

ORACLE SCHOOL DISTRICT
(520) 896-3070
P.O. Box 1720
2618 W El Paseo
Oracle, AZ 85623
www.OSD2.ORG



March 31, 2025

Dear Parent and Guardians of Mt. Vista Students,

On behalf of the teachers and staff, we want to thank you for choosing Oracle Elementary School District for your child. We value the opportunity to create an educational partnership with you and your child.

Please review the important information below:

- We ask that you complete the enclosed registration packet and bring each form back to the school office before May 16, 2025. If you are currently enrolled and live out of the district, it is imperative that you return your registration by May 16 so that we can secure your place for the 2025-2026 school year.
- We will host Back to School Night on Tuesday, August 5, 2025 from 5:00 PM to 7:00 PM. This is a Mt. Vista tradition and a great opportunity for students and families to meet their child's new teacher and see their classroom.
- The first day of school for students in grades K-8 is Thursday, August 7, 2025. School will start promptly at 8:00 AM and will end at 2:45 PM on Mondays, Wednesdays, Thursdays, and Fridays. We will have a 12:45 PM release time on Tuesdays and Parent Teacher Conference days.
- Included with this letter is our school calendar.

We encourage you to follow Mt. Vista on Facebook and visit our district website at osd2.org for regular updates.

We have truly enjoyed the 2024-2025 school year and look forward to welcoming you back for a fantastic 2025-2026 school year.

Sincerely,

Crystle Nehrmeyer
Superintendent
520-896-3070 ext. 3
cnehrmeyer@osd2.org

Shannon Soule
Principal
520-896-3000 ext. 3
ssoule@osd2.org

GOVERNING BOARD

Sean Borland
(650) 703-2018

Edie Crall
(520) 404-1005

Wendy Odell
(612) 868-9122

Joy Reid
(520) 235-2479

Jeri Taylor
(253) 279-6153

Registration Fees for the 2025-2026 School Year

\$5.00 Student Activity Fee

Allows each student in Grades K-8 to participate in a variety of educational field trips during the school year.

**\$50.00 Chrome Book
Non-refundable Deposit for Grades 5-8**
(\$30.00 for students who have a hardship.)



MOUNTAIN VISTA
K-8 School

ORACLE SCHOOL DISTRICT #2

2618 W. EL PASEO ORACLE, AZ. 85623 P.O. Box 1720 ORACLE, AZ. 85623

K-8 STUDENT REGISTRATION FOR 2025-2026

A.R.S. 15-802(B) SCHOOL DISTRICTS ARE REQUIRED TO OBTAIN VERIFIABLE DOCUMENTATION OF ARIZONA RESIDENCY UPON ENROLLMENT IN AN ARIZONA PUBLIC SCHOOL.

STUDENT INFORMATION

STUDENT NAME _____ GRADE _____ HOME PHONE _____ CELL _____

DATE OF BIRTH _____ MALE _____ Female _____ PLACE OF BIRTH _____

PHYSICAL ADDRESS _____ CITY _____ ZIP _____

MAILING ADDRESS _____ CITY _____ ZIP _____

PARENT INFORMATION

FATHER _____ EMPLOYER _____ WORK _____ CELL _____ Email _____

MOTHER _____ EMPLOYER _____ WORK _____ CELL _____ Email _____

STEP PARENT _____ EMPLOYER _____ WORK _____ CELL _____ Email _____

GUARDIAN _____ EMPLOYER _____ WORK _____ CELL _____ Email _____

IS PARENT OR GUARDIAN AN ACTIVE MEMBER OF THE MILITARY? _____ Branch _____ Start Date _____ Exit date _____

PLEASE PROVIDE ALL LEGAL DOCUMENTATION REGARDING STUDENT

WHO IS THE PARENT(S) OR GUARDIANS STUDENT LIVING WITH? _____

IS THERE A NON-CUSTODIAL PARENT? YES _____ NO _____ If yes, a copy of the court order needs to be submitted to the office.

SPECIAL EDUCATION INFORMATION:

Ethnic choice; Check ONE you most closely identify with

Was your child enrolled in any Special Education program? If yes, please explain:

____ American Indian ____ Hispanic

____ White ____ Asian or Pacific Islander

____ African American

Does your child have special needs, Speech or ESL programs? If yes, please explain:

Has your child been suspended or expelled from school for any reason? If yes, please provide information:

Person(s) to call if parent cannot be reached:

<u>Name</u>	<u>Phone#</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I VERIFY THE ABOVE INFORMATION TO BE ACCURATE

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____

FOR OFFICE USE ONLY

Date of Entry _____ Enrry Code _____ () Birth Certificate

FEES;

Verify DOB _____ Certified By: _____ () Baptismal Certificate

Extra Curricular _____

School ID _____ Unique ID _____ () Other _____

Chrome Booki Insurance Plan _____



Arizona Department of Education
Arizona Residency Documentation Form

Student _____ School _____

School District or Charter Holder _____

Parent/Legal Guardian _____

As the Parent/Legal Guardian of the Student, I attest* that I am a resident of the State of Arizona and submit in support of this attestation a copy of the following document that displays my name and residential address or physical description of the property where the student resides:

- _____ Valid Arizona driver's license, Arizona identification card or motor vehicle registration
- _____ Valid Arizona Address Confidentiality Program authorization card
- _____ Real estate deed or mortgage documents
- _____ Property tax bill
- _____ Residential lease or rental agreement
- _____ Water, electric, gas, cable, or phone bill
- _____ Bank or credit card statement
- _____ W-2 wage statement
- _____ Payroll stub
- _____ Certificate of tribal enrollment (506 Form) or other identification issued by a recognized Indian tribe in Arizona
- _____ Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)
- _____ Temporary on-base billeting facility (for military families)
- _____ Consular identification card issued by a foreign government as a valid form of identification if the foreign government uses biometric verification techniques in issuing the consular identification card
- _____ I am currently unable to provide any of the foregoing documents. Therefore, I have provided an original affidavit signed and notarized by an Arizona resident who attests that I have established residence in Arizona with the person signing the affidavit.

Signature of Parent/Legal Guardian

Date

*For members of the armed services, the provision of verifiable documentation does not serve as a declaration of official residency for income tax or other legal purposes. Armed service members may utilize a temporary on-base billeting facility as the address for proof of residency.



State of Arizona
Affidavit of Shared Residence

Student Name: _____

Parent/Legal Guardian Name: _____

School Name: _____

School District or Charter Holder: _____

Name of Arizona Resident: _____

I, (resident name) _____ swear or affirm that I am a resident of the State of Arizona and that the persons listed below reside with me at my residence, described as follows:

Persons who reside with me: _____

Location of my residence: _____

I submit in support of this attestation a copy of the following document that displays my name and current residence address or physical description of my property:

- _____ Valid Arizona driver's license, Arizona identification card or motor vehicle registration
- _____ Valid Arizona Address Confidentiality Program authorization card
- _____ Real estate deed or mortgage documents
- _____ Property tax bill
- _____ Residential lease or rental agreement
- _____ Water, electric, gas, cable, or phone bill
- _____ Bank or credit card statement
- _____ W-2 wage statement
- _____ Payroll stub
- _____ Certificate of tribal enrollment (506 Form) or other identification issued by a recognized Indian tribe in Arizona
- _____ Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)
- _____ Consular identification card issued by a foreign government as a valid form of identification if the foreign government uses biometric verification techniques in issuing the consular identification card

Printed Name of Affiant: _____

Signature of Affiant: _____

Acknowledgement

State of Arizona

County of _____

The foregoing was acknowledged before me this __ day of _____, 20 __,

By _____

My Commission Expires:

Notary Public



Arizona Department of Education

Office of English Language Acquisition Services

Home Language Survey

The responses to this Home Language Survey (HLS) are used by the school to provide the most appropriate instructional programs and services for the student. **The answers below will determine if a student will take the Arizona English Language Learner Assessment (AZELLA).** Please respond to each of the three questions as accurately as possible. If you need to correct any of your responses, this must be done **before** the student takes the AZELLA Placement Test.

1. What language do people speak in the home *most* of the time?

2. What language does the student speak *most* of the time?

3. What language did the student first speak or understand?

Student Name _____ District Student ID _____

Date of Birth _____ SSID _____

Parent/Guardian Signature _____ Date _____

District or Charter _____

School _____

Please provide a copy of the Home Language Survey to the EL Coordinator/Main Contact on site. In AzEDS, please enter all three HLS responses.

These HLS questions are in compliance with Arizona Administrative Code (R7-2-306(B)(1),(2)(a-c)). (Revised 01-2020)



State of Arizona
Department of Education

Office of English Language Acquisition Services



Idioma Principal en el Hogar excluyendo el inglés (PHLOTE)
Encuesta sobre el Idioma en el Hogar
(Efectivo el 4 de abril de 2011)

Preguntas en conformidad con R7-2-306(B)(1), (2)(a-c) del Reglamento de la Junta Directiva.

Las respuestas que proporcione a las preguntas siguientes serán usadas para determinar si se evaluará la competencia en el idioma inglés de su hijo(a).

1. **¿Cuál idioma se habla principalmente en su hogar sin considerar el idioma que habla el estudiante?** _____
2. **¿Cuál idioma habla el estudiante con mayor frecuencia?** _____
3. **¿Cuál fue el primer idioma que aprendió el estudiante?** _____

Nombre del estudiante _____ Distrito _____
Núm. de identificación _____
Fecha de nacimiento _____ SSID _____
Firma del padre o tutor _____ Fecha _____
Distrito o Charter _____
Escuela _____

Please provide a copy of the Home Language Survey to the EL Coordinator/Main Contact on site.

In AzEDS, please indicate the student's home or primary language. (Revised 01-2019)



Homeless Education

ADE Rights of Homeless Students

The Oracle School District shall provide an educational environment that treats all students with dignity and respect. Every homeless student shall have access to the same free and appropriate educational opportunities as students who are not homeless. This commitment to the educational rights of homeless children, youth, and unaccompanied youth, applies to all services, programs, and activities provided or made available.

McKinney-Vento Definition of Homeless:

The term “homeless children and youth”— means individuals who lack a fixed, regular, and adequate nighttime residence [\[42 U.S.C. § 11434a\(2\)\]](#).

A student may be considered eligible for services as a “Homeless Child or Youth” under the McKinney-Vento Homeless Assistance Act if he or she is presently living in one of the following situations:

- sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason,
- living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations,
- living in emergency or transitional shelters; or are abandoned in hospitals,
- have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings,
- living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings, or
- is a migratory child who qualifies as homeless for the purposes of this subtitle because the children are living in circumstances described above.



Homeless Education

ADE Rights of Homeless Students

To remove educational barriers for children and youths experiencing homelessness, the McKinney-Vento Act mandates the following: **Immediate Enrollment:** Documentation and immunization records cannot serve as a barrier to the enrollment in school [42 U.S.C. §11432(g)(3)(C)].

School Selection and Maintained Enrollment: McKinney Vento eligible students have a right to select from the options outlined below. Students may remain enrolled in their selected schools for the duration of homelessness, and until the end of the academic year upon which they are permanently housed or enroll the child or youth in any public school that non-homeless students who live in the attendance area in which the child or youth is living are eligible to attend. [42 U.S.C. §11432(g)(3)(A), 42 U.S.C. §11432(g)(3)(B) and 42 U.S.C. §11432(g)(3)(I) (i)].

School of Origin	School of Residency
The school the student attended when permanently housed	The school in the attendance area in which the student currently resides
The school in which the student was last enrolled	

Transportation Services: McKinney-Vento eligible students attending their School of Origin have a right to transportation to and from the School of Origin [42 U.S.C. §11432(g)(1)(J)(iii)].

Participation in Programs: McKinney-Vento eligible students are guaranteed the right to services comparable to services offered to other students in the school [42 U.S.C. §11432(g)(4) & (6)(iii)].

Unaccompanied Youth Experiencing Homelessness: McKinney-Vento eligible students are guaranteed the right to immediate enrollment without proof of guardianship [42 U.S.C. §11432(g)(1)(H)(iv)].

Access to Extracurricular Activities: Removal of barriers to accessing academic and extracurricular activities for homeless students who meet relevant eligibility criteria [42 U.S.C. §11432(g)(1)(F)(iii)].

Dispute Resolution: If you disagree with school officials about enrollment, transportation, or fair treatment of a homeless child or youth, you may file a complaint with the school district [42 U.S.C. §11432(g)(3)(E)].

Appointment of a Local Homeless Liaison: The McKinney-Vento Act mandates the appointment of a local Homeless Liaison in every school district or local education agency (LEA) to ensure that homeless children and youth are enrolled in and have a full and equal opportunity to succeed in school [42 U.S.C. §11432(g)(1)(J)(ii) and U.S.C. §11432(g)(6)(A)].

For more information, refer to Arizona Department of Education, Homeless Education, 42 USC CHAPTER 119, SUBCHAPTER VI, Part B: Education for Homeless Children and Youths, and the AZ State ESSA Plan. You may also contact:

Oracle School District Homeless Liaison

Lydia Smith
2618 W El Paseo | Oracle, AZ
(520) 896-3000
lsmith@osd2.org

State Homeless Education Program Coordinator

Arizona Department of Education
1535 W. Jefferson Street
Phoenix, AZ 85007
(602) 542-4963
Homeless@azed.gov





Information contained on this form is confidential and used to determine whether a child or youth meets the definition of homeless under the McKinney-Vento Act. The Education for Homeless Children and Youth (EHCY) program as authorized under Title VII-B of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11431 et seq.). Please note, false claims about living situations may affect enrollment.

Section A

Today's date: _____

Name of individual completing this form: _____

Your telephone number: _____ Your email address: _____

Student name: _____

Last school attended: _____ Current grade: _____ Birth date: _____

Do you have additional children attending school in our district? Yes ☐ No ☐

Do you have children of the preschool age? Yes ☐ No ☐

Please provide information about additional children attending school in our district or of preschool age.

Last Name	First Name	Grade	School	District

Address of where the student slept last night: _____

Is this address based on a temporary living arrangement? Yes ☐ No ☐

(Examples: hotel; shelter; transitional housing; sharing the housing of others due to loss of housing, economic hardship, or similar reason; car; park; campsite.)

NOTE: If you checked "No" to the temporary living arrangement, you may STOP here. If you checked "Yes", please continue to the next section.



Homeless Education

ADE Student Residency Questionnaire (SRQ)

Section B

Name of the parent/guardian/adult caring for the student: _____

Relationship to the student: _____

If the address you provided in section A is based on a temporary living arrangement, is it due to loss of housing economic hardship? Yes ☐ No ☐

Please place an "X" in each box that best describes where the student sleeps at night.

- ☐ In a place that does not have windows, doors, running water, heat, electricity, or overcrowded
- ☐ Staying with a friend or relative because of loss of housing, economic hardship, or similar reason
(Example: eviction, foreclosure, fire, flood, lost job, divorce, domestic violence, kicked out by parents, ran away from home)

What date did you begin staying here? _____

- ☐ In a shelter/transitional housing program (name of agency): _____

What date did you begin staying here? _____

- ☐ In an unsheltered location (e.g. tent, vehicle, abandoned building, streets, campground, park, bus/train station, or similar place)
Provide the main cross streets of this unsheltered location: _____

- ☐ In a hotel/motel (name of hotel/motel & address) _____

What date did you begin staying here? _____

- ☐ With an adult that is not a parent or court appointed legal guardian
- ☐ Alone, not in the care of a parent or court appointed legal guardian
- ☐ None of the above (Please explain): _____

The following signature certifies that the information provided above is accurate. False claims about living situations may affect enrollment.

Signature of Person Providing Information
Parent/Legal guardian/Caregiver/Student

Date

For School Use Only

Please note, the student's cumulative file should not include a copy of this form. **Do not make copies of this form.** If Section B is filled out, please notify the LEA Homeless Education Liaison, and provide the original form to them.

Name of school site personnel who enrolled the student: _____

Please check the housing types that apply:

Sheltered ☐ Doubled-up ☐ Unsheltered/FEMA/Substandard ☐ Hotel/Motel ☐

Unaccompanied youth: Yes ☐ No ☐ Transportation to school of origin needed: Yes ☐ No ☐

Date received
by Homeless
Education
Liaison



Permission to Photograph and Publish 2025-2026 School Year

By signing this form, I give the Oracle Elementary School District permission to photograph my child and use my child's photograph, name, and grade level for use in the school yearbook, newsletters, website, local newspapers, and school Facebook account.

I understand that if I do not grant permission to the District, my child's name and/or photograph(s) will not be included in any of the publications listed above.

Legal Parent/Guardian Name: _____

Legal Parent/Guardian Signature: _____

Student Name: _____

Please use the space below for any specific information you would like to share with the school, including for example, if you grant permission for your child to be included in school publications but not local newspapers, etc. Thank you!



Student Guidelines for Appropriate Use of Technology Resources Acceptable Use Policy

Oracle Elementary School District is deeply committed to utilizing technology as an educational tool. The internet and devices on our network are used to support the educational objectives of the District. Use of these technologies is a privilege and is subject to the following terms and conditions:

1. Communication – I will make appropriate decisions when communicating and will not send or share mean or inappropriate content. I will participate in collaboration while using effective participation skills. I will be mindful of what I post and not use profanity or language that is inappropriate.
2. Privacy and Safety – I am aware that anything I do online or electronically is not private and can be monitored. I will seek help if I feel unsafe, bullied or witness any form of unkind behavior including cyberbullying.
3. Learning – I will do my best. I understand some websites are inappropriate and I will not search for words that are not related to my academics.
4. Respect – I will follow all copyright rules and give credit when it is needed. I will respond thoughtfully to the opinions, ideas and values of others. I will take proper care of all equipment including district provided and personal devices. I will report misuse and/or inappropriate content to my teachers.

Students:

I understand that it is my responsibility to honor the Acceptable Use Policy and uphold the Oracle Elementary School District's technology values both online, offline, at school and at home. I understand that my actions can affect others and that I will be accountable for my behavior. I will not engage in activities that are in violation of the Technology Acceptable Use Policy. I understand that any violation of the Acceptable Use Policy is unethical and may result in consequences outlined in the Student Code of Conduct and/or state and federal law.

Student Name: _____ Grade Level: _____

Student Signature: _____ Date: _____

Parent/Guardians:

I understand that the Oracle Elementary School District encourages parents and guardians to supervise and monitor their child's online activity. I accept full responsibility if and when my child's use of technology is not in a school setting and understand that my child is subject to the same rules and agreements while not at school. I understand that the District encourages parents and guardians to supervise and monitor any online activity. I understand that any violation of the Acceptable Use Policy is unethical and may result in consequences outlined in the Student Code of Conduct and/or state and federal law.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

MOUNTAIN VISTA SCHOOL
Over the Counter Medication Consent Form 2025-2026

I hereby authorize and give my consent for the person designated by the administrator, to give the age appropriate dose of the below named over the counter medications as directed to my child: _____ grade _____

- ✓ **Check those medications you give permission for your child to receive through the Health Office to get them temporarily thru the day.**

Note: Generic Medications given when possible. All meds listed may or may not be available

- Tums 1-2 for heartburn, gas or mild upset stomach
- Acetaminophen (Tylenol) 1 -2 tab for mild headache or pain
- Ibuprofen (Advil/Motrin) 1-2 tab for menstrual pain or musculoskeletal pain
- Cough Drops 1-2 for cough
- Diphenhydramine (Benadryl) 1 tab for bite/sting or rash/hives
- Sunscreen absorbs or reflects some of the sun's ultraviolet radiation
- Eye drops due to treat itching due to allergies

Route of administration: to be given by mouth

Amount to be given: Age/wt. appropriate dose

Time of day to be given: as needed during school hours

Other OTC Medication(s): _____

(Provided by Parent)

This will need to arrive in its **original, unopened** container/box and will be administered as directed above.

Parent/Guardian understands medications remaining after the last day of school year will be discarded.

ALLERGIC TO ANY MEDICATION? YES or NO If so, please list _____

Please list any health conditions that your child is diagnosed with, ie, asthma, seizures, etc.

X _____

Signature (Parent/Guardian)

Date

*****ATTENTION: FOR ANAPHYLAXIS (EPI-PEN), ASTHMA (INHALERS) DIABETES USE ONLY*****

Students are not allowed to carry and self-administer any medications. **Exceptions: medication for diagnosed anaphylaxis (Epi Pen), breathing disorders requiring hand held inhaler devices and diabetic supplies. They must have a prescription label on the actual Epi Pen or Inhaler.**

*Please ask the pharmacist to print an extra label for this purpose.

*Any prescribed medication, must have Permission to Administer during school hours form, filled out by physician as well.

I, the undersigned Parent/Guardian, release the school district and its employees, agents and officers of any responsibility in safeguarding the student's inhaler, Epi-Pen or diabetic supplies.

SIGN HERE to authorize student to store in health office, carry/self-administer inhaler, Epi-Pen or diabetic supplies

Signature (Parent/Guardian)

Date

ORACLE SCHOOL DISTRICT

2025-2026

MEDICAL HISTORY/ Historio Medico

Student's Name (Nombre del estudiante): _____ Date (Fecha): _____
School (Escuela): _____ Birth Date (Fecha de nacimiento): _____
Grade (Grado en escuela): _____

We request that you complete this form entirely. It will help us insure that your child receives proper care should he/she become ill or injured at school. This information will be kept confidential.

Es necesario llenar esta forma completamente. Nos ayuda a asegurar que el estudiante reciba ayuda necesario. Esta informacion sera mantenida confidencial.

Please check the following if any apply to your son/daughter:

Indique por favor si cualesquiera de estas condiciones medicas se aplican a su hijo o hija

Illness (Enfermedades)	Circle YES or No (Encierra si o no)	Date of Diagnosis MO/YR (Fecha del diagnostico)	Comments: (Comentario)
Chicken Pox/Varicella disease (Varicela o Viruela loca)	Yes or No		
Asthma (Asma)	Yes or No		
Diabetes (Diabetis)	Yes or No		
Seizure disorders (Convulsiones)	Yes or No		
Heart Condition (Condicion del corazon)	Yes or No		
Urinary problem (Condicion urinario)	Yes or No		
Orthopedic problem (Problema ortopedico)	Yes or No		
Skin condition (Condicion de la piel)	Yes or No		
Hearing problem (Problemas de oido)	Yes or No		
Frequent headaches or migraines (Los Dolores de cabeza o migrana frecuentes)	Yes or No		
Surgeries (Cirugia)	Yes or No		
Wears glasses or contacts (Usa lentes o lentes de contacto)	Yes or No		
Allergies (Please list all food, medication, etc.) Other) (Alergia (incluir comida, medicamentos, etc.) Otras cosas que causan alergias),	Yes or No		

Doctor's Name _____ Phone: () _____
Dentist's Name _____ Phone: () _____
Preferred Hospital _____

Does student have any medical concerns, allergies, or chronic illnesses: If yes, please specify: _____

Does child take medication on a regular basis? If yes, please specify _____

In case of serious illness, your child will be taken to the closest hospital by ambulance, if necessary, and emergency treatment will be provided until parent or legal court ordered guardian can be contacted. Any expense for emergency transportation and/or treatment shall be the responsibility of the parent or legal court ordered guardian.

Form completed by: _____ Relationship to Child _____

Parent or legal court ordered guardian signature

Date

July 4 – Independence Day Holiday	July 2025						
	S	M	T	W	T	F	S
August 1 – New Teachers Report 4 – Teachers Report 6 – 10-Month Staff Report 7 – First Day of School K-8 11 – First Day of Preschool School Days: 17			1	2	3	4	5
	6	7	8	9	10	11	12
September 1 – Labor Day Holiday School Days: 21	13	14	15	16	17	18	19
	20	21	22	23	24	25	26
October 2 – 40 th Day of School 6-10 – Fall Break School Days: 18	27	28	29	30	31		
	August 2025						
November 11 – Veteran’s Day Holiday 26-28 – Thanksgiving Holiday School Days: 16	S	M	T	W	T	F	S
						1	2
December 18 – Last Day of School 19 – Teacher Work Day 22-31 – Winter Break School Days: 14 Fall Semester School Days: 86	3	4	5	6	7	8	9
	10	11	12	13	14	15	16
	17	18	19	20	21	22	23
	24/31	25	26	27	28	29	30
	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
	23/30	24	25	26	27	28	29
	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 5 – School Resumes 19 – Dr. Martin Luther King Jr. Holiday 23- 100 th Day of School School Days: 19	January 2026						
	S	M	T	W	T	F	S
February 26-27 – Rodeo Break School Days: 18					1	2	3
	4	5	6	7	8	9	10
March 16-20 – Spring Break School Days: 17	11	12	13	14	15	16	17
	18	19	20	21	22	23	24
April 6 – April Holiday School Days: 21	25	26	27	28	29	30	31
	February 2026						
May 20 – 8 th Grade Promotion 21 – Last Day of School 22 – Teacher Work Day 25- Memorial Day Holiday School Days: 15	S	M	T	W	T	F	S
	1	2	3	4	5	6	7
June 19 – Juneteenth Holiday Spring Semester School Days: 90	8	9	10	11	12	13	14
	15	16	17	18	19	20	21
	22	23	24	25	26	27	28
	29	30	31				
	March 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				
	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
	24/31	25	26	27	28	29	30
	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				

	K-8 School Days – 8:00 AM to 2:45 PM
	K-8 Early Dismissal Days – 8:00 AM to 12:45 PM
	Paid District Holidays – School and all Offices closed
	School Holidays – School closed, work day for District Office and 12-month employees
	Teacher Work Days – No School for students, School Office and District Office open, work day for teachers and 12-month employees
	Staff Work Day – No School for students, work day for 10 and 12-month employees

K-8 Grading Periods:

Quarter 1 – August 7 – October 3 (41 school days)
 Quarter 2 – October 13 – December 18 (45 school days)
 Quarter 3 – January 5 – March 13 (47 school days)
 Quarter 4 – March 23 – May 21 (43 school days)

Parent and Teacher Conferences:

October 13-17, 2025
 January 5-9, 2026
 March 23-27, 2026