

**PLEASANT VALLEY COMMUNITY SCHOOL DISTRICT
Enrollment Form**



Please Print All Information

Student Information		School _____	Grade enrolling in _____	For Kindergarten: <input type="checkbox"/> Half Day Program <input type="checkbox"/> Full Day Program
Legal Last Name _____	Gender _____			
Legal First Name _____	Birth Date _____			
Middle Name _____	<i>Please check boxes for both ethnicity and race below.</i>			
Suffix (Jr, III, etc.) _____	Ethnicity: Is this student Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Nickname _____	Race: What is this student's race? Check one or more			
Birth Country (if other than U.S.) _____	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander			
Date Entered U.S. _____	<input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White			
First date of attendance in U.S. school _____	Kindergarten Only: Attended preschool? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Primary language spoken in home: <input type="checkbox"/> English <input type="checkbox"/> Other				
Student's first-learned/home language: <input type="checkbox"/> English <input type="checkbox"/> Other (specify) _____				
Primary language spoken by student: <input type="checkbox"/> English <input type="checkbox"/> Other (specify) _____				
If new to Pleasant Valley School District: Please provide previous school information:				
School Name _____	School Phone Number (_____) _____			
School Address _____	City _____	State _____	Zip _____	
For Office Use Only: Start Date _____ Student # _____ Form of Birth Verification _____				

Household Information		Mailing Address <input type="checkbox"/> Same as Household Address
Household Address: Street _____	Apt. # _____	Mailing Address: Street / PO # _____
City _____	State _____	City, State, Zip _____
(_____) _____	Phone Unlisted? Yes ___ No ___	
Home Telephone _____	(If yes is marked, phone will not be listed in PTA student directory)	

If enrolling students at multiple schools in the PV District, the building secretary will make a copy of this form and return the original to you to take to the next building. Only do the paperwork once!

If you are enrolling other students this year with Pleasant Valley School District, please fill out their information below: (Ask for an additional sheet if needed.)				
Student Information		School _____	Grade _____	For Kindergarten: <input type="checkbox"/> Half Day Program <input type="checkbox"/> Full Day Program
Legal Last Name _____	Gender _____			
Legal First Name _____	Birth Date _____			
Middle Name _____	<i>Please check boxes for both ethnicity and race below.</i>			
Suffix (Jr, III, etc.) _____	Ethnicity: Is this student Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Nickname _____	Race: What is this student's race? Check one or more			
Birth Country (if other than U.S.) _____	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander			
Date Entered U.S. _____	<input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White			
First date of attendance in U.S. school _____	Kindergarten Only: Attended preschool? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Primary language spoken in home: <input type="checkbox"/> English <input type="checkbox"/> Other				
Student's first-learned/home language: <input type="checkbox"/> English <input type="checkbox"/> Other (specify) _____				
Primary language spoken by student: <input type="checkbox"/> English <input type="checkbox"/> Other (specify) _____				
If new to Pleasant Valley School District Please provide previous school information:				
School Name _____	Phone Number (_____) _____			
Address _____	City _____	State _____	Zip _____	
Office Use Only: Start Date _____ Student # _____ Form of Birth Verification _____				
Student Information		School _____	Grade _____	For Kindergarten: <input type="checkbox"/> Half Day Program <input type="checkbox"/> Full Day Program
Legal Last Name _____	Gender _____			
Legal First Name _____	Birth Date _____			
Middle Name _____	<i>Please check boxes for both ethnicity and race below.</i>			
Suffix (Jr, III, etc.) _____	Ethnicity: Is this student Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Nickname _____	Race: What is this student's race? Check one or more			
Birth Country (if other than U.S.) _____	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander			
Date Entered U.S. _____	<input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White			
First date of attendance in U.S. school _____	Kindergarten Only: Attended preschool? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Primary language spoken in home: <input type="checkbox"/> English <input type="checkbox"/> Other				
Student's first-learned/home language: <input type="checkbox"/> English <input type="checkbox"/> Other (specify) _____				
Primary language spoken by student: <input type="checkbox"/> English <input type="checkbox"/> Other (specify) _____				
If new to Pleasant Valley School District Please provide previous school information:				
School Name _____	Phone Number (_____) _____			
Address _____	City _____	State _____	Zip _____	
Office Use Only: Start Date _____ Student # _____ Form of Birth Verification _____				

Please complete the section below if you have children younger than 5 years of age.	
Sibling under 5 years of age	Sibling under 5 years of age
Legal Last Name _____	Legal Last Name _____
Legal First Name _____	Legal First Name _____
Middle Name _____	Middle Name _____
Birth Date _____	Birth Date _____
Gender _____	Gender _____

Parent Information	
___ Mother Deceased ___ Father Deceased	
Female Parent/Guardian who resides with the student at the household address listed on page 1:	Male Parent/Guardian who resides with the student at the household address listed on page 1:
Last Name _____	Last Name _____
First Name _____	First Name _____
Relationship _____ Legal Guardian ? Yes No	Relationship _____ Legal Guardian ? Yes No
Work Place _____	Work Place _____
Active Military? <input type="checkbox"/> Reserves? <input type="checkbox"/>	Active Military? <input type="checkbox"/> Reserves? <input type="checkbox"/>
Work Phone (____) _____ Extension _____	Work Phone (____) _____ Extension _____
Cell Phone (____) _____	Cell Phone (____) _____
Other Phone (____) _____	Other Phone (____) _____
E-mail Address _____	E-mail Address _____

If a parent/guardian does not live with the student or if custody is shared with a separate household, please list their information below:

Female Parent/Guardian	Male Parent/Guardian
Last Name _____	Last Name _____
First Name _____	First Name _____
Relation _____ Legal Guardian ? Yes No	Relation _____ Legal Guardian ? Yes No
Does student live part-time with this Parent/Guardian? Yes No	Does student live part-time with this Parent/Guardian? Yes No
If yes, please list household address:	If yes, please list household address:
Street _____	Street _____
City _____ St. _____ Zip _____	City _____ St. _____ Zip _____
Send a copy of Conference Report/Report Card ? Yes No	Send a copy of Conference Report/Report Card ? Yes No
If yes, please list mailing address:	If yes, please list mailing address:
<input type="checkbox"/> Same as above household address	<input type="checkbox"/> Same as above household address
Street _____	Street _____
City _____ St. _____ Zip _____	City _____ St. _____ Zip _____
Home Phone (____) _____ Unlisted ? <input type="checkbox"/>	Home Phone (____) _____ Unlisted ? <input type="checkbox"/>
Work Phone (____) _____ Ext. _____	Work Phone (____) _____ Ext. _____
Cell Phone (____) _____	Cell Phone (____) _____
Work Place _____	Work Place _____
Active Military? <input type="checkbox"/> Reserves? <input type="checkbox"/>	Active Military? <input type="checkbox"/> Reserves? <input type="checkbox"/>
E-mail Address _____	E-mail Address _____

Emergency Contact Information	
Please use a local contact other than parents . Parents will always be called first in any emergency situation.	
First Preference	Second Preference
Last Name _____	Last Name _____
First Name _____	First Name _____
Relationship _____	Relationship _____
Home Phone (____) _____	Home Phone (____) _____
Work Phone (____) _____	Work Phone (____) _____
Cell Phone (____) _____	Cell Phone (____) _____

Medical Information	Doctor Name _____ Phone # (____) _____
	Dentist Name _____ Phone # (____) _____

Childcare Information	
Before School	After School <input type="checkbox"/> Same as before school information
Contact/Facility Name _____	Contact/Facility Name _____
Phone (____) _____	Phone (____) _____

Parent/Guardian Approving Enrollment

Signature _____

Date _____

As stated in the student handbook, the Pleasant Valley Community School District (PVCSD) can release certain information to the public about individual students. Included are such items as: name, address, telephone number, email address and grade level (for a complete list, please see the student handbook). Consistent with this policy, by completing this registration form, you are agreeing (unless you opt out as described below) that PVCSD may release you and your student's name, address, telephone number, email and grade level to each respective PTA in the PVCSD for the purpose of creating a printed student directory. If you do not want this information included in your school's PTA student directory, you must submit your objection in writing by letter or email to your school's principal by the first day of school.



STUDENT _____ AGE ___ GRADE _____ BIRTHDATE _____
 PARENT(S) NAME _____ PHONE _____
 FATHER'S WORKPLACE _____ PHONE _____ CELL _____
 MOTHER'S WORKPLACE _____ PHONE _____ CELL _____

*****IN AN EMERGENCY WHEN PARENTS CANNOT BE REACHED, PLEASE NOTIFY*****

1. _____ RELATIONSHIP _____ PHONE _____
 2. _____ RELATIONSHIP _____ PHONE _____
 PHYSICIAN _____ PHONE _____ DENTIST _____ PHONE _____

Does your child have: Private Insurance _____ Medicaid _____ No Insurance _____

ALLERGIES (including medications): _____

If an allergic reaction occurs, what steps should be taken? _____

Please list all MEDICATIONS your child is now taking:

Name of medication	Dose	Reason	Given at School?	
			Yes	No
			Yes	No
			Yes	No
			Yes	No

For medications administered at school: I understand that I must provide the medication(s) and dosage information in the original container along with a signed medication permission form. All medication is to be kept in the Health office. Students who self-carry an inhaler must have consent signed by parent and physician on file. (See Student Handbook for clarification of the district policy.)

****OVER THE COUNTER MEDICATIONS****

_____ I request that the school nurse or a designee give my student over-the-counter-medication(s) during the school day for non-emergency complaints. I understand that the school district is not responsible for any reaction that may occur as a result of my student's taking this over-the-counter medication. The following medication(s) may be given to my student:

Tylenol _____ **Ibuprofen** _____ **Cough Drop** _____ **Antacid (Tums)** _____

_____ I do not give permission for my student to be given any over the counter medication(s).

PLEASE COMPLETE AND SIGN OTHER SIDE

Side 1 of 2



Please circle any conditions that apply. Use lines for specific information including onset, severity, limitations and medications.

ADHD/ADD _____
 Asthma _____
 Diabetes _____
 Digestive Problems _____
 GERD _____
 Constipation _____
 Irritable bowel _____
 Headaches _____
 Hearing _____
 Tubes _____

Seizures _____
 Type & Meds _____
 Last Seizure _____
 Speech Difficulty _____
 Visual Problems _____
 Color Blindness _____
 Glasses or Contacts _____
 Heart Problems _____
 Psychosocial/Behavior Concerns _____
 Depression/Anxiety _____

Student medical history: (Past chronic illness, injuries or surgeries, please include dates):

***I hereby authorize the school to administer first aid as needed, to dispense medications as directed and to refer to the above named persons in the event that my child needs emergency care and I cannot be located immediately. I understand that I am responsible for any expenses that may be incurred in referral or treatment.

I give my permission to the school to share information relevant to my child's health with appropriate school personnel and AEA staff when needed to meet my child's health and safety needs.

PARENT SIGNATURE _____ **DATE** _____

Side 2 of 2

HOME LANGUAGE SURVEY

Student Name: _____ Birth Date: _____ Sex: Male Female

Parent/Guardian Name: _____

Address: _____

Home Telephone: _____ Work Telephone: _____

School: _____ Grade: _____ Date: _____

1. Was your child born in the United States? Yes No

If yes, in which state? _____

If no, in what other country? _____

2. Has your child attended any school in the United States for any three years during their lifetime? Yes No

If yes, please provide school name(s), state, and dates attended:

Name of School _____ State _____ Dates Attended _____

Name of School _____ State _____ Dates Attended _____

Name of School _____ State _____ Dates Attended _____

3. What language is spoken by you and your family most of the time at home? _____

4. If available, in what language would you prefer to receive communication from the school? _____

5. Is your child's first-learned or home language anything other than English? Yes No

If you responded "Yes" to question number 5 above, please answer the following questions:

6. What language did your child learn when he/she first began to talk? _____

7. What language does your child most frequently speak at home? _____

8. What language do you most frequently speak to your child? (Father) _____

(Mother) _____

9. Please describe the language understood by your child. (Check only one)

A. Understands only the home language and no English.

B. Understands mostly the home language and some English.

C. Understands the home language and English equally.

D. Understands mostly English and some of the home language.

E. Understands only English.

Parent or Guardian's Signature

Date

OFFICE USE ONLY

Student ID #	Date Distributed	Date Received	

Student Race and Ethnicity Reporting

Student Name: _____ Date Form Completed: _____

Date of Birth: _____ Male Female

Person Completing This Form: Parent/Guardian Student Other: _____

The U.S. Department of Education has implemented new standards for school districts to report student race and ethnicity. Your answers to the following will be held strictly confidential and data will be used only in the aggregate.

1. Is your child of Hispanic, Latino, or Spanish ethnicity: Yes No
Includes persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin.

If you answered "Yes" to question #1, you may also check one or more of the racial categories in question #2. If you answered "No", please check one or more of the following racial categories.

2. Racial Categories:

- American Indian or Alaska Native
Origins in any of the original peoples of North, Central, and South America who maintain a tribal affiliation or community attachment.
- Asian
Origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent for example Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, Philippine Islands, Thailand, and Vietnam.
- Black or African American
Origins in any of the black racial groups of Africa
- Native Hawaiian or Other Pacific Islander
Origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White
Origins in any of the original peoples of Europe, the Middle East, or North Africa.

Please complete the entire form and return it to:

Name: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____



Dental Screening Requirement for School Enrollment

Iowa children enrolling into Kindergarten or 9th grade are required to have a dental screening.

Elementary

- Applies to Kindergarten students only (REVISED)
- Screening must occur no earlier than age 3 and no later than 4 months after enrollment (REVISED)
- Screenings can be performed by: dentists, dental hygienists, physicians, registered nurses, or physician assistants

High School

- Applies to 9th grade students only (REVISED)
- Screening must occur no earlier than 1 year prior to enrollment and no later than 4 months after enrollment (REVISED)
- Screenings can only be performed by: dentists or dental hygienists

Local I-Smile Oral Health Coordinators are working with schools throughout the state to help implement the requirement – including assisting families to get children screened and finding follow-up care as needed.

To find your local I-Smile Coordinator, go to:

www.idph.state.ia.us/webmap/default.asp?map=ismile

Required forms and additional information on the school dental screening requirement can be found at:

www.idph.state.ia.us/hpcdp/oral_health_school_screening.asp

Oral Health Bureau – Iowa Department of Public Health

1-866-528-4020

Revised July 2010



Iowa Department of Public Health CERTIFICATE OF DENTAL SCREENING

**This certificate is not valid unless all fields are complete.
RETURN COMPLETED FORM TO CHILD'S SCHOOL.**

Student Information (please print)

Student Last Name:	Student First Name:	Birth Date (M/D/YYYY):
Parent or Guardian Name:		Telephone (home or mobile):
Street Address:	City:	County:
Name of Elementary or High School:	Grade Level:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female

Screening Information (health care provider must complete this section)

Date of Dental Screening: _____

Treatment Needs (check ONE only based on screening results, prior to treatment services provided):

- No Obvious Problems** – the child’s hard and soft tissues appear to be visually healthy and there is no apparent reason for the child to be seen before the next routine dental checkup.
- Requires Dental Care** – tooth decay¹ or a white spot lesion² is suspected in one or more teeth, or gum infection³ is suspected.
- Requires Urgent Dental Care** – obvious tooth decay¹ is present in one or more teeth, there is evidence of injury or severe infection, or the child is experiencing pain.

¹ Tooth decay: A visible cavity or hole in a tooth with brown or black coloration, or a retained root.
² White spot lesion: A demineralized area of a tooth, usually appearing as a chalky, white spot or white line near the gumline. A white spot lesion is considered an early indicator of tooth decay, especially in primary (baby) teeth.
³ Gum infection: Gum (gingival) tissue is red, bleeding, or swollen.

Screening Provider (check ONE only):

DDS/DMD RDH MD/DO PA RN/ARNP (High school screen must be provided by DDS/DMD or RDH)

Provider Name: (please print) _____ Phone: _____

Provider Business Address: _____

Signature and Credentials of Provider or Recorder*: _____ Date: _____

*Recorder: An authorized provider (DDS/DMD, RDH, MD/DO, PA, or RN/ARNP) may transfer information onto this form from another health document. The other health document should be attached to this form.

A screening does not replace an exam by a dentist.
Children should have a complete examination by a dentist at least once a year.

RETURN COMPLETED FORM TO CHILD'S SCHOOL.

Iowa Department of Public Health • Oral Health Center

515-242-6383 • 866-528-4020 • www.idph.state.ia.us/ohds/OralHealth.aspx

A designee of the local board of health or Iowa Department of Public Health may review this certificate for survey purposes.



**Pleasant Valley
Community
School District**

TRANSFER OF STUDENT RECORDS

Please return a copy of this form with the information requested. Pleasant Valley encourages sending requested documents electronically to: noackmary@pleasval.k12.ia.us.

To:
School: _____

Address: _____

Phone: _____

City: _____ State: ___ Zip Code: _____

Fax: _____

The following student(s) have enrolled in Bridgeview Elementary School:

Student: _____ Grade: _____ Birth Date: _____

Student: _____ Grade: _____ Birth Date: _____

Student: _____ Grade: _____ Birth Date: _____

Student: _____ Grade: _____ Birth Date: _____

Please forward the following information:

Registrar contact's email address: _____

1. Cumulative records (grades, test scores, attendance records, discipline records)
2. Health and immunization records
3. If applicable, forward all Special Education records, current IEP, social worker report, and psychological report.

Please send records to:

Bridgeview Elementary School
316 S 12th St
LeClaire, IA 52753
Phone: (563) 332-0215
Fax: (563) 332-0218

To electronically send files, please email:
noackmary@pleasval.k12.ia.us

Office Use Only:

Date Requested: _____

Date Received: _____

Fee Billing Statement

16-17 Bridgeview Elementary
316 S 12th St, LeClaire, IA 52753
Phone: (563)332-0215 Fax: (563)332-0218

School Fees are prorated based on date of entry.

Student Name _____

<u>Fee (Type)</u>	<u>Due Date</u>	<u>Fee Amount</u>	<u>Balance Due</u>
*School Fees 16/17 (School Fees)	08/23/2016	\$70.00	\$70.00

Total Balance Due for Fees: \$70.00

Optional Items:

Please circle any of the additional items your student is interested in.

Activity Card (Allows entry into high school home sports and fine arts events) \$35.00

Yearbook (for 16-17 school year) \$9.00

PTA Memberships (\$6 per membership) \$6.00 x ____ members = \$ ____

Member Name(s) _____

Total Enclosed \$ _____

(Add "Total Balance Due" from above plus selected optional items)

Payment may be made via cash, check, or credit card. **Checks should be made payable to Pleasant Valley Community School District.** Credit cards are accepted online; please visit www.pleasval.org for more information about online payments.

Office Use Only:

Date Paid: _____ Amount: \$ _____

Cash Check #: _____

Dear Parents/Guardians,

If your child has outstanding fees for the current school year, a separate list of those fees is enclosed. Applications for Free and Reduced meals for the 2016-2017 school year will be sent to all parents in August. If you will be submitting a Free and Reduced Meals application, you may delay payment of the school fees until you are notified of the status of your request.

If you have any questions, please contact the Bridgeview Office at 332-0215.

**BUS TRANSPORTATION FORM
2016-2017 SCHOOL YEAR
BRIDGEVIEW ELEMENTARY SCHOOL**

**MUST COMPLETE & RETURN THIS FORM
EVEN IF STUDENT(S) WILL NOT RIDE THE BUS. THE FORM IS
NEEDED FOR SCHOOL RECORDS.**

Due to the number of students choosing not to ride the school bus to and from school, it is important for us to know of your son's/daughter's intention for this service. If your intention for this service should change during the school year, please contact Durham Bus Service at (563) 332-4949, allowing a minimum one-week notice.

Please complete the following for **ALL BRIDGEVIEW STUDENTS** at your residence, making sure to check the statement indicating your bus transportation intent for each student.

Please supply your son/daughter STUDENT ID #, if known, in the space provided below, otherwise, please leave the space blank.

1. Student Name (print) _____ **Student Number** _____ **Grade** (16/17 School Yr) _____
(if known)

_____ will NOT ride the bus during the 2016-2017 school year.
_____ will ride the bus during the 2016-2017 school year.

2. Student Name (print) _____ **Student Number** _____ **Grade** (16/17 School Yr) _____
(if known)

_____ will NOT ride the bus during the 2016-2017 school year.
_____ will ride the bus during the 2016-2017 school year.

3. Student Name (print) _____ **Student Number** _____ **Grade** (16/17 School Yr) _____
(if known)

_____ will NOT ride the bus during the 2016-2017 school year.
_____ will ride the bus during the 2016-2017 school year.

PHYSICAL HOME ADDRESS

House Number _____

Street Name (print) _____ **Apt #** _____

City (print) _____

Zip Code _____

Phone Number _____

If your physical address should change during the school year, please contact the Bridgeview office at (563) 332-0215.

Parent/Guardian Signature

Date



Dear Parent:

In an effort to provide communication to our parents and students, we are pleased to offer several electronic sources of information:

SCHOOLMESSENGER School and district communication of a non-confidential nature is sent via email. Emergency notices will also be sent via text message and phone. Information that you provide on your student's enrollment form will be used to automatically subscribe you to the phone and email services. You will have the opportunity to opt-in to the text-messaging service at the start of the school year. Instructions on changing your contact settings for district communications will be sent at the start of the school year. To assure that your email provider will not block email communications, please add this email address to your safe senders list: enews@pleasval.k12.ia.us.

Pleasant Valley will not give email lists to anyone outside of the district. If you do not have access to email, information is available in the school office.

PARENT/STUDENT PORTAL The Parent/Student Portal from Infinite Campus (our Student Information System) allows students in grades 7-12 and parents of K-12 students to view:

- Student lunch account balances (updated daily at 5:00 p.m.)
- A weekly calendar of school events which includes PTA events and activities
- Weather-related, emergency school closings and other district notices
- Student schedules (with day pattern for elementary student art, music, physical education and science classes) with an email link to contact teachers
- Student attendance records
- Fee statements for the current school year
- Report Cards
- For students in grades 7-12 and their parents: detailed information about grades and assignments

Instructions for activating your Parent Portal account will be sent prior to the start of the school year.

STAFF EMAIL From the district webpage, www.pleasval.org, click on "Staff Directory" in the upper right to access staff email addresses.

While we encourage you to use email for communicating with us, there are still instances where best practice will be for you to use the telephone. We have included some guidelines for your convenience.

Use normal phoning procedures in the following circumstances:

- Reporting absences (please do not email the teacher to report your student's absence)
- The need to pick-up a student at a time other than dismissal
- When a student should not go home as regularly established
- Requesting that homework be sent home that particular day
- An item that would require you to talk to a staff member that day

Please consider using e-mail for the following:

- Checking on student progress
- Requests for the teacher to call other than that particular day
- Correspondence that would not need a reply that given day
- Correspondence that is not of a highly confidential nature
- Arranging a classroom visitation

Sincerely,

James R. Spelhaug, Ph.D.
Superintendent
spelhaugjim@pleasval.k12.ia.us

Ladonna Czachowski
Technology Facilitator
czachowskil@pleasval.k12.ia.us

Pleasant Valley Community Schools 2016-2017 Calendar



<p><u>Elementary PV Meet and Greet</u> August 18 5:00-5:25 pm - New Kindergarten Parents and New Families to the School Welcome</p> <p>5:30-6:15 pm - Meet & Greet Teachers in all K-6 Classrooms</p> <p>6:15-6:30 pm – Office Open and Able to Collect Fees and Outstanding Registration Forms</p>	<p><u>Junior High Registration Day</u> August 17– 9:00 am to 6:00 pm</p> <p><u>Junior High Open for Students</u> August 18 – 8:00 am to 7:00 pm August 19 – 8:00 am to 3:00 pm August 22 – 8:00 am to 3:00 pm</p>	<p><u>High School Registration</u> August 12 – 10:00 am to 4:00 pm Seniors A-L August 15 – 10:00 am to 4:00 pm Seniors M-Z</p> <p><u>High School Fall Sports Kickoff Dinner</u> August 18 – 5:30 pm to 6:50 pm</p> <p><u>High School Open for Students</u> August 18 – 6:00 pm to 7:00 pm</p> <p><u>High School Open House – All Grades</u> August 18 – 7:00 pm</p>
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August 23, 2016 – K-12 First Day of School

May 28, 2017 – HS Graduation

May 30, 2017 – K-12 Last Day of School

K-6 Dismiss @ 11:30 am

JH Dismiss @ 2:25 pm

HS Dismiss @ 3:30 pm

K-12 No School:

- September 5, 2016 – Labor Day
- October 21, 2016 – Professional-Development
- November 24-25, 2016 – Thanksgiving Break
- December 23, 2016 - January 2, 2017 – Winter Break
- January 16, 2017 – Professional-Development
- February 17, 2017 – Professional-Development
- February 20, 2017 – President’s Day
- March 13-17, 2017 – Spring Break
- April 14, 2017 – No School
- May 29, 2017 – Memorial Day

K-12 Early Outs for Professional Development:

Dates:

- August 31, 2016
- September 14, 2016
- October 5, 2016
- November 2, 2016
- November 23, 2016
- December 7, 2016
- February 1, 2017
- March 1, 2017
- April 5, 2017
- May 3, 2017

Times:

- HS Dismiss @ 12:30 pm
- JH Dismiss @ 1:00 pm
- Elem Dismiss @ 1:30 pm