



# Fort Frye Local Schools Registration

510 Fifth Street P.O. Box 1149 Beverly, Ohio 45715 Phone: 740-984-2497 Fax: 740-984-8784

Student's Legal Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_  
 Student's Date of Birth: \_\_\_\_\_ City of Birth: \_\_\_\_\_ Gender: Male or Female

### Primary Household (This is the address where the student resides)

Physical Address: Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Mailing Address: Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

#### Parent/Guardian (Residential Parent)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Infinite Campus Access: YES or NO Email Address: \_\_\_\_\_  
 Military Branch: \_\_\_\_\_ Start Date: \_\_\_\_\_ Status: \_\_\_\_\_

#### Parent/Guardian (or Step Parent)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Infinite Campus Access: YES or NO Email Address: \_\_\_\_\_  
 Military Branch: \_\_\_\_\_ Start Date: \_\_\_\_\_ Status: \_\_\_\_\_

#### Members/Additional Students in Household (Name & Relationship to Student)

### Secondary Household

Physical Address: Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Mailing Address: Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

#### Parent/Guardian

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Infinite Campus Access: YES or NO Email Address: \_\_\_\_\_  
 Military Branch: \_\_\_\_\_ Start Date: \_\_\_\_\_ Status: \_\_\_\_\_

#### Parent/Guardian (or Step Parent)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Infinite Campus Access: YES or NO Email Address: \_\_\_\_\_  
 Military Branch: \_\_\_\_\_ Start Date: \_\_\_\_\_ Status: \_\_\_\_\_

#### Members/Additional Students in Household (Name & Relationship to Student)

**Student Information:**

Please circle one or more that apply: Asian American Indian/Alaskan Native  
Hispanic Native Hawaiian/Other Pacific Islander  
White Black/African American

Is the Primary Race Hispanic: YES or NO

Student's First Language: English or Other \_\_\_\_\_ Language Spoken at Home: English or Other \_\_\_\_\_

Is the student an Open Enrollment Student: YES or NO If YES, Name of School District: \_\_\_\_\_

Has this Student ever been retained: YES or NO If YES, Grade: \_\_\_\_\_

Does the student have any handicaps or special medical issues: YES or NO Explain: \_\_\_\_\_

Is the student enrolled in any special needs programs (IEP/504 plan): YES or NO

Is this student interested in participating in OHSAA Athletics grades 7-12: YES or NO

Is this student suspended or expelled from their current school at this time: YES or NO

**Release of Records:**

Last School District Attended: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

In compliance with the Family Educational Rights and Privacy Act of 1974, I hereby authorize and request the above named district to disclose and give copies of all records and information concerning the undersigned which you may have in your possession, but not limited to the following:

**Release Records to: (please circle one)**

For Frye High School	Beverly-Center	Lowell	Salem Liberty
Guidance	Elementary	Elementary	Elementary
PO Box 1089	PO Box 1028	305 Market St.	10930 State Route 821
Beverly, OH 45715	Beverly, OH 45715	Lowell, OH 45744	Lower Salem, OH 45745
Fax: 740-984-2501	Fax: 740-984-8167	Fax: 740-896-3425	Fax: 740-585-2638
<a href="mailto:kelli.walsh@fortfrye.org">kelli.walsh@fortfrye.org</a>	<a href="mailto:theresa.warren@fortfrye.org">theresa.warren@fortfrye.org</a>	<a href="mailto:kim.newsad@fortfrye.org">kim.newsad@fortfrye.org</a>	<a href="mailto:jerry.lowe@fortfrye.org">jerry.lowe@fortfrye.org</a>

**Authorization for Release of Records:**

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_

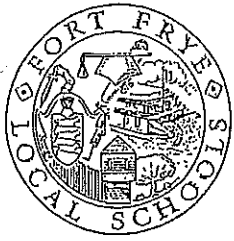
Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

- |                                  |                                   |
|----------------------------------|-----------------------------------|
| _____ Registration Form          | _____ IEP/ETR/504 plan            |
| _____ Original Birth Certificate | _____ Fax Records Request         |
| _____ Proof of Residency         | _____ Create IC Record            |
| _____ Open Enrollment Approval   | _____ CUM folder sent to Building |
| _____ Custody Agreement          | _____ Email Transportation        |
| _____ Immunization               | _____ Email Building              |

Registration Observed By: \_\_\_\_\_ Date: \_\_\_\_\_

Admission Completed By: \_\_\_\_\_ Date: \_\_\_\_\_



# Fort Frye Local Schools Residency Affidavit

Submit by Email

Print Form

510 Fifth St. P.O. Box 1149 Beverly, Ohio 45715 Phone: 740-984-2497 Fax: 740-984-8784

I, \_\_\_\_\_, certify that I am the custodial parent/legal guardian of \_\_\_\_\_ . And

I have established permanent residence at \_\_\_\_\_ . I further certify that the above-mentioned student resides with me at this address.

I understand that I may not have my child or ward enrolled in the Fort Frye Local School District at any time unless I, as custodial parent, am maintaining a *bona fide* residence within the Fort Frye Local School boundaries. I agree to notify the Fort Frye Local School District if my child or ward and/or I move from the aforementioned address.

Any effort on my part to illegally have my child or ward enrolled in the Fort Frye Local Schools in violation of residency requirements can result in criminal prosecution for the theft of services from the Fort Frye Local Schools Board of Education under Ohio Revised Code 3313.64 (B) and for a violation of any other criminal statutes that may apply. Any conviction carries a potential fine and/or jail term.

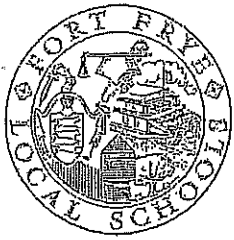
I also understand that in addition to the aforementioned criminal sanctions, I am also responsible for payment of tuition for any time that my child or ward is enrolled in Fort Frye Local Schools when I am not a *bona fide* resident of the Fort Frye Local School District boundaries.

I also understand that I may be asked to provide documents that establish residency within the district including, but not limited to, such items as a lease agreement, rent receipt, telephone installation work order, power and light and/or other utility services to my residence.

I hereby waive my rights to confidentiality of information to my residence and understand that the Fort Frye Local School District will use whatever legal means necessary to verify my residency.

Sign \_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_ *Date*



# Fort Frye Local Schools

## Student Residency Questionnaire

510 Fifth St. P.O. Box 1149 Beverly, Ohio 45715 Phone: 740-984-2497 Fax: 740-984-8784

Name of School: \_\_\_\_\_

Name of Student: \_\_\_\_\_

Gender:  Male  Female Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Student Number: \_\_\_\_\_

**This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency information help determine services that students may be eligible to receive.**

1. Is your current address a temporary living arrangement?  Yes  No
2. Is this temporary living arrangement due to loss of housing or economic hardship?  Yes  No

**If you answered YES to both of the above questions, please complete the remainder of this form.  
If you answered NO, you may stop here.**

Where is the Student presently living? (Check only one box)

- In a motel
- In a shelter
- With more than one family In a house or apartment
- Moving from place to place
- In a place not designed for ordinary sleeping accommodations such as a car, park, or campsite

Name of Parent(s)/Legal Guardian(s): \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**The Section Below will be completed by the McKinney-Vento Liaison**

The above named student qualifies for the Child Nutrition Program under the provisions of the McKinney-Vento Act.

Yes  No

Signature of McKinney-Vento Liaison: \_\_\_\_\_ Date: \_\_\_\_\_



# Fort Frye Local Schools Health History

510 Fifth St. P.O. Box 1149 Beverly, Ohio 45715 Phone: 740-984-2497 Fax: 740-984-8784

Student Name: \_\_\_\_\_ School of Attendance: \_\_\_\_\_

Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Person Giving History: \_\_\_\_\_

Preschool/Daycare experiences: \_\_\_\_\_

Please List student's siblings:

1.	_____	_____	4.	_____	_____
	Name	DOB		Name	DOB
2.	_____	_____	5.	_____	_____
	Name	DOB		Name	DOB
3.	_____	_____	6.	_____	_____
	Name	DOB		Name	DOB

Complications during pregnancy (problems with delivery, diabetes, high blood pressure, etc) : \_\_\_\_\_

Multiple Birth: No Yes Premature Birth: No Yes (how early) \_\_\_\_\_

### Medical History:

- Asthma
- Stomach Problems
- Speech Concerns
- Other medical problem: \_\_\_\_\_
- ADHD
- Head Injury
- Vision Problems
- Seizures
- Orthopedic problems
- Heart Condition
- Diabetes
- Chicken Pox
- Hearing Condition

Medical Treatment for above condition (medication/therapy): \_\_\_\_\_

Restrictions: \_\_\_\_\_

Hospitalizations/Surgeries/Illness: \_\_\_\_\_

### Medications:

Required during school hours: No Yes\* \* Will need to complete Parental/Physician consent to Administer Medication Please List: \_\_\_\_\_

### Allergies

Medicines: \_\_\_\_\_ Food: \_\_\_\_\_  
Animals: \_\_\_\_\_ Insects: \_\_\_\_\_

Recommended treatment for allergies: \_\_\_\_\_

Does the child require an Epi-pen for emergencies: No Yes

### Dental Care:

Regular dentist Vists Been a while Never seen dentist Received fluoride treatments

# Fort Frye Local School District

Dear Parent(s)/Guardian(s):

This year Fort Frye Local School District had to change our student information software system. The new system we have acquired is called "Infinite Campus." Infinite Campus is a state of the art software database and multifunctional system. One of its features, called "Parent Portal" allows parent(s)/guardian(s) to login from anywhere you can access the internet. You have the ability to view the following: your child(s) grade book, district notices, building notices, teacher messages, calendar, lunch account balances, etc.

If you are interested (this is not mandatory, but is recommended) please fill out the information below and return it to school with your child. Please have your child give it to their homeroom teacher. Only one application needs to be filled out per household. If you fill in both parent/guardian spots below, both parents/guardians will receive an email with information on how to log into "Parent Portal." If only one account is requested then only fill in Parent/Guardian 1.

Parent/Guardian 1: Name (print): \_\_\_\_\_ Email address: \_\_\_\_\_

Parent/Guardian 2: Name (print): \_\_\_\_\_ Email address: \_\_\_\_\_  
(if more than 2 Parent/Guardians wish to use the portal please contact the building principal)

Students in the household (print): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian 1 or 2 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Account information will be sent to the email address(s) you list above, along with directions on how to logon for the first time\*

\*There is also a link to the Parent Portal from our district website: <http://www.fortfrye.k12.oh.us>

If you have any questions please email: Ryan Henry – Technology Coordinator ([ff\\_rhenry@seovec.org](mailto:ff_rhenry@seovec.org))

**\*PLEASE COMPLETE AND RETURN IF INTERESTED\***

FORT FRYE LOCAL SCHOOL DISTRICT  
STUDENT HANDBOOK AND ACCEPTABLE USE POLICY  
PARENT/STUDENT SIGNATURE PAGE

Please read the policy below and check all that apply.

- \_\_\_\_\_ As the parent or legal guardian of the listed student, I have read, understand, and agree that my child or ward shall comply with the terms of the Fort Frye Local School Elementary Student Handbook.
- \_\_\_\_\_ I give permission for my child to use/access the Internet at school and for the district to issue an Internet/Email account.
- \_\_\_\_\_ I have read and understand the responsibilities of my child's use of the school owned equipment.
- \_\_\_\_\_ I give permission for my child's image (photograph) to be published in classroom, school, and district newsletters.
- \_\_\_\_\_ I give permission for my child's image (photograph) to be published online. (Example, on the district website/Facebook page.)

The signature below also indicates that I understand and will abide by the acceptable use and student handbook policies contained in the Fort Frye Student Handbook as adopted by the Fort Frye Local Board of Education.

\_\_\_\_\_  
Student Name (print clearly)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name (print clearly)

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

\_\_\_\_\_  
Date

Electronic Notification:

Please include your name and current email address below so that we can provide you with classroom and building electronic notifications.

\_\_\_\_\_  
Student Name(s)

\_\_\_\_\_  
(Parent Name)

\_\_\_\_\_  
(Email address)

\_\_\_\_\_  
(Parent Name)

\_\_\_\_\_  
(Email address)

\_\_\_\_\_  
(Parent Name)

\_\_\_\_\_  
(Email address)

*This page must be signed and returned before a student is issued any school-owned equipment or is permitted to use the district's Internet.*

Use of the Internet is a privilege, not a right. The Board of Education's Internet connection is provided for educational purposes only. Unauthorized and inappropriate use will result in a cancellation of this privilege.

The district has implemented the use of a Technology Protection Measure which is a specific technology that will protect against (e.g., block/filter) Internet access to visual displays that are obscene, child pornography or harmful to minors. The district also monitors online activity of students in an effort to restrict access to pornography and other material that is obscene, objectionable, inappropriate and/or harmful to minors. Nevertheless, parents/guardian are advised that determined users may be able to gain access to information, communication and/or services on the Internet which the board has not authorized for educational purposes and/or which they and/or their parents/guardians may find inappropriate, offensive, objectionable or controversial. Parent/guardians assume this risk by consenting to allow their students to participate in the use of the Internet. Students accessing the Internet through the school's computers assume personal responsibility and liability, both civil and criminal, for unauthorized or inappropriate use of the Internet.

The district has the right to monitor, review and inspect any directories, files and/or messages residing on or sent using the district's computers/network. Messages relating to or in support of illegal activities will be reported to the appropriate authorities.

As the parent/guardian of this student, I have read the Student Network and Internet Acceptable Use and Safety Policy and Guidelines, and have discussed them with my child. I understand that student access to the Internet is designed for educational purposes and that the district has taken available precautions to restrict and/or control student access to material on the Internet that is obscene, objectionable, inappropriate and/or harmful to minors. However, I recognize that it is impossible for the district to restrict access to all objectionable and/or controversial materials that may be found on the Internet. I will not hold the district (or any of its employees or administrators) responsible for materials my child may acquire or come in contact with while on the Internet. Additionally, I accept responsibility for communication to my child guidance concerning his/her acceptable use of the Internet. I further understand that individuals and families may be liable for violations.

Legal Ref.:

Ohio Rev. Code 3313.20, 3313.47, 3319.321 Children's Internet Protection Act of 2000, 47 USC § 254 (h), (i)  
Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. § 1232g

Revised: 4/18/2013



# Fort Frye Local Schools Transportation Request

Submit by Email

Print Form

510 Fifth St. P.O. Box 1149 Beverly, Ohio 45715 Phone: 740-984-2497 Fax: 740-984-8784

A Transportation Request is required if your child is new to the district, moves within the district or being picked up and/or dropped off at a bus stop other than the child's assigned home bus stop. **This request must be completed for each new school year.** If a change is made during the school year, a new Transportation Request must be submitted and approved before the child is allowed to ride any other bus. Please fill out one request for each child even if the information is the same. The new request will void any previous transportation requests. **Requests could take up to five (5) days to complete.**

Completed forms must be returned to the Transportation Office by June 30<sup>th</sup> in order to be processed for the start of the next school year. Forms submitted after June 30<sup>th</sup> may not be processed until after Labor Day.

- Student NEW to the district
- Student request home bus stop
- Student MOVED within the district
- Student requests bus stop other than home

### PLEASE PRINT

Student's Name: \_\_\_\_\_ Attending School: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Mother/Legal Guardian: \_\_\_\_\_ Work Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_  
 Father/ Legal Guardian: \_\_\_\_\_ Work Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_  
 Effective Date (if different than the first day of school) : \_\_\_\_\_

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

Childcare Provider: \_\_\_\_\_ Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Transfer/School:  Lowell  FFHS  Churchtown  The Wrangler  The Pitstop  Intersection of  
 My Child will need transportation to the above address as follows: AM only Palmer St. & Railroad St.  
 Everyday to and from School  Everyday to School ONLY  Everyday from School ONLY  
 OTHER: Check days of the week transportation is needed to Childcare provider/Shared Parenting:  
 AM  Monday  Tuesday  Wednesday  Thursday  Friday  Every Other  
 PM  Monday  Tuesday  Wednesday  Thursday  Friday  Week

Students will be transported to/from Child Care Providers under the following conditions:

1. The parent(s) must provide all information being requested on this form.
2. Child Care Providers residence is within FortFryeSchool District.
3. Stops must be on existing routes and subject to available space.
4. Shared parenting arrangements will be recognized per court orders and honored when possible.
5. The Parent(s) must sign this form and submit it prior to the June 30<sup>th</sup> Deadline.

**The Section Below will be completed by the Transportation Office**

Received Date: \_\_\_\_\_ Approved Date: \_\_\_\_\_ Start Date: \_\_\_\_\_  
 Pick Up Bus Driver: \_\_\_\_\_ Bus: \_\_\_\_\_ Time: \_\_\_\_\_  
 Drop Off Bus Driver: \_\_\_\_\_ Bus: \_\_\_\_\_ Time: \_\_\_\_\_





Department of Health

### School Fluoride Mouthrinse Program

Dear Parent,

Your child's school is working with the Ohio Department of Health to offer a fluoride mouthrinse program to all students. This program helps prevent tooth decay.

- With your consent, your child will rinse with two teaspoons of a fluoride rinse for one minute each week.
- When your child is done swishing the rinse in their mouth, it is emptied into a cup and thrown away.
- A teacher or other adult will watch the children rinse.
- Your consent will allow your child to rinse as long as they attend this school. You may change your consent for the program at any time.

This program works well with other ways to prevent tooth decay such as toothpaste with fluoride, fluoride treatments at the dentist's and dental sealants. Fluorides and sealants are the best ways to prevent tooth decay.

If you have questions about the fluoride mouthrinse program, please contact Shannon Cole, RDH, BS at 614-728-2302.

Sincerely,

Alexandria Jones, RN, MS  
Chief, Bureau of Health Promotion

**Please complete and return this form to the school tomorrow.**

- I give consent for my child to rinse in our school program that will be offered once a week during the school year.
- I do not give consent for my child to rinse in our school program.

Child's Name	Last	First	Middle	Age
Address	Street	City	State	Phone
Teacher's Name	School Name		Grade	
Parent/Guardian Signature	Date			

This consent form must be retained by the school.

# FORT FRYE LOCAL SCHOOLS

## 2019

**JULY**

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

**AUGUST**

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

**SEPTEMBER**

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**

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**

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

**DECEMBER**

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			

## 2020

**JANUARY**

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

**FEBRUARY**

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

**MARCH**

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**

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**

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

**JUNE**

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				

<p><b>AUG.</b> 19 &amp; 20 Professional development <u>ALL STAFF</u> (no school)</p> <p>21 Teacher work day/records day (no school)</p> <p>22 First Student Day</p> <p><b>SEPT.</b> 2 Labor Day (no school)</p> <p>16 2 hr. Delay (Teacher Prof. Development)</p> <p>30 Professional Development (No School)</p> <p><b>OCT.</b> 10 BC / FFHS Parent/Teacher Conf. 3:30-6:30 p.m. L / SL Parent/Teacher Conf. 4:30 - 7:30 p.m.</p> <p>14 2 hr. Delay (Teacher Prof. Development)</p> <p>18 1st Grade Period Ends (40 days)</p> <p><b>NOV.</b> 7 BC / FFHS Parent/Teacher Conf. 3:30-6:30 p.m. L / SL Parent/Teacher Conf. 4:30 - 7:30 p.m.</p> <p>11 Veterans Day (no school)</p> <p>12 Professional development (no school)</p> <p>27-29 Thanksgiving Break (no school)</p> <p><b>DEC.</b> 2 Thanksgiving Break (no school)</p> <p>9 2 hr. Delay (Teacher Prof. Development)</p> <p>20 2nd Grade period ends (39 days)</p> <p>23-31 Holiday Break</p>	<p><b>JAN.</b> 1 Holiday Break</p> <p>2 Teacher work day/records day (no school)</p> <p>3 Professional development (no school)</p> <p>20 Martin Luther King Day (no school)</p> <p><b>FEB.</b> 9 2 hr. Delay (Teacher Prof. Development)</p> <p>17 Presidents' Day (no school) or Alternate Make-up</p> <p>20 BC / FFHS Parent/Teacher Conf. 3:30-6:30 p.m. L / SL Parent/Teacher Conf. 4:30 - 7:30 p.m.</p> <p>27 BC / FFHS Parent/Teacher Conf. 3:30-6:30 p.m. L / SL Parent/Teacher Conf. 4:30 - 7:30 p.m.</p> <p><b>MAR.</b> 9 2 hr. Delay (Teacher Prof. Development)</p> <p>13 3rd Grade Period Ends (48 days)</p> <p><b>APR.</b> 10-14 Spring Break or Alternative Make-up</p> <p><b>MAY</b> 11 2 hr. Delay (Teacher Prof. Development)</p> <p>22 4th Grade Period Ends (47 days)</p> <p>25 Memorial Day (no school)</p> <p>26 Teachers Last Day (records day) OR make up day</p> <p>27-29 Alternate Make-up Days</p>	
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174 Student days in session  
 3 Teacher work days/records days  
 5 Professional development  
 2 = four 1/2 day Parent-Teacher Conferences  
 184 TOTAL DAYS  
 \*6 Scheduled 2-hr. delays for Professional Development

Teacher Work Day/ Records Day  
 Holiday  
 Grade Period Ends  
 Parent-Teacher Conferences  
 Professional Development  
 2-Hr. Delays



[ ] Possible Senior make-up Saturdays: 3/7, 3/14

Alternate make-up days (if needed): 2/17, 4/14, 5/26, 5/27, 5/28, 5/29 and any other days that would need to be added @ end of school year.

Adopted: 1/24/2019