

2023-2024



Dear Phoenix Central Community,

I hope this letter finds you enjoying the rejuvenating days of summer and that you and your child are looking forward to beginning a wonderful school year together in August. I can assure you that I share in this school community's commitment to caring for your children each and every day while providing them a world-class learning environment.

The 2023-2024 school year will mark my 15<sup>th</sup> year in education. This year will begin my fourth year at Phoenix Central. I have had the privilege of working at Phoenix Central the previous two school years as the principal and serving as the Coordinator of Behavioral Services prior to that. I am looking forward to getting to know and work with all of the parents and guardians of our students to make a positive impact this school year.

I cannot state how much I am looking forward to this upcoming year. Before we get there, please take some time to address the following items and complete the following forms attached to this letter. Once the forms are complete, please return them via the envelope provided.

- Emergency Card
- Emergency Medical Authorization:
- Parent Evaluation of Needs
- Health History
- Vaccine Letter
- Immunization Record
- Counseling Consent Form
- Release of Information
- Student Handbook: Keep for you records
- Signature Page
- Behavior Policy Acknowledgement
- School Supply List: Keep for you records
- School Calendar: Keep for you records

Emergency information is vital to the safety of your child. Please complete and return the forms listed above. It is very important that we have this information on record in case of a school emergency. Students will not be able to begin attending until we have the information listed above.

On March 17, 2023, at a lawfully held public meeting, the Governing Board of the Licking County Educational Service Center voted unanimously to change their name from the Licking County Educational Service Center (LCESC) to the Licking Regional Educational Service Center (LRESC). This year will be a transition year of changing over our forms and documents to reflect the name change.

Transportation: Transportation to and from school is the responsibility of the local district. If the bus is late or does not come, please call your local district. However, if there are any problems on the bus to or from school, please let us know so that action can be taken as soon as possible. Your bus driver is a vital link between home and school. Many times messages, oral or written, may be given to the bus driver to be delivered between home and school.

Absenteeism: Excuses for absences are required by law and must accompany the student when he or she returns to school. State approved excuses are illness, religious holiday, and family emergency. If your child's absence is for another reason, please explain.

- The excuse should state the reason for the absence and date(s) of the absence. To be approved, the note should be sent when the student first returns to school.
- If your child is expected to be absent for three or more days, please contact Cathy Helton (email [chelton@laca.org](mailto:chelton@laca.org) or phone 740-345-3290).
- In the event the school nurse indicates that a student must be sent home, it is the responsibility of the parent or guardian to transport the student home.
- If your child has been excluded from school due to a contagious infection, you must obtain medical clearance from your doctor before your child can return to school.

With your help, the staff and I here at Phoenix Central will do our best to make this school year a safe, inviting and masterfully taught year. Thank you for your help and input throughout the year.



Mason Davis

Principal of Phoenix Central

Licking Regional Educational Service Center

Phone: (740) 345-3290

Fax: (740) 349-1743

Email: [mldavis@laca.org](mailto:mldavis@laca.org)

**EMERGENCY CARD**  
**Phoenix Central (LRESC)**  
**School Year 2023-2024**

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 County: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mother/Guardian's Name: \_\_\_\_\_ Marital Status: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Permission to pick up student from school (circle one): YES NO  
 In what order should we contact you? FIRST SECOND  
 Preferred number to use for contact? \_\_\_\_\_

Father/Guardian's Name: \_\_\_\_\_ Marital Status: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Permission to pick up student from school (circle one): YES NO  
 In what order should we contact you? FIRST SECOND  
 Preferred number to use for contact? \_\_\_\_\_

Student lives with: MOM DAD FOSTER FAMILY GRANDPARENT OTHER: \_\_\_\_\_  
*(circle all that apply)*  
 Student lives at home with the following children (please list name, relationship, and age):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please list up to three additional people your child may be released to by the Phoenix Central/Licking Regional ESC

Staff:	Name (first and last)	Relationship to Student	Contact Number
1.			
2.			
3.			

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

**EMERGENCY MEDICAL AUTHORIZATION**  
**Phoenix Central (LRESC)**  
**School Year 2023-2024**

**\*\*\*Form must be completed and signed by parent /guardian before student starts school.\*\*\***

Student Name: _____	Date of Birth: _____	Grade: _____
Address: _____	City: _____	Zip: _____
County: _____	Home Phone: _____	

Mother/Guardian's Name: _____	Preferred Contact Number: _____
Father/Guardian's Name: _____	Preferred Contact Number: _____
Known allergies: _____	
Medical Diagnoses: _____	
Currently taking these medications: _____	

**Parent/Guardian & Emergency Contacts**

Call Order	Name	Relationship	Preferred Contact Number	Secondary Contact Number	Can pick up?

**PART 1 OR 2 MUST BE COMPLETED**

**Part 1—To Grant Consent:** I hereby give consent for the following medical care providers and local hospitals to be called:

	Preferred Provider (name)	Office Phone
Physician		
Dentist		
Medical Specialist		
Hospital		

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 the appropriate medical professional; and (2) the transfer of the 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. In cases where a student has a DNR-CC on file, then school and medical personnel will follow that protocol.

\_\_\_\_\_  
 Parent/Guardian Signature \_\_\_\_\_  
Date

**Part 2—Refusal to 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 school authorities to take the following action:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
 Parent/Guardian Signature \_\_\_\_\_  
Date

**Parent Evaluation of Needs  
Phoenix Central (LRESC)  
School Year 2023-2024**

In an effort to better meet the needs of your child, we are asking that you let us know what you feel are the specific areas of need in order for them to be successful. We will be looking at your information in order to devise a specific plan to work on those areas. Additionally, your child's teacher will be doing the same type of evaluation from the perspective of the school setting to aid in this plan. Please complete the following information and return it in the enclosed envelope. If you have any questions, please feel free to contact the main office at 740-345-3290.

Please check all areas of need that apply:	Please be as specific as possible in order for us to come up with the best plan for your child.
<input type="checkbox"/> Social	
<input type="checkbox"/> Behavior	
<input type="checkbox"/> Academic	
<input type="checkbox"/> Mental Health	
<input type="checkbox"/> Attendance	
<input type="checkbox"/> Substance Abuse	
<input type="checkbox"/> Physical	
<input type="checkbox"/> Family issues	

**HEALTH HISTORY**  
**Phoenix Central (LRESC)**  
**School Year 2023-2024**

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Please indicate with a **YES** for any item that your student has:

Diabetes     Asthma     Headaches     Seasonal Allergies  
 Irritable Bowel     ADD/ADHA     Heart Problems     Kidney Problems  
 Stomach Problems     Breathing Problems     Medication Allergy  
 Allergy to Stinging Insects     Allergic Reaction requiring an Epi-pen  
 Other (please specify): \_\_\_\_\_

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

**List Medication Allergies**

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

**List Food Allergies**

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

**List Prescription Medication Your Child Takes**

Name of Medication	Strength	Dose	When Taken
1.			
2.			
3.			
4.			

Name of Parent/Guardian (please print): \_\_\_\_\_

Telephone of Parent/Guardian: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

*If there are any changes in your child's medical history during the school year, please notify the teacher in writing.*



## UPCOMING 7<sup>TH</sup> & 12<sup>TH</sup> GRADE STUDENTS

ONE DOSE OF MCV4 & ONE DOSE OF TDAP VACCINE MUST BE ADMINISTERED  
PRIOR TO 7<sup>TH</sup> GRADE ENTRY

2<sup>ND</sup> DOSE OF MCV4 MUST BE ADMINISTERED BEFORE 12<sup>TH</sup> GRADE ENTRY

PRIOR TO START OF SCHOOL--FALL 2023

- The State of Ohio REQUIRES the Tdap and Meningococcal vaccines for attendance to public schools.
- Exceptions MUST be on file with the school **prior to the start** of the school year.
- Please note this is not a local or district policy, **this is state law.** (ORC 3313.671)

***Ohio law requires all students to follow the immunization requirements by the 14th school day after entering school. The student who does not meet the requirements after the 14th day will be excluded until requirements are met. The deadline is September 9<sup>th</sup>.***

One dose of **Tdap** (Tetanus, diphtheria, and acellular pertussis) vaccine is **required prior to entry into the seventh grade.** This dose is intended to be administered as a booster dose for students who have completed the required doses of the initial series of DTaP/DT/Td vaccine.

One dose of **MCV4** (Meningococcal serogroup A,C,W & Y) vaccine is **required prior to entry into the seventh grade & second dose prior to entry into 12<sup>th</sup> grade.**

**Verification** of an updated shot record is required by the Ohio Department of Health. You may have your health care provider fax the record to Phoenix Central at 740-349-1743.

If you have not already done so, please contact your student's healthcare provider or the Licking County Health Department to schedule an appointment for immunization. **NO CHILD WILL BE TURNED AWAY DUE TO INABILITY TO PAY!**

Please contact Delainna, BSN,RN ESC District Nurse at 740-345-3290, [dricketts@laca.org](mailto:dricketts@laca.org) or your child's doctor with questions.

**Please return a copy of the shot record with date of administration with the beginning of the year forms.**

**Immunization Record  
Phoenix Central (LRESC)  
School Year 2023-2024**

**Please return this letter or a copy of the shot record with date of administration to the LCESC and your child's home school district as proof of immunization.**

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Date TDAP booster administered on (required for 7th grade): \_\_\_\_\_

Date MCV4 vaccine administered on (required for 7<sup>th</sup> & 12<sup>th</sup> grade): \_\_\_\_\_

Physician/Provider Signature: \_\_\_\_\_

*Other recommended immunizations:*

HAV administered on: \_\_\_\_\_

Date HPV administered on 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

Influenza: \_\_\_\_\_ H1N1: \_\_\_\_\_ COVID-19: 1) \_\_\_\_\_ 2) \_\_\_\_\_

This is to certify that I have examined \_\_\_\_\_ on \_\_\_\_\_ and \_\_\_\_\_  
(Child's Name) (Date)

have found that he/she: has had the immunizations required by Section 3313.671 of the Ohio Revised Code for admission to school, or has had the immunizations required by the Ohio Department of Health for students of school age, or is to be exempted from these requirements for medical or religious reasons.

Immunization Record - Enter month/day/year of each immunization.

DPT: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_

POLIO: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Hib: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

Pneumococcal Conjugate: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

Hepatitis B: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Hepatitis A: 1. \_\_\_\_\_ 2. \_\_\_\_\_

Measles, mumps, rubella – usually combined as MMR: 1. \_\_\_\_\_ 2. \_\_\_\_\_

Varivax (varicella): 1. \_\_\_\_\_ 2. \_\_\_\_\_

Rotavirus: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Influenza: 1. \_\_\_\_\_ 2. \_\_\_\_\_

\_\_\_\_\_  
Physician's Name (please print)

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Physician's Street Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Physician's Phone Number





Phoenix Central  
116 West Church Street  
Newark, OH 43055

I give permission for my student \_\_\_\_\_ to receive mental health services from Angela Moore, MSW, LISW-S including Individual Counseling and Group Counseling through face to face or video format. I understand that mental health services also include assessment of needs and monitoring, crisis management, developing daily living skills, advocacy, and linking and referring to community resources. I understand that I can contact my student's provider at 740-345-3290, extension 3014 with questions or concerns about my student's mental and behavioral health and that it is preferred that I am an active part of treatment. I have the opportunity to complete a release of information for my student's provider to have communication with other professionals providing services to my student in order to ensure wrap around treatment and the highest level of care.

Printed Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Student Signature (if at least 18 years old): \_\_\_\_\_

Date: \_\_\_\_\_

**Release of Information  
Phoenix Central (LRESC)  
School Year 2023-2024**

**Authorization for Release of Information 2023-2024**

All matters relating to the physical or mental condition of children is considered privileged and confidential and are treated as such by the staff of Phoenix Central/ Licking Regional Educational Service Center. Information regarding such matters cannot be given without consent of the parent of an individual under the age of 18, or consent of the individual if over 18, or if there is a guardian, written consent must be obtained from the guardian.

Phoenix Central/LRESC is hereby granted my permission to exchange/release any pertinent information which may be necessary regarding the educational/vocational/medical assessments/records/reports and program placement of:

**(Student's Name)** \_\_\_\_\_

*Please indicate specific names or practices that we may contact:*

- \_\_\_\_\_ Behavioral Healthcare Partners \_\_\_\_\_
- \_\_\_\_\_ Bureau of Vocational Rehabilitation \_\_\_\_\_
- \_\_\_\_\_ Children Services \_\_\_\_\_
- \_\_\_\_\_ Department of Youth Services \_\_\_\_\_
- \_\_\_\_\_ Earthworks Transportation \_\_\_\_\_
- \_\_\_\_\_ Licking County Job and Family Services \_\_\_\_\_
- \_\_\_\_\_ Job Site Employers \_\_\_\_\_
- \_\_\_\_\_ Juvenile/Probate/Municipal Court \_\_\_\_\_
- \_\_\_\_\_ L.C. Board of Developmental Disabilities \_\_\_\_\_
- \_\_\_\_\_ Licking County Health Department \_\_\_\_\_
- \_\_\_\_\_ Licking County Job and Family Services \_\_\_\_\_
- \_\_\_\_\_ Licking Memorial Pediatrics \_\_\_\_\_
- \_\_\_\_\_ Mental Health/Social Services Provider \_\_\_\_\_
- \_\_\_\_\_ Nationwide Children's Hospital \_\_\_\_\_
- \_\_\_\_\_ National Youth Advocate Program \_\_\_\_\_
- \_\_\_\_\_ Opportunities for Ohioans with Disabilities \_\_\_\_\_
- \_\_\_\_\_ Pediatrician/Physician \_\_\_\_\_
- \_\_\_\_\_ Psychiatrist/Prescribing Physician \_\_\_\_\_
- \_\_\_\_\_ Psychologist \_\_\_\_\_
- \_\_\_\_\_ Rehab Associates \_\_\_\_\_
- \_\_\_\_\_ Residential Facility \_\_\_\_\_
- \_\_\_\_\_ Social Security Administration \_\_\_\_\_
- \_\_\_\_\_ V.I.P Rehabilitation Services, LLC \_\_\_\_\_
- \_\_\_\_\_ Woodlands \_\_\_\_\_
- \_\_\_\_\_ Other (please specify) \_\_\_\_\_

\_\_\_\_\_  
 Signature of Student (if 18 or older) or Parent/Guardian of Student      Date      Relationship to student  
 Email: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone/Cell: \_\_\_\_\_

**Consent will be valid for one year unless the authorizing individual requests that consent be revoked at any time.**

**Behavior Policy Acknowledgment, Consent,  
and Liability Waiver Form  
Phoenix Central (LRESC)  
School Year 2023-2024**

I, \_\_\_\_\_ acknowledge that I have received and read the behavior policy for Phoenix Central (LRESC) and agree to comply with its provisions. I understand that Phoenix Central (LRESC) has the right to establish and enforce rules and regulations that are necessary to maintain a safe and respectful learning environment for all participants.

I also understand that Phoenix Central (LRESC) has a crisis management policy for any student behavior that is disruptive, aggressive, or harmful to themselves or others. I agree to support Phoenix Central (LRESC) in its efforts to promote positive behavior, prevent incidents of crisis, and encourage my child to follow the program's rules and expectations.

I understand that if my child engages in behavior that violates the behavior policy or engages in crisis level behavior, Phoenix Central (LRESC) may take appropriate disciplinary action, up to and including suspension or expulsion from the program. I also understand that Phoenix Central (LRESC) may contact me to discuss my child's behavior and work together to find a solution to any issues that arise.

I acknowledge that Phoenix Central (LRESC) may use physical intervention strategies, including holding and restraint techniques, as a last resort when all other de-escalation techniques have failed and only when it is necessary to prevent harm to the child, other participants, or staff. I understand that physical intervention will be used in a safe, controlled, and respectful manner by trained staff members.

In consideration of my child's participation in Phoenix Central (Autism Program, LRESC), I hereby waive and release any and all claims against Phoenix Central (LRESC), its directors, officers, employees, and agents, arising out of or in connection with any injury, illness, or loss that my child may sustain as a result of participation in the program. I understand that participation in Phoenix Central (LRESC) is voluntary and that my child assumes all risks associated with participation.

I hereby consent to allow Phoenix Central (LRESC) to take reasonable and appropriate disciplinary action as deemed necessary and to contact me regarding my child's behavior as necessary. I also consent to the use of physical intervention strategies as a last resort when it is necessary to ensure the safety and well-being of my child and others.

By signing below, I acknowledge that I have read and understand the behavior policy for Phoenix Central (LRESC) and agree to comply with its provisions and support Phoenix Central (LRESC) in promoting positive behavior. I also acknowledge and agree to the liability waiver outlined above.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

## Behavior Policy Acknowledgment, Consent, and Liability Waiver Form

### **Excerpt from Student Handbook page 14:**

**Physical Restraints and Seclusion:** Students may need to be restrained or secluded if their behavior is believed to be a danger to themselves or others. Physical restraint or redirections will only be performed by staff members trained and certified in Crisis Prevention and Intervention, unless the situation is extreme and the staff member is acting in self defense or the defense of another. Police assistance may also be requested at any time for any situation. Once a police officer is involved in a situation, the police officer will determine if the student will remain in school or be transported to Licking County Juvenile Court.

**Signature Page**  
**Phoenix Central (LRESC)**  
**School Year 2023-2024**

1. We have read and understood the 2023-2024 Student Handbook.

Student's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

2. We have read and understood the internet policies.

Student's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

3. I agree to provide transportation for my student if there is after school or Saturday school detention; (please see handbook or contact Mason Davis with questions [mdlavis@laca.org](mailto:mdlavis@laca.org) or call Phoenix Central 740-345-3290)

- Yes, I AGREE  
 No, I DO NOT AGREE

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

4. Your student may be photographed or videotaped during school activities, with your permission. To grant permission, check the appropriate box and sign below:

- YES  
 NO

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

5. Phoenix Central Field Trip Permission: From time to time during the school year 2020-2021, your student's class may be taking a Field Trip. Field trips are used to enrich instruction in Social Studies, Science, Math, and Language Arts. To grant permission, check the appropriate box and sign below:

- YES, my student may participate in any school-sponsored field trips during the 2022-2023 school year.  
 NO, my student may NOT participate in any school-sponsored field trips during the 2022-2023 school year.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Phoenix Central School Supply List

## 2023-2024

### Grades K-8

- (24) pencils (wooden #2 or mechanical)
- (2) Wide-ruled spiral notebooks
- (1) Package of loose leaf notebook paper
- (1) Composition notebook
- (3) 2-pocket folders
- (1) 24-pack of crayons (Crayola recommended)
- (1) 8-pack of markers (Crayola recommended)
- (1) 24-pack of colored pencils (Crayola recommended)
- (4) Glue Sticks
- (3) Yellow Highlighters
- (3) Black Dry Erase Markers (Expo recommended)
- (1) Set of Headphones/Ear Buds for personal use
- (1) Box of Kleenex
- (1) Canister of Disinfectant Wipes (i.e. Clorox)
- (1) Roll of Paper Towel
- (1) Box of Ziploc Sandwich Bags
- (1) Bottle of Hand Sanitizer

# Phoenix Central School Supply List

## 2023-2024

### Grades 9-12

- (24) pencils (wooden #2 or mechanical)
- (2) Spiral notebooks
- (2) Package of loose leaf notebook paper
- (1) Composition notebook
- (3) 2-pocket folders
- (1) 24-pack of colored pencils (Crayola recommended)
- (3) Yellow Highlighters
- (3) Black Dry Erase Markers (Expo recommended)
- (1) Set of Headphones/Ear Buds for personal use
- (1) Box of Kleenex
- (1) Canister of Disinfectant Wipes (i.e. Clorox)
- (1) Roll of Paper Towel
- (1) Bottle of Hand Sanitizer

# 2023-2024 SCHOOL CALENDAR

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

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

DECEMBER						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	☼	☼	☼	☼	☼	23
24	☼	☼	☼	☼	☼	30
31						

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

APRIL						
S	M	T	W	T	F	S
	•	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				



**Phoenix Central**  
116 West Church St SW  
Newark, Oh 43055

AUGUST		
•	10-15	No School: Staff Development
♥	16	First Day for Students
<i>Staff 16 Students 12</i>		

SEPTEMBER		
☼	4	No School: Labor Day
<i>Staff 20 Students 20</i>		

OCTOBER		
█	13	End of First Quarter
♦	10	Conferences K-12
•	16	No School: Staff Development
<i>Staff 21 Students 21</i>		

NOVEMBER		
☼	22	No School: Conference Trade Day Staff
☼	23-24	No School: Thanksgiving Break
<i>Staff 19 (+ trade day) Students 19</i>		

DECEMBER		
☼	18-29	No School: Winter Break
<i>Staff 11 Students 11</i>		

JANUARY		
☼	1	No School: Winter Break
•	2	No School: Staff Development
█	5	End of Second Quarter
•	12	No School: Staff Development
☼	15	No School: Martin Luther King Day
<i>Staff 21 Students 19</i>		

FEBRUARY		
♦	13	Conferences K-12
•	16	No School: Conference Trade Day Staff
☼	19	No School: President's Day
<i>Staff 19 (+ trade day) Students 18</i>		

MARCH		
█	14	End of Third Quarter
•	15	No School: Staff Development
☼	25-29	No School: Spring Break
<i>Staff 16 Students 15</i>		

APRIL		
•	1	No School: Staff Development
<i>Staff 22 Students 21</i>		

MAY		
█	23	End of Fourth Quarter/Last Day Students
•	24	Last Day for Staff
<i>Staff 18 Students 17</i>		

SEPTEMBER						
S	M	T	W	T	F	S
					1	2
3	☼	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

NOVEMBER						
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	☼	☼	☼	25
26	27	28	29	30		

JANUARY						
S	M	T	W	T	F	S
	☼	•	3	4	█	6
7	8	9	10	11	•	13
14	☼	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

MARCH						
S	M	T	W	T	F	S
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3	4	5	6	7	8	9
10	11	12	13	█	•	16
17	18	19	20	21	22	23
24	☼	☼	☼	☼	☼	30
31						

MAY						
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	█	•	25
26	27	28	29	30	31	

Total Staff days 185

Total Student days 173

- ♦ Conferences
- No School: Staff Reports
- █ End of Quarter
- ☼ No School