

Mt. Vista Kindergarten Prep Program Preschool Registration Packet

2024-2025 School Year

Oracle School District



WELCOME TO THE 2024-2025 SCHOOL YEAR!

The Oracle School District and the Oracle Schools Foundation welcome you and your child to a new school year at Mt. Vista Kindergarten Prep Program. We offer tuition-free preschool for 3 and 4-year old children. We are a Quality First 5-Star Program, which means your child will receive high-quality education and services to prepare them for kindergarten and elementary school. We also provide Special Education services for students who qualify for additional support. If you reside in the Oracle School District, your child is also eligible for school transportation each day that preschool is in session. We welcome you to the program and we look forward to working with you and your child!



REGISTRATION STEPS

1. Attend a Preschool Orientation Session in February or March 2024
2. Attend Preschool Round-up with your child in March 2024
3. Submit a completed registration packet to the Mt. Vista Office
4. Submit Quality First paperwork in July 2024
5. Make sure your child is potty-trained
6. School starts in August 2024

**PLEASE RETURN THIS
COMPLETED PACKET
TO THE MT. VISTA
K-8 SCHOOL
OFFICE.
QUESTIONS?
PLEASE CALL
MRS. THERESA
RODRIGUEZ AT
520 896 3040.
THANK YOU!**

ORACLE SCHOOL DISTRICT #2

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

PRE-K STUDENT REGISTRATION FOR 2024-2025

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)



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. §1432(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:

<p>Oracle School District Homeless Liaison Lydia Smith 2618 W El Paseo Oracle, AZ (520) 896-3000 lsmith@osd2.org</p>	<p>State Homeless Education Program Coordinator Arizona Department of Education 1535 W. Jefferson Street Phoenix, AZ 85007 (602) 542-4963 Homeless@azed.gov</p> 
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Homeless Education

ADE Student Residency Questionnaire (SRQ)

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 or 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 Liaison _____



CDC/SGH# or name: _____

**Arizona Department of Health Services
Bureau of Child Care Licensing
Emergency, Information and Immunization Record Card**

Child's Name:	Date Enrolled:	Updated:
Home Address (#, Street, City, State, Zip Code):		Date Disenrolled:
Home Phone:	Date of Birth:	Sex: <input type="checkbox"/> male <input type="checkbox"/> female

Parent or Guardian Name:	Home Address (#, Street, City, State, Zip Code):
Cell Phone (optional):	Contact Telephone Number:

Parent or Guardian Name:	Home Address (#, Street, City, State, Zip Code):
Cell Phone (optional):	Contact Telephone Number:

**I authorize the following individuals to collect my child from the facility in case of emergency or if I cannot be contacted:
(Pursuant to R9-5-304.B, at least two contact persons are required.)**

Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:

If Medical care is necessary, call:

Health Care Provider*	Name:	Contact Telephone Number:
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*A Health Care Provider is a physician, physician assistant or registered nurse practitioner.

I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time for his/her health and safety.

In case of injury or sudden illness, I request that this individual be called first:	
-------------------------------------------------------------------------------------------------	--

The following individual(s) may NOT remove my child from the facility:

Name(s):

Custody papers have been provided and are on file at the facility. yes no

Telephone Authorization Code (optional): _____

Immunization Information

(A licensee shall attach an enrolled child's written immunization record or exemption affidavit to the enrolled child's Emergency, Information and Immunization Record card.)

For information regarding current immunization requirements go to:

www.azdhs.gov/phs/immun/index.htm or contact the Arizona Immunization Program Office at (602)364-3630.

One of these items must accompany the EIIR card at all times:

<input type="checkbox"/>	Copy of current official documented immunization record attached
<input type="checkbox"/>	Religious Beliefs exemption form signed by parent/guardian attached
<input type="checkbox"/>	Medical Exemption form signed by physician and parent/guardian attached
<input type="checkbox"/>	Signed Laboratory Proof of Immunity form attached

Notification of immunizations needed sent to Parent(s) or Guardian(s):	mo /day/ yr	mo /day/ yr	mo /day /yr
Updated immunizations received and attached:	mo /day/ yr	mo /day/ yr	mo /day /yr

Medical Information

<p>Is child allergic to food or other substances? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:</p>
<p>Is child usually susceptible to infections and if so, what precautions need to be taken? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, list precautions:</p>
<p>Is child subject to convulsions and what should be our procedure if one occurs? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, specify procedure:</p>
<p>Is there any physical condition that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, list precautions:</p>
<p>Additional comments:</p>
<p>Other special instructions:</p>

This **Emergency Information and Immunization Record Card** is accurate and complete, front and back, and was provided by:

Parent/Guardian PRINTED Name:	SIGNED Name:	DATE:
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Permission to Photograph and Publish 2024-2025 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!



Kinder Prep Enrollment Agreement 2024-2025 School Year

Please Read Thoroughly

Welcome to Mountain Vista Kinder Prep. We look forward to a healthy and happy relationship with you and your family. The following policies have been created to help ensure the smooth operation of the Kinder Prep and the safety of all the children enrolled. By **initialing** each paragraph and signing the bottom of this agreement and enrolling my child at Mountain Vista Kinder Prep Program, I am acknowledging my understanding and acceptance of the following:

- Kinder Prep will begin on August 12, 2024
- Children attending the 3 and 4 year old program must turn 3 or 4 by September 1st
- Children who attend the Kinder Prep program are expected to attend at least 3 days per week in order to hold their place.
- No breakfast, lunch, or snack will be provided.
- I understand the hours of operation at Mountain Vista Preschool.
Kinder Prep hours are from 8:00-10:30 and 12:00-2:00 M, T, Th, and F.
Being late to school disrupts class time. Kinder Prep age children must come to school on time as often as possible. **Please remember, you must sign in at the front office before visiting, dropping off or picking up your child(ren).**
- Failure to pick up your child or contact the Kinder Prep staff within 30 minutes after dismissal and you cannot be reached, may result your child being released to Child Protective Services or to a Pinal County Sheriff's Deputy, in accordance with state licensing regulations.
- Bus service will be provided. Please contact the transportation office @ 520-896-3076 or dmaestas@osd2.org for schedules and bus stops.

- The following items are required before your child may attend Kinder Prep: Immunization records-verified by the school nurse, a copy of birth certificate, proof of residency, completed and signed registration packet and emergency form. Possible screening for hearing, vision, weight and height may be necessary before a student enters the program.
- Field trips are a privilege for students at Mountain Vista. Your child may have the opportunity to participate in special programs or field trips. Any student who is not on their best behavior may not be allowed to attend any field trip or participate in any special function. Notices will be posted in advance and a signed permission slip will be required in order for your child to participate.
- Mountain Vista staff will release your child only to you or to those persons you have listed on the **emergency** form. Emergencies may prevent you from picking up your child, therefore, include those individuals whom you would authorize in such events. If you would like an adult who is not on these forms to pick up your child you must notify Mountain Vista staff in advance, in **writing**. For safety, accuracy, and maintenance of records, it is critical to **sign** children in and out of the building.
- The Kinder Prep will be open M, T, Th, and F. The procedure for notifying families should severe weather or other conditions prevent the Kinder Prep from opening on time or at all, you will be notified by our automated phone system. **Please note: it is very important to keep the school notified if your phone number or address changes.**
- **If your preschooler has 10 or more consecutive unexcused absences, he or she will be withdrawn. This will result in you having to re-enroll your child if there is room for them when they return after that withdrawal.**

PARENT SIGNATURE

DATE

ORACLE SCHOOL DISTRICT

2024-2025

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 info er 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 (Unsan lentes o lentes de contacto)	Yes or No		
Allergies (Please list all food, edication Other) (Alergia (incluir comida, medica Otras cosas que causan alegias),	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 _____

Incase 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 2024							January 6 – School Resumes 20 – Dr. Martin Luther King Jr. Holiday 24- 100 th Day of School School Days: 19	January 2025						
	S	M	T	W	T	F	S		S	M	T	W	T	F	S
August 5 – Teachers Report 7 – 10-Month Staff Report 8 – First Day of School K-8 12 – First Day of Preschool School Days: 17	7	8	9	10	11	12	13	February 20-21 – Rodeo Break School Days: 18	5	6	7	8	9	10	11
	14	15	16	17	18	19	20		12	13	14	15	16	17	18
	21	22	23	24	25	26	27		19	20	21	22	23	24	25
	28	29	30	31					26	27	28	29	30	31	
	August 2024								February 2025						
	S	M	T	W	T	F	S		S	M	T	W	T	F	S
4	5	6	7	8	9	10	2	3	4	5	6	7	8		
11	12	13	14	15	16	17	9	10	11	12	13	14	15		
18	19	20	21	22	23	24	16	17	18	19	20	21	22		
25	26	27	28	29	30	31	23	24	25	26	27	28			
September 2024							March 2025								
S	M	T	W	T	F	S	S	M	T	W	T	F	S		
1	2	3	4	5	6	7	2	3	4	5	6	7	8		
8	9	10	11	12	13	14	9	10	11	12	13	14	15		
15	16	17	18	19	20	21	16	17	18	19	20	21	22		
22	23	24	25	26	27	28	23	24	25	26	27	28	29		
29	30						30	31							
September 2 – Labor Day Holiday School Days: 20	October 2024							April 2025							
	S	M	T	W	T	F	S	S	M	T	W	T	F	S	
	6	7	8	9	10	11	12	6	7	8	9	10	11	12	
	13	14	15	16	17	18	19	13	14	15	16	17	18	19	
	20	21	22	23	24	25	26	20	21	22	23	24	25	26	
	27	28	29	30	31			27	28	29	30				
October 3 – 40 th Day of School 7-11 – Fall Break School Days: 18	November 2024							May 2025							
	S	M	T	W	T	F	S	S	M	T	W	T	F	S	
	3	4	5	6	7	8	9	4	5	6	7	8	9	10	
	10	11	12	13	14	15	16	11	12	13	14	15	16	17	
	17	18	19	20	21	22	23	18	19	20	21	22	23	24	
	24	25	26	27	28	29	30	25	26	27	28	29	30	31	
November 11 – Veteran’s Day Holiday 27-29 – Thanksgiving Holiday School Days: 17	December 2024							June 2025							
	S	M	T	W	T	F	S	S	M	T	W	T	F	S	
	1	2	3	4	5	6	7	1	2	3	4	5	6	7	
	8	9	10	11	12	13	14	8	9	10	11	12	13	14	
	15	16	17	18	19	20	21	15	16	17	18	19	20	21	
	22	23	24	25	26	27	28	22	23	24	25	26	27	28	
December 19 – Last Day of School 20 – Teacher Work Day 23-31 – Winter Break School Days: 14	29	30	31				29	30							
	Fall Semester School Days: 86							Spring Semester School Days: 90							

	K-8 School Days – 7:50 AM to 2:10 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 8 – October 4 (41 school days)
- Quarter 2 – October 14 – December 19 (45 school days)
- Quarter 3 – January 6 – March 14 (47 school days)
- Quarter 4 – March 24 – May 22 (43 school days)