legal custodian(s) executing the instrument must provide evidence of the hardship in writing as well as documentation that any parent not executing the instrument has been properly notified as per T.C.A. 34-6-303.

PLEASE COMPLETE THE BACK

Father's Workplace: _____ Phone: _____

Mother's Workplace: _____ Phone: _____

Father's Phone (Cellular #) _____ Mother's Phone (Cellular #) _____

Father's Email _____ Mother's Email _____

Is the Parent/Guardian active Military? YES ___ NO ___, Branch of Service _____

Other Emergency Contacts:

1. _____ Phone: _____ Cell: _____ Relationship: _____
2. _____ Phone: _____ Cell: _____ Relationship: _____
3. _____ Phone: _____ Cell: _____ Relationship: _____

Other Emergency Information: _____

Sibling(s) attending the GCS: 1) _____ 2) _____ 3) _____

Homeless Status: Yes ☐ No ☐

A "homeless student" is defined as a student who lacks a fixed, regular, and adequate nighttime residence. (If yes, the parent, custodian and/or student should receive a form entitled *Education for Homeless Children and Youth* which gather further information and explains certain rights under the McKinney-Vento Homeless Assistance Act.)

Signature: _____ Date: _____

.....
Office Use Only

- ☐ - Birth Certificate
- ☐ - Social Security Number
- ☐ - student email to C/O

Dear Parent(s):

In the 2010-11 school year, school districts were required to begin reporting student ethnicity and race data based on the new federal reporting requirements. In order to be compliant with federal regulations, we are asking that you complete the following data. Below is a link with further details for these requirements, you may view the following website:

<http://www2.ed.gov/policy/rschstat/guid/raceethnicity/index.html> .

Federal guidelines require that schools now capture **both** the **ethnicity** and **race** for all students.

The student's ethnicity will be based on the following two choices (only select one):

Hispanic or Non-Hispanic

The student's race will be based on the following five choices (select all that apply):

- **American Indian or Alaska Native:** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- **Asian:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- **Black or African American:** A person having origins in any of the black racial groups of Africa.
- **Native Hawaiian or Other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- **White:** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Please complete the following information and **return this form to your child's school**. This choice will be updated in our student database and will continue to be used during the course of your child's school years.

Student Name: _____

Please select an ethnicity and one or more of the races listed for the student named above.

Ethnicity: _____ Hispanic _____ Non-Hispanic

Race:

1. American Indian or Alaskan Native _____

2. Asian _____

3. Native Hawaiian or Pacific Islander _____

4. Black or African American _____

5. White _____

→over

Part 1: STUDENT INFORMATION

Student Name _____ Grade/Teacher _____

Address _____ Email _____

Date of Birth _____ Age _____ Sex: F ☐ M ☐ Physician _____

Mother/Guardian's Name _____ Home/Cell # _____ Work# _____

Father/Guardians Name _____ Home/Cell# _____ Work# _____

Student lives with: ☐ Both Parents ☐ Mother ☐ Father ☐ Guardian**ATTEMPTS WILL BE MADE TO CONTACT A PARENT FIRST
IN CASE OF ILLNESS OR EMERGENCY**

If you cannot be reached, please list emergency contacts in the order you wish for them to be contacted

1. Name _____ Phone _____ Relationship _____

2. Name _____ Phone _____ Relationship _____

Part II: Health Information☐ NO Significant Health Problems**Condition**

Activity Restrictions	☐ Yes ☐ No	Hearing Impaired(hearing aids(Yes ☐ No) ☐ Yes ☐ No
Bladder/Urinary Problems	☐ Yes ☐ No	Neurological/Birth Defects ☐ Yes ☐ No
Cancer or history of Cancer	☐ Yes ☐ No	Physical Disability/Impairment ☐ Yes ☐ No
Cardiac/Heart/Blood Disease	☐ Yes ☐ No	Skin Disorder ☐ Yes ☐ No
Dental Problems	☐ Yes ☐ No	Vision Problems(☐ glasses ☐ contacts) ☐ Yes ☐ No
G.I Disorder(Stomach)	☐ Yes ☐ No	Other Chronic Illness or condition not listed ☐ Yes ☐ No
Headaches (including migraines)	☐ Yes ☐ No	

Please full explain any answers marked YES: _____

Has your child ever been diagnosed with a CONCUSSION? ☐ Yes ☐ No If yes, cause and date _____Does your child have ASTHMA? ☐ Yes ☐ No If yes, medications taken: _____Does your child have ADD/ADHD? ☐ Yes ☐ No If yes, medications taken: _____Does your child have SEIZURES? ☐ Yes ☐ No If yes, describe type and meds taken _____Does your child have DIABETES? ☐ Yes ☐ No If yes, insulin, glucometer and care needed at school: _____Does your child have ALLERGIES? ☐ Yes ☐ No ☐ Food ☐ Dye ☐ Bee/wasp/ant ☐ seasonal ☐ latex ☐ drugs
List Drug/Food Allergies _____

Please complete reverse side

Part III: Current Medications

Does the student take any medication not listed above (prescribed and/or OTC) Please list: (include dosage, reason, and frequency)

1. _____
2. _____
3. _____

Is medication required during school hours? ☐ Yes ☐ No If yes, you may obtain a medical authorization form from the school nurse.

Please list any other factors that the school nurse, school counselor or your child's teacher(s) should know of which might affect the student's school experience: _____

Parent/Guardian Signature _____ Date: _____

Part IV: PUBLIC CHAPTER NO. 347 is amended:

SECTION 4. Tennessee Code Annotated, Section 63-1-176(c), is amended by adding the following new subdivisions:

(7) A person acts reasonably to render appropriate, non-emergency first aid to a minor appearing or represented to be sick or injured. Such non-emergency first aid includes, but is not limited to, dressing minor wounds, applying topical agents, providing fluids or ice, and performing checks to identify minor illnesses;

(8) A healthcare provider, using reasonable medical judgment, based upon the facts known to the healthcare provider at the time, performs a screening of a minor who the healthcare provider reasonably believes is a trafficked person or a victim of brutality, neglect, or abuse in order to determine whether the healthcare provider must make a report pursuant to §§ 37-1-403 or 37-1-605; or

(9) A school counselor or school psychologist, licensed by the state board of education pursuant to title 49, who provides preventative and developmental counseling pursuant to § 49-6-303. HB826 SECTION 5.

This act takes effect July 1, 2025

PLEASE RETURN THIS FORM TO YOUR STUDENT'S SCHOOL

Parent/Guardian & Student School-Issued Electronic Device Use Agreement

Giles County School System

Digital Handbook: tinyurl.com/GCelectronicdevicehandbook

scan QR code for
digital handbook



Please Print All Information:

Student Name: _____

Parent/Guardian Name: _____

School: _____ Grade: _____

Parent/Guardian & Student Computer Use Agreement:

By signing the Giles Co. Schools Electronic Device Use Agreement, the student and parent/guardian agree to the following:

- Have read (or it has been read to me), understand, and discussed with my child the Parent/Guardian & Student School-Issued Electronic Device Use Agreement (handbook)
- Agree to abide by all terms of the Parent/Guardian & Student Use Agreement
- Agree to abide by GCSS policy 4.406 "Use of the Internet" (tinyurl.com/GilesInternetPolicy)
- Agree to abide by all local, state, and federal laws
- Comply with all copyright laws
- Agree that while the mobile computer is in my child's possession, I am responsible for damage or loss
- Acknowledge that both GCS Policies and Procedures state that students and parents/guardians are responsible for all items assigned to them at the school level, and the board may require restitution of property and damages where appropriate
- Acknowledge that any student who violates GCS policies will be subject to disciplinary sanctions as outlined in the Code of Student Conduct

Annual Non-Refundable User Cost

★ \$20.00

★ **Note:** A cap of \$50 per family per school has been set by the Giles County School Board for the annual non-refundable accidental damage or replacement cost. This is in addition to other requested school fees.



Parent/Guardian's Signature: _____

Date: _____

Student's Signature: _____

Date: _____

Permission to Use Pictures & Recordings

Throughout the school year, students in our school may be photographed and/or recorded while participating in activities in the classroom and school-wide. The pictures/recordings may be used to promote activities happening at our school and in the district as well as promote student successes and achievements. The pictures/recordings may be used on social media such as the school and district webpages, Facebook page, and Twitter feeds associated with Giles County School System, Giles County High School, the local newspaper, a local business's media page, etc. By signing below, you are granting permission for your child's image and/or recording to be used during these promotions.

The full names of students will NOT be published for security purposes unless parents are notified first.

Please Select One:

_____ YES: I give permission for my child's picture/recording to be used

_____ NO: I do not give permission for my child's picture/recording to be used

Child's Name: _____

Grade Level: _____

Parent's Signature: _____

Date: _____

Giles County Parent Textbook Agreement

Textbooks are the property of the Giles County School System and I hereby agree that I will be responsible for all textbooks used by my child(ren). I further agree that I will reimburse the Giles County Board of Education for the value of any textbook(s) that is damaged or lost that was issued to my child, _____, while attending a school in the Giles County School System.

Signature of Parent

**Giles County Schools
Attendance Guidelines
2025-2026**

Please read the following guidelines regarding the Attendance Policy for Giles County Schools. Please review these guidelines and review them with your child(ren).

Parent/Guardian(s) and the student must initial beside each guideline and return this sheet to the school.

Parent/Guardian Initials	Student Initials	Number of Unexcused Absences	
		3 Unexcused Absences	Tier I of Progressive Truancy Intervention A letter from the school will be sent home reminding families of absences, including the compulsory attendance law and board policy.
		5 Unexcused Absences	Tier II of Progressive Truancy Intervention Parents must attend an internal meeting at school. The internal meeting will consist of an attendance contract and individualized assessment. A letter from the district will be sent home reminding families of absences, including compulsory attendance law and board policy.
		7 Unexcused absences	Tier III of Progressive Truancy Intervention Parent and student must attend external truancy board meeting. The external truancy board will decide if students need additional intervention or service placed in the home. The external truancy board will decide if a petition/criminal summons needs to be filed.
		8 Unexcused absences	A letter from the district will be sent home reminding parents of compulsory attendance law. A juvenile petition or criminal summons for educational neglect can be made.

Parent/Guardian Initials	Student Initials	
		For the purpose of record keeping, late check-ins and early check-outs are considered as tardies. Three (3) tardies will accumulate into 1 day absent. 3 unexcused tardies= 1 unexcused absence
		Only five (5) days, whether consecutive or not can be excused by a parent note.
		All doctors, urgent care, practitioner, and parent notes for any absence must be turned into the school within 5 days of the student's return to school. If not received within the timeframe, the absence is denoted as unexcused. All excuses are subject to verification by the Principal and/or attendance clerk. Parents are responsible for ensuring notes are turned into the school.
		MAKE-UP WORK- The length of time for completion of make- up work shall be 2 days per day missed.

School attendance is vital for academic success. Tennessee Code Annotated requires all children to attend school regularly. If a parent fails to comply with Tennessee Compulsory Attendance law (TCA 49-6-3001 & TCA 49-6-3005), a petition for truancy and education neglect before the courts can cost a parent \$50.00 per Unexcused Absence, 10 days in jail per absence, or the child could be bench ordered into DCS custody.

Parent/Guardian Signature

Parent/Guardian Signature

Date

Student Signature

Tennessee Parent Occupational Survey



Under Title I, Part C of the Elementary and Secondary Education Act (ESEA) our school district provides supplemental services to the children of agricultural workers who have recently moved. This survey is to help the school identify if your child might qualify for these free supplemental services such as tutoring, school supplies, summer camps in select counties, and other free services. Please answer the following questions and return this form to your child's school. The information provided below will be kept confidential.

Today's Date _____

Parent/Guardian First & Last Name _____

Student First Name _____

Student Last Name _____

School Name _____

Student Grade _____

1. Have you or an immediate family member performed any agriculture or fishing jobs temporarily or seasonally, in any part of the United States, in the past 3 years? Check all that apply.

____ NO

____ YES. Check all that apply:

Agriculture/Field Work: planting, picking, sorting crops, soil preparation, irrigation, fumigation


☐

Processing & Packaging: fruit, vegetables, chicken, pork, beef, eggs, etc.


☐

Dairy/Cattle Raising: feeding, milking, rounding up.


☐

Nursery/Greenhouse: planting, potting, pruning, watering, harvesting


☐

Forestry: soil preparation, planting, cutting trees; does not include landscaping.


☐

Other: Any other agriculture or fishing work, please list here:

2. In the past 3 years, has your family moved to another state, city, school district, and/or county?

____ NO

____ YES. My family has moved within the past 3 years. Indicate how long ago below.

____ Years

____ Months

____ Weeks

If you answered "Yes" to question 1, please complete the information below.

A staff from the Migrant Education Program will follow up with your family to verify if you qualify for free services.

Home Street Address _____

Apt # _____

City _____

Zip Code _____

Telephone Number _____

Language _____

Email Address _____

Best Day of Week and Time to Call _____

For School Use Only: Please forward all surveys with a "YES" response to Question 1 to your district migrant liaison for them to submit to the ID&R Team through tn.msedd.com. If you have any questions, email the TN MEP ID&R Team: idr@tn-mep.net

Student State ID: _____

Enrollment Date: _____

District ID: _____

Encuesta ocupacional para padres de Tennessee



De conformidad con la Parte C del Título I de la Ley de Educación Primaria y Secundaria (ESEA, en inglés), nuestro distrito escolar brinda servicios complementarios a los hijos de los trabajadores agrícolas que se hayan mudado hace poco. Esta encuesta tiene el objetivo de ayudar a la escuela a identificar si su hijo podría reunir los requisitos para recibir dichos servicios complementarios gratuitos, como clases de apoyo, insumos escolares, campamentos de verano en determinados condados y otros servicios sin costo. Responda las siguientes preguntas y entregue este formulario en la escuela de su hijo. **Se mantendrá la confidencialidad de la información proporcionada a continuación.**

Fecha de hoy

Nombre y apellido del padre, madre o tutor

Nombre del estudiante

Apellido del estudiante

Nombre de la escuela

Grado del estudiante

1. ¿Ha realizado usted o algún familiar inmediato trabajos relacionados con la agricultura o la pesca de forma provisoria o temporal en alguna parte de los Estados Unidos en los últimos 3 años? Marque todas las opciones que correspondan.

NO ☐ Sí. Marque todas las opciones que correspondan.

Trabajo agrícola/de campo: siembra, cosecha, clasificación de granos, preparación del suelo, irrigación, fumigación ☐ 	Procesamiento y empaquetado: frutas, verduras, carne de pollo, carne de cerdo, carne de res, huevos, etc. ☐ 	Producción lechera/ganadera: engorde, ordeño, arreo ☐ 
Vivero/invernadero: plantación, cultivo en macetas, poda, riego, cosecha ☐ 	Silvicultura: preparación del suelo, siembra, tala de árboles (no incluye paisajismo) ☐ 	Otro: si realizó otro trabajo relacionado con la agricultura o la pesca, inclúyalo a continuación: _____ _____

2. ¿Se ha mudado su familia a otro estado, ciudad, distrito escolar o condado en los últimos 3 años?

NO ☐

SÍ. Mi familia se ha mudado en los últimos 3 años. A continuación, indique hace cuánto tiempo se mudaron.

años

meses

semanas

Si respondió "SÍ" a la pregunta 1, complete la siguiente información. Un miembro del personal del Programa de Educación para Migrantes (MEP, en inglés) le hará un seguimiento a su familia para verificar si reúnen los requisitos para recibir los servicios gratuitos.

Dirección

Apto. n.º

Ciudad

Código postal

Número de teléfono

Idioma

Dirección de correo electrónico

Día de la semana y hora en que prefiere recibir llamadas

For School Use Only: Please forward all surveys with a "YES" response to Question 1 to your district migrant liaison for them to submit to the ID&R Team through tn.msedd.com. If you have any questions, email the TN MEP ID&R Team: idr@tn-mep.net

Student State ID:

Enrollment Date:

District ID:



Don Thomas
Principal

Giles County High School

200 Sheila Frost Drive
Pulaski, Tennessee 38478
Phone (931) 363-6532
Fax (931) 424-7010

Scott Hanna
Melissa Harper
Assistant Principals

Request for Transcript/Records

To: _____

Date: _____

Name: _____ DOB: _____

SS#: _____ Grade: _____

The above referenced student is *attempting* to enroll at Giles County High School. Please forward the listed items for said student to syoung@gcboe.us. If you are not able to email records, please send them via facsimile to (931) 424-7010.

1. Birth Certificate
2. Copy of social security card
3. Date of enter/withdrawal
4. Transcript/current withdrawal grades
5. Amount of credits earned in each subject
6. Key to your grading system
7. Intelligence, achievement and other test scores
8. Exit exam scores
9. Health records and certificate of immunization
10. Discipline and attendance records
11. Psychological testing, individual education program or special education information
12. Grades of entrance and withdrawal
13. WIDA scores
14. Home Language Survey

Guardian permission is not required when requested by authorized school personnel.

Thank you in advance for your assistance.

Giles County High School
Guidance Department



Giles County High School Backpack Program



FREE Weekend Food for your child

Giles County High School participates in the Backpack program. **The Backpack Program assists students who may need food during the weekend to ensure that all our students have enough to eat.**

If you feel your child/children would benefit from receiving additional food to meet their nutritional needs over the weekend, we encourage you to sign them up by filling out the form below. Only one form is needed for all the high school students in your family, but please include information on each student in the form below. This information will be kept confidential between you and the program staff. Each student/family that signs up will be given a locker where their food will be picked up each week. You may discard this letter if you do not want your child to participate in the program.

If you have any questions, please get in touch with Mrs. Corbitt in the library or by email at pcorbitt@gcboe.us

Students Name	Grade	Special Dietary Needs (None, peanut free, etc.)

Parent/Guardian Name: _____

Parent/Guardian Phone Number: _____

Address: _____

Parent/Guardian Signature: _____

**Giles County School District
HOME LANGUAGE SURVEY**

Student Name: _____ Birth Date: _____
Sex: ☐ Male ☐ Female
Parent/Guardian Name: _____
Address: _____
Home Telephone: _____ Work Telephone: _____
School: _____ Grade: _____ Date: _____

1. What is the first language your child learned to speak? _____
2. What language does your child speak most often outside of school? _____
3. What language do people usually speak in your child's home? _____

**Giles County School District
ENCUESTA DE IDIOMA DOMESTICO**

Nombre del alumno: _____ Fecha de nacimiento: _____
Sexo: ☐ Masculino ☐ Femenino
Nombre de los padres/apoderado: _____
Dirección: _____
Teléfono de la casa: _____ Teléfono del trabajo: _____
Escuela: _____ Grado: _____ Fecha: _____

1. ¿Que es la primera lengua que su nino aprendió hablar? _____
2. ¿Que lengua habla su nino mas a menudo afuera de la escuela? _____
3. ¿Que lengua hablan la gente generalmente en la casa de su ninos? _____

**DO NOT
REMOVE**

OFFICE USE ONLY			
Student ID #	Date Distributed	Date Received	

Giles County High School

Enrollment Check Sheet

Student's Name: _____

Date Enrolled: _____

Grade: _____ Assigned Homeroom: _____

	Copy of Enrollment Form - Demographic Information Sheet
	Copy of Birth Certificate
	Copy of Social Security Card
	Copy of Parent/Guardian Driver's License
	Complete Passport, if applicable
	Current Tennessee Immunization Record
	Custodial/Residential Parent Documentation
	Proof of Residence

Parental/Guardian Signature: _____

Date: _____

Office Use Only:

_____ Email G. McCree, S. Sutton, S. Woodard, P. Corbitt EIS, DOE, and complete name

_____ Verify Home Language Survey - copy Mrs. Tucker, if necessary.

Giles County Schools 2025-2026 Calendar

JULY 2025						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

AUGUST 2025						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

SEPTEMBER 2025						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

OCTOBER 2025						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

NOVEMBER 2025						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

DECEMBER 2025						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

JANUARY 2026						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

FEBRUARY 2026						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28

MARCH 2026						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
14	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

APRIL 2026						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

MAY 2026						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

JUNE 2026						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

Legend: P/T Conference: Teacher Work Day: School Holidays: P/O Days: Students Contact Days:

* Pending TDOE Approval
Calendar Summary: 180 Instructional Days*, 5 In-service Days, 3 BOE Discretionary Days (Teacher Work Days), 2 Teacher Parent Conference Days, 10 Paid Vacation Days.
Parent/Teacher Conference Days: October 23 dismiss at 2:00 conference 2:30-6:30. March 12 dismiss at 11:30 conference 12:30-6:30.