



Download

2020 - 2021
ENROLLMENT INFORMATION

THIS ENROLLMENT PACKET IS FOR STUDENTS ENROLLING FOR THE FIRST TIME IN SAN MARCOS UNIFIED SCHOOL DISTRICT.

PLEASE RETURN THE FOLLOWING BY REPLYING TO THE EMAIL ADDRESS THAT YOU RECEIVED THIS PACKET FROM:

___ **THIS COMPLETED FILLABLE PDF**

THE FOLLOWING DOCUMENTS:

- ___ Transcripts
- ___ Student's last Report Card or Withdrawal Grades
- ___ Birth Certificate
- ___ Immunization Records
- ___ IEP, 504 & Psych Report for Special Education (if applicable)

One Proof of Residency from EACH category:

___ **CATEGORY ONE:**

- MORTGAGE STATEMENT or PAYMENT RECEIPT** (with address of residency)
- RENTAL AGREEMENT or PAYMENT RECEIPT** (with address of residency)
- PROPERTY TAX STATEMENT or RECEIPT** (with address of residency)
- GRANT DEED** (with address of residency)
- ESCROW PAPERS** (with address of residency)

AND

___ **CATEGORY TWO:**

- CURRENT UTILITY BILL** (SDG&E, WATER, TRASH OR CABLE)
- CORRESPONDENCE FROM A GOVERNMENT AGENCY**
- VOTER REGISTRATION**
- CURRENT PAY STUB W/ADDRESS**
- AFFIDAVIT OF RESIDENCY** (needed if shared housing-Parent/Guardian not listed on proof of residency)
- OTHER**

TO THE PERSON COMPLETING THIS ENROLLMENT PACKET:

By typing your name in the Signature fields, you are affirming to be the person signing and provide consent as specified on the documents you are electronically signing.

Start Date _____ School _____ Grade _____ Perm ID# _____

Student Information

Legal-Last Name	Legal-First Name	Legal-Middle Name	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary
Birth City	State	Country	Primary Phone #
			Date of Birth (mm/dd/yyyy) / /

Student's Ethnicity

As mandated by federal and state law, please answer the following questions to identify this student's ethnicity and race. This information will only be used for reporting total counts of pupils, and will not be released in a personally-identifiable form.

Is this student's ethnicity Hispanic or Latino? Yes No

Please check one or more of the following to indicate your student's race:

- | | | |
|---|--|---|
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Asian - Chinese | <input type="checkbox"/> Asian-Japanese |
| <input type="checkbox"/> Asian - Korean | <input type="checkbox"/> Asian - Vietnamese | <input type="checkbox"/> Asian-Indian |
| <input type="checkbox"/> Asian - Laotian | <input type="checkbox"/> Asian - Cambodian | <input type="checkbox"/> Asian-Hmong |
| <input type="checkbox"/> Asian - Other | <input type="checkbox"/> Pacific Islander - Hawaiian | <input type="checkbox"/> Pacific Islander - Guamanian |
| <input type="checkbox"/> Pacific Islander - Samoan | <input type="checkbox"/> Pacific Islander - Tahitian | <input type="checkbox"/> Pacific Islander - Other |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> African American/Black | <input type="checkbox"/> White |

Household Information

1. Parent/Guardian Full Name _____ Cell Work Home

Student's Home Address (Street) _____ (City) _____ (Zip Code) _____ Cell Work Home

Mother Father Stepmother Stepfather Guardian Email Address: _____

Lives with Contact Allowed Ed. Rights Has Custody Mailings Allowed Graduate Degree College Degree Some College High School Not High School Graduate Decline to State

Military Active Duty DOD Employee Reserves National Guard: Full Time Part Time

2. Parent/Guardian Full Name _____ Cell Work Home

Address (Street) _____ (City) _____ (Zip Code) _____ Cell Work Home

Mother Father Stepmother Stepfather Guardian Email Address: _____

Lives with Contact Allowed Ed. Rights Has Custody Mailings Allowed Graduate Degree College Degree Some College High School Not High School Graduate Decline to State

Military Active Duty DOD Employee Reserves National Guard: Full Time Part Time

3. Parent/Guardian Full Name _____ Cell Work Home

Address (Street) _____ (City) _____ (Zip Code) _____ Cell Work Home

Mother Father Stepmother Stepfather Guardian Email Address: _____

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Military Active Duty DOD Employee Reserves National Guard: Full Time Part Time

4. Parent/Guardian Full Name _____ Cell Work Home

Address (Street) _____ (City) _____ (Zip Code) _____ Cell Work Home

Mother Father Stepmother Stepfather Guardian Email Address: _____

Lives with Contact Allowed Ed. Rights Has Custody Mailings Allowed Graduate Degree College Degree Some College High School Not High School Graduate Decline to State

Military Active Duty DOD Employee Reserves National Guard: Full Time Part Time

Year: _____ Grade: _____
 Teacher: _____ ID#: _____

**SAN MARCOS UNIFIED SCHOOL DISTRICT
 STUDENT EMERGENCY CARD**

X _____ / /
 Last Name First Name Middle Name Birthdate

X _____
 Home Address Home Phone Parent E-Mail Address

IN CASE OF AN EMERGENCY, IT IS IMPORTANT FOR THE SAFETY OF YOUR CHILD THAT WE HAVE INFORMATION REQUESTED BELOW.

1. _____
 Name (Parent) Employer Cell Phone Work Phone

2. _____
 Name (Parent) Employer Cell Phone Work Phone

IT IS VERY IMPORTANT, IN CASE PARENTS CANNOT BE REACHED, THAT TWO (2) ADDITIONAL NAMES AND TELEPHONE NUMBERS BE LISTED BELOW:

3. _____
 Alternate Local Contact Name Relationship Phone

4. _____
 Alternate Local Contact Name Relationship Phone

IF NONE OF THE ABOVE IS AVAILABLE, YOUR CHILD WILL BE TRANSPORTED BY AMBULANCE TO THE HOSPITAL.

Siblings in school:

 Name School Grade Name School Grade

 Name School Grade Name School Grade

HEALTH CONDITION(S)- Check all that apply
 IF NO HEALTH PROBLEMS check here
 ADHD
 Asthma, needs Inhaler at school: Yes No
 Diabetes, needs Insulin at school: Yes No
 Heart Problem, explain: _____
 Seizure Disorder, explain: _____
 Known Hearing Loss , wears hearing aide(s): R L
 Vision Problem Wears Glasses Wears Contact Lenses
 Other Health Problem, explain: _____
 History of concussion, date(s): _____

ALLERGIES- Check all that apply
 IF NO KNOWN ALLERGIES check here
 Bee Sting Allergy
 Food Allergy, list foods: _____

 Medication Allergy, explain: _____
 Other Allergy, explain: _____
 Check here if your child has had an Anaphylactic Reaction
 Does your child require medication to treat allergies: Yes No
IF MEDICATIONS ARE REQUIRED TO TREAT AN ALLERGIC REACTION, PLEASE CONTACT THE SCHOOL HEALTH OFFICE OR CHECK THE SCHOOL WEB SITE TO OBTAIN THE REQUIRED FORMS.

MEDICATION(S)- List medications below. IF NONE, Check Here
 Medication name/dose/time taken: _____
 Are any of the listed medications taken at school? Yes No
IF MEDICATIONS ARE REQUIRED AT SCHOOL, A SIGNED PARENT PERMISSION FORM AND PHYSICIANS ORDER IS REQUIRED. PLEASE CONTACT THE SCHOOL HEALTH OFFICE OR CHECK THE SCHOOL WEB SITE TO OBTAIN THE REQUIRED FORMS.

MEDICAL CARE PROVIDER PHONE NUMBERS-
 Physician Name/Phone: _____ Dentist Name/Phone: _____
 Does your child have Health Insurance? Yes No Name of Insurance Provider: _____

**THE HEALTH INFORMATION PROVIDED IN THIS FORM MAY BE SHARED WITH APPROPRIATE SCHOOL PERSONNEL ON A NEED-TO-KNOW BASIS IN ORDER TO PROVIDE FOR YOUR CHILD'S SAFETY AND WELL-BEING.
 PLEASE CONTACT THE SCHOOL NURSE WITH ANY CONCERNS OR QUESTIONS IN THIS REGARD.**

Signature(s) of Parent(s) or Guardian(s): _____ Date: _____
I hereby certify the above information to be true and correct to the best of my knowledge.

School Site Only-Place Label here
Grade _____
D.O.B. _____
Stu # _____
New Student _____



Please check here if:
 New Address
 New Phone Number(s)

2020-21 ANNUAL RESIDENCY VERIFICATION AND CHECKLIST

In accordance with District policy, all students in the San Marcos Unified School District must provide TWO residency verifications (proof of where you live) each year in order to register. Proof of where you live must be provided at registration or your child will not be able to register (one from each Category-see below). Proof must show Parent/Guardian/Caregiver name and address. If you want to keep your original document(s), you must provide us with a copy to keep. Parent/Guardian/Caregiver must show picture identification at registration (driver's license, passport)

STUDENT NAME: _____ ID#: _____

Last, First Middle
Student living with (check one): PARENT(S) LEGAL GUARDIAN/FOSTER PARENT (need court papers) CAREGIVER (need SMUSD affidavit)
 OTHER _____ SHARED HOUSING (homeowner/renter must complete Affidavit of Residency Form)

Primary Residency Information - Please select the option that best describes your housing situation:

- Single Family Dwelling Mobile Home Duplex Apartment/Condo Auto/RV or RV Park Hotel/Motel
- Shelter Campground Foster Home Other: _____

Are you temporarily sharing housing with another family? Yes No
Is this due to loss of housing, economic hardship or similar reason? Yes No

PARENT/GUARDIAN NAME(S) (PRINT): 1. _____ 2. _____

Names of Students living in the home: _____

I AFFIRM THAT THE STUDENT RESIDES AT THE ADDRESS BELOW:

_____ (phone #) _____

Signature of Person Establishing Residency _____ Date _____

WARNING: INCORRECT INFORMATION WILL RESULT IN YOUR STUDENT BEING DISENROLLED IMMEDIATELY

Check off one proof of residency in each category below. Proof must be current (dated within last 30 days). Each Proof must show Parent/Guardian name and address unless shared housing (complete Affidavit of Residency Form).

****IF YOU ARE IN A TRANSITIONAL LIVING CIRCUMSTANCE, PLEASE ASK THE SCHOOL SITE FOR ASSISTANCE.**

- CATEGORY ONE:**
- MORTGAGE STATEMENT or PAYMENT RECEIPT (with address of residency)
 - RENTAL AGREEMENT or PAYMENT RECEIPT (with address of residency)
 - PROPERTY TAX STATEMENT or RECEIPT (with address of residency)
 - GRANT DEED (with address of residency)
 - ESCROW PAPERS (with address of residency)

AND

- CATEGORY TWO:**
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 - CORRESPONDENCE FROM A GOVERNMENT AGENCY
 - VOTER REGISTRATION
 - CURRENT PAY STUB W/ADDRESS
 - AFFIDAVIT OF RESIDENCY (needed if shared housing-Parent/
Guardian not listed on proof of residency)
 - OTHER

Verifying School Official _____

Date _____

Dear Parents:

We all must cooperate to keep our schools safe and weapon-free. Thus we are asking for your cooperation in helping us enforce our strict weapons policy.

Under no circumstance should a student bring to school a knife, penknife, weapon, gun or imitation firearm, explosives or firecrackers, or other dangerous instrument, such as mace or pepper spray. Other items unsafe for children to bring to school because they could cause injury would include, but not be limited to: laser pointers, poppers, bottle/can openers, toy guns, scissors, or any items with sharp points. In the past several years, parents have sent knives with children to peel or cut lunch fruits. Please do the cutting or peeling at home. According to California Education Code 48915 and Board Policy, if your child brings a knife or any weapon to school, your child will be immediately suspended and may be required to attend an expulsion hearing before the District's Administration Hearing Panel.

It is important that you know and understand that this policy and its penalties apply to children in all grades, kindergarten through twelfth. We are asking that parents assist the schools in keeping all children safe by not allowing them to bring to school anything that is inappropriate or unsafe.

Please discuss this subject with your child, if you have any questions, please call the Principal or Assistant Principal.

Yours truly,

Principal

I certify that I have read and understand the school's Policy on Weapons and Dangerous Objects and have gone over it with my child.

Parent Name (Please Print): _____

Parent Signature: _____ Date: _____

Student's name (Please Print): _____

Student's signature: _____ Date: _____

Signature Verification of Receipt of Documents/Release of Information 2020-2021

Student Name (please print):	School:	Grade:
Parent Name (please print):	Date:	

Education Code 48980 (a) states that the San Marcos Unified School District is required by law to notify parents of their rights to services and programs offered by our district schools. Parents must sign this notification form and return it to their child's school acknowledging that they have been informed of their rights.

PLEASE REVIEW AND INITIAL THE BOX NEXT TO EACH SECTION AS INDICATED • SIGN THE BOTTOM SECTION • RETURN TO YOUR SCHOOL OFFICE

		Parent Initials
1.	STUDENT BEHAVIOR EXPECTATIONS: I have reviewed and discussed San Marcos Unified School District's Board Policy regarding <u>Discipline BP 5144</u> with the above-named student. My student and I understand the consequences should my student violate this policy.	
2.	ANNUAL NOTIFICATION OF PARENTS'/STUDENTS' RIGHTS & UNIFORM COMPLAINT PROCEDURES: I hereby acknowledge receipt of the Annual Notification of Parents'/Students' Rights and Uniform Complaint Procedures which contains information regarding the rights, responsibilities, and protections regarding the above-named student.	
3.	HARRASSMENT PROCEDURES: I have reviewed and discussed the following San Marcos Unified School District Board Policies regarding <u>Sexual Harassment BP 5145.7</u> , <u>Nondiscrimination/Harassment BP 5145.3</u> , and <u>Bullying BP 5131.2</u> with the above-named student.	
4.	TECHNOLOGY AND TELECOMMUNICATIONS RESOURCES: I have read and discussed with my student the San Marcos Unified School District Student Technology Responsible Use Policy included in the Annual Notification to Parents.	
5.	The Family Education Rights and Privacy Act (FERPA) and Education Code 49073 permits San Marcos Unified School District to disclose appropriately designated "directory information" without written consent, unless you have advised the District that you do not want your student's directory information disclosed without your prior written consent. See optional forms.	
6.	MILITARY: I permit the San Marcos Unified School District to release directory information for the above named 11th or 12th grade student to military recruiters. A pupil or parent may request that this information not be released to military recruiters without prior written parental consent. See optional forms. (NOTE: Only applies for students entering 11th or 12th grade)	
7.	STUDENT ACCIDENT AND HEALTH INSURANCE: As parent/guardian of the named student, I understand that San Marcos Unified School District does not carry medical or dental insurance for students injured on school premises, while under school jurisdiction, or while participating in school district activities. The District has a voluntary student accident insurance program available for student families who wish to participate. This insurance program is optional and complies with the California Education Code. For questions or additional information, please contact Student Insurance as follows: Phone: (310) 826-5688; email: sirep@studentinsuranceusa.com ; Address: 10801 National Boulevard, Suite 603, Los Angeles, CA 90064	
8.	I have read and considered the San Marcos Unified School District's Media Opt-Out Form (found in Optional Forms or in your school office).	
9.	I have read the Healthy Act notification and considered the San Marcos Unified School District's Pesticide/ Herbicide 72-Hour Application Notification (found in Optional Forms or in your school office).	
10.	High school only – I have read and considered San Marcos Unified School District's Right to Refrain from Harmful Destructive Use of Animals Opt-Out Form (found in Optional Forms or in your school office).	

By signing below, I the parent/guardian, and I the student, hereby acknowledge receipt of information regarding the policies and rights outlined above and described in the San Marcos Unified School District's 2020/21 Annual Notification Packet. I also attest, under penalty of perjury, that I am a resident of the district, as previously verified, or attend under an approved Interdistrict Agreement.

Parent/Guardian Signature	Student Signature (if Grades 3-12)
---------------------------	------------------------------------

NOTE!

Use Only for
Kinder/1st Grade
Students

SAN MARCOS
UNIFIED SCHOOL DISTRICT
Students...*inspiring futures*

255 Pico Avenue, Suite 250
San Marcos, CA 92069

T 760.752.1299
F 760.471.4928
www.smusd.org

2020-21 ORAL HEALTH NOTIFICATION LETTER (to accompany Oral Health Assessment/Waiver Request Form)

Dear Parent or Guardian:

To make sure your child is ready for school, California law, *Education Code* Section 49452.8, now requires that your child have an oral health assessment (dental check-up) by May 31 in either kindergarten or first grade, whichever is his or her first year in public school. Assessments that have happened within the 12 months before your child enters school also meet this requirement. The law specifies that the assessment must be done by a licensed dentist or other licensed or registered dental health professional.

Take the attached Oral Health Assessment/Waiver Request form to the dental office, as it will be needed for your child's check-up. If you cannot take your child for this required assessment, please indicate the reason for this in Section 3 of the form. You can get more copies of the necessary form at your child's school or online from the California Department of Education's Web site at <http://www.cde.ca.gov/ls/he/hn/>. California law requires schools to maintain the privacy of students' health information. Your child's identity will not be associated with any report produced as a result of this requirement.

The following resources will help you find a dentist and complete this requirement for your child:

1. Medi-Cal/Denti-Cal's toll-free number or Web site can help you to find a dentist who takes Denti-Cal: 1-800-322-6384; <http://www.denti-cal.ca.gov>. For help enrolling your child in Medi-Cal/Denti-Cal, contact your local social service agency at: 1-866-262-9881.
2. Healthy Families' toll-free number or Web site can help you to find a dentist who takes Healthy Families insurance or to find out if your child can enroll in the program: 1-800-880-5305 or <http://www.benefitscal.com/>.
3. For additional resources that may be helpful, contact your local public health care department or [Dental](#) Health Initiative – San Diego at 619-692-8858.

Remember, your child is not healthy and ready for school if your child has poor dental health! Here is important advice to help your child stay healthy:

- Take your child to the dentist twice a year.
- Choose healthy foods for the entire family. Fresh foods are usually the healthiest foods.
- Brush teeth at least twice a day with toothpaste that contains fluoride.
- Limit candy and sweet drinks, such as punch or soda. Sweet drinks and candy contain a lot of sugar, which causes cavities and replaces important nutrients in your child's diet. Sweet drinks and candy also contribute to weight problems, which may lead to other diseases, such as diabetes. The less candy and sweet drinks, the better!

Baby teeth are very important. They are not just teeth that will fall out. Children need their teeth to eat properly, talk, smile, and feel good about themselves. Children with cavities may have difficulty eating, stop smiling, and have problems paying attention and learning at school. Tooth decay is an infection that does not heal and can be painful if left without treatment. If cavities are not treated, children can become sick enough to require emergency room treatment, and their adult teeth may be permanently damaged.

Many things influence a child's progress and success in school, including health. Children must be healthy to learn, and children with cavities are not healthy. Cavities are preventable, but they affect more children than any other chronic disease.

If you have questions about the new oral health assessment requirement, please contact the Student Services Department, 760.752.1289.

Sincerely,

Superintendent
San Marcos Unified School District

Attachment

Governing Board: Stacy Carlson Victor Graham Sydney Kerr Pam Lindamood Janet McClean
Carmen García, Superintendent

NOTE!

Use Only for
Kinder/1st Grade
Students

SAN MARCOS
UNIFIED SCHOOL DISTRICT
Students...inspiring futures

255 Pico Avenue, Suite 250
San Marcos, CA 92069

T 760.752.1299
F 760.471.4928
www.smusd.org

2020-21 ORAL HEALTH ASSESSMENT FORM

California law (*Education Code* Section 49452.8) states your child must have a dental check-up by May 31 of his/her first year in public school. A California licensed dental professional operating within his scope of practice must perform the check-up and fill out Section 2 of this form. If your child had a dental check-up in the 12 months before he/she started school, ask your dentist to fill out Section 2. If you are unable to get a dental check-up for your child, fill out Section 3.

Section 1: Child's Information (Filled out by parent or guardian)

Child's First Name:	Last Name:	Middle Initial:	Child's birth date: / /
Address:			
City:			ZIP code:
School Name:		Grade:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary
Parent/Guardian Name:			

Section 2: Oral Health Data Collection (Filled out by a California licensed dental professional)

IMPORTANT NOTE: Consider each box separately. Mark each box.

Assessment Date:	Caries Experience (Visible decay and/or fillings present) <input type="checkbox"/> Yes <input type="checkbox"/> No	Visible Decay Present: <input type="checkbox"/> Yes <input type="checkbox"/> No	Treatment Urgency: <input type="checkbox"/> No obvious problem found <input type="checkbox"/> Early dental care recommended (caries without pain or infection; or child would benefit from sealants or further evaluation) <input type="checkbox"/> Urgent care needed (pain, infection, swelling or soft tissue lesions)
_____ Licensed Dental Professional Signature			_____ CA License Number
			_____ Date

Section 3: Waiver of Oral Health Assessment Requirement

To be filled out by parent or guardian asking to be excused from this requirement

Please excuse my child from the dental check-up because: (Check the box that best describes the reason)

I am unable to find a dental office that will take my child's dental insurance plan.

My child's dental insurance plan is:

Medi-Cal/Denti-Cal Healthy Families Healthy Kids Other _____ None

I cannot afford a dental check-up for my child.

I do not want my child to receive a dental check-up.

Optional: other reasons my child could not get a dental check-up: _____

If asking to be excused from this requirement:

▶ _____
Signature of parent or guardian **Date**

The law states schools must keep student health information private. Your child's name will not be part of any report as a result of this law. This information may only be used for purposes related to your child's health. If you have questions, please call your school.

Return this form to the school no later than May 31 of your child's first school year.

Original to be kept in child's school record.

Governing Board: Stacy Carlson Victor Graham Sydney Kerr Pam Lindamood Janet McClean

Carmen García, Superintendent

**San Marcos Unified School District
Student/Teacher Calendar
2020-2021**

JULY / JULIO						
S	M	T	W	T	F	S
			1	2	H	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 / AGOSTO						
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16	P	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

SEPTEMBER / SEPTIEMBRE						
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27	28	29	30			

OCTOBER / OCTUBRE						
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NOVEMBER / NOVIEMBRE						
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29	30					

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JANUARY / ENERO						
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31						

FEBRUARY / FEBRERO						
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28						

MARCH / MARZO						
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28	29	30	31			

APRIL / ABRIL						
S	M	T	W	T	F	S
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MAY / MAYO						
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30	H					

JUNE / JUNIO						
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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			

H - Holidays

P-Teacher Prep Days--Non Student Days

Aug. 18 - 1st Day of School

Oct 12 - No School TK-5/DPS/LMA - Parent-Teacher Conferences

Oct 13-16 - Minimum Day TK-5/DPS/LMA - Parent-Teacher Conferences

Dec 18 - Minimum Day TK-5/DPS/LMA

Dec 18 - Non-Student Day Gr. 6-12

June 9 - Minimum Day TK-12/Last Day of School

Holidays and Breaks:

Independence Day (Observed) July 3, 2020

Labor Day September 7, 2020

Veteran's Day November 11, 2020

Thanksgiving Recess November 23-27, 2020

Winter Recess Dec. 21, 2020 - Jan 8, 2021

K-8 Early Release every Wednesday

9-12 Late Start on most Tuesdays

Martin Luther King, Jr Day January 18, 2021

Washington's Birthday February 12, 2021

President's Day February 15, 2021

Spring Recess March 29- April 2, 2021

Memorial Day May 31, 2021

Last Day of School June 9, 2021