



Student Handbook

2020 - 2021

**Therapies 4 Kids, Inc
T4K ESE Center
1750 N University Drive Suite 205
Coral Springs, FL 33071
954-356-2878 ext. 305**

Introduction

T4K ESE Center is a fully accredited school for children with special needs that serves children from age 2 to age 12. Students attending T4K ESE Center come from educational environments where their needs were not being met and they were unable to thrive. Our student population is diverse – some are on the autism spectrum; some have only physical impairments and others have cognitive limitations. Unlike public school classrooms, the class sizes in our schools are small and children are grouped according to their needs. Our teachers and practitioners evaluate each student to discover their own natural strengths and prepare curriculum to achieve their maximum potential. T4K ESE Center’s academic program follows the Sunshine State Standards and we include other programs to enrich the curriculum. We accept Step Up for Students Gardiner and McKay Scholarships. What sets our school apart from other special needs programs is our ability to provide intensive ABA, Occupational, Speech, Physical, Psychiatric and Mental Health services during the school day so that each child can blossom socially, physically, as well as cognitively. We follow the same vacation calendar as the Broward County School System.

School Mission

At T4K ESE Center our mission is to provide education in a nurturing environment where all students receive individualized attention and are challenged to develop and grow academically, physically, and behaviorally and to be kind and respectful to others.

Daily Schedule

School hours are from 8:30 am to 2:30 pm

8:30 – 9:00	Arrival
9:00 - 9:30	Circle Time
9:30 - 10:30	Language Arts
10:30 – 10:45	Snack
10:45 – 11:15	Gross Motor Skills
11:15 – 12:00	Math
12:00 – 12:30	Lunch
12:00 – 12:30	Music and Movement
12:30– 1:00	Computer/ Independent work
1:00 -1:30	Science
1:30 – 2:00	Art
2:00 - 2:15	Story time
2:15 - 2:30	Dismissal

*** Children requiring PT, OT, Speech or ABA Therapy will make up any missed classes during these time slots*

Calendar

- T4K ESE Center follows the Broward County School Vacation Calendar.

GENERAL POLICIES

Attendance

Attendance is tracked and reported as a scholarship requirement.

Parent/Teacher communication

Progress assessments are done twice a year providing feedback on progress. Both parent and teacher are encouraged to request special meetings (either in person or by phone) to discuss issues, assessments, or revisions to goals as needs arise or change. We believe that open communication between parent and your child's teacher will foster the best possible learning environment.

Cell Phone Policy

T4K ESE Center discourages cell phones on campus. However, if parents deem it necessary for their child to have a cell phone while at school, the following rules must be adhered to:

Cell phone use is limited to communication between the student and the parent(s) only. Cell phones are to be turned off and stored during the school day. Cell phones must be stored the student's backpack. Student use of cell phones at after school activities are for parent communication only.

If the student does not comply with these rules, the cell phone will be confiscated and must be picked up by the student's parent. The student will lose the privilege of having a cell phone at school if there are repeated violations during the school year. By signing below, you agree to follow the above rules for cell phones and agree to release T4K ESE Center and staff from responsibility for any illegal or inappropriate behavior or for damage or loss of a cell phone. All parents and students must sign below and return this form to the school office before any cell phone may be brought to school.

Transportation

Transportation to and from the school is the parent's responsibility.

Snack and Lunch

Students must bring their own snacks, drinks and lunch. Refrigeration is not available so include cooling packs when necessary with their lunch pack.

Therapeutic Services

T4K ESE Center students can receive Occupational, Speech, Physical, and ABA Therapy as well as Behavioral Health services onsite during their school day. Please let us know if you have interest in therapeutic services provided by Therapies 4 Kids.

Non-discrimination Policy

T4K ESE Center encourages ANY potential student or employee to apply. We are an equal opportunity employer and provider that does NOT discriminate based on race, color, gender, age disability, sexual orientation, marital status, or national origin.

Student and Staff Bill of Rights

T4K ESE Center believes that our students and staff both have the right to be free from physical and emotional injury inflicted by themselves or others. As such, the following acts are strictly prohibited:

- ❖ Guns, knives or any other weapons or flammable materials are not allowed in the classroom. Fighting, punching, kicking, biting, spitting or any other aggressive physical behavior
- ❖ Verbal abuse, teasing, bullying, name-calling and use of profanity
- ❖ Drugs, alcohol, or tobacco use
- ❖ Taking something that does not belong to you
- ❖ Destruction of property
- ❖ Disruptive behavior

Students shall have the right to discuss difficulties at school or in their personal life with complete confidentiality with any schoolteacher or administrator.

Ethics in Education Act - STATE OF FLORIDA

As a participating school in the State of Florida, we fully comply with all statutes governing private schools.

On July 1, 2008, the Florida Legislature enacted Bill 1712 entitled the "Ethics in Education Act." Sections 1002.421(4) and 1006.061 of the statutes require a private school that accepts McKay or Corporate Tax Credit Scholarship Students to: Disqualify from employment any instructional personnel or school administrator who is convicted of an act listed under s. 1012.35, F.S.

T4K ESE Center will conduct an employment history and fingerprint check before employing instructional personnel or school administrators in any position that requires direct contact with students and document the findings.

Before employing instructional personnel or school administrators in any position that requires direct contact with students, screen the personnel or administrator through the Professional Practices Database of Disciplinary Actions and The Teacher Certification Database and document the findings.

Prohibit confidentiality agreements with instructional personnel or school administrators who are dismissed, terminated, or resign in lieu of termination due to misconduct that affects the health, safety, or welfare of a student.

School administration will disclose truthful and factual information about T4k ESE Center employees to prospective employers as per F.S. 768.095. Create and adopt policies establishing ethical standards of conduct for instructional personnel and school administrators.

T4K ESE Center will post a notice in the school indicating that all employees have a duty to report actual or suspected cases of child abuse, abandonment, or neglect. The school's website will also post the policies and procedures for reporting misconduct by instructional personnel or school administrators which affects the health, safety, or welfare of a student.

Reporting Educator Misconduct:

All employees of T4K ESE Center have an obligation and legal responsibility to report misconduct by instructional personnel and school administrators which affects the health, safety or welfare of a student.

Failure to report misconduct may result in penalties up to termination of employment and revocation of an educator's certificate.

The following are some of examples of misconduct that must be reported:

- ❖ Obscene language
- ❖ Drug and alcohol use
- ❖ Disparaging comments
- ❖ Prejudice or bigotry
- ❖ Sexual innuendo
- ❖ Cheating
- ❖ Testing violations
- ❖ Physical aggression
- ❖ Accept or offer favors

Immunity from liability in cases of child abuse, abandonment, or neglect.

(1) (a) Any person, official, or institution participating in good faith in any act authorized or required by this chapter, or reporting in good faith any instance of child abuse, abandonment, or neglect to the department any law enforcement agency, shall be immune from any civil or criminal liability which might otherwise result by reason of such action.

(b) Except as provided in this chapter, nothing contained in this section shall be deemed to grant immunity, civil or criminal, to any person suspected of having abused, abandoned or neglected a child or committed any illegal act upon or against a child.

(2) (a) Nonresident employee of a facility serving children may be subjected to reprisal or discharge because of his or her actions in reporting abuse, abandonment, or neglect pursuant to the requirements of this section.

(b) Any person making a report under this section shall have a civil cause of action for appropriate compensatory and punitive damages against any person who causes detrimental changes in the employment status of such reporting party by reason of his or her making such report. Any detrimental change made in the residency or employment status of such person including, but not limited to, discharge, termination, demotion, transfer, or reduction in pay or benefits or work privileges, or negative evaluations within a prescribed period of time shall establish a rebuttable presumption that such action was retaliatory.

Employer immunity from liability; disclosure of information regarding former employees.

-An employer who discloses information about a former employee's job performance to a prospective Employer of the former employee upon request of the prospective employer or of the former employee is presumed to be acting in good faith and, unless lack of good faith is shown by clear and convincing evidence, is immune from civil liability for such disclosure or its consequences. For purposes of this section, the presumption of good faith is rebutted upon a showing that the information disclosed by the former employer was knowingly false or deliberately misleading, was rendered with malicious purpose or violated any civil right of the former employee protected under chapter 760.

Any of the above behaviors should be reported to the School Director or to the Office of Independent Education and Parental Choice at 800-447-1636. Employees reporting such cases will NOT face disciplinary action or termination for coming forward per F.S. 39.203

2020 - 2021 Tuition Payment Agreement

Grade	Tuition Amount		Grade	Tuition Amount
Pre-K	\$18,000		6th	\$25,000
Kindergarten	\$18,000		7th	\$28,000
1st	\$19,000		8th	\$28,000
2nd	\$19,000		9th	\$30,000
3rd	\$20,000		10th	\$30,000
4th	\$20,000		11th	\$30,000
5th	\$25,000		12th	\$30,000

Scholarships

We accept the following scholarships:

Gardiner Scholarship

<https://www.stepupforstudents.org/logins/special-needs-login/>

Scroll down to NEW FAMILY and click on Apply Now. To create a new account, click on the middle tab, over the grey box, New User. Fill out Account Set Up, information then click Create New User in the black box.

McKay Scholarship

<http://www.fldoe.org/schools/school-choice/k-12-scholarship-programs/mckay/eligibility-requirements.stml>

Students on the McKay Scholarship must sign the form, Florida Department of Education Office of Independent Education and Parental Choice Affidavit. And return with all application paperwork.

Tuition

Parents will be billed on a prorated monthly plan for the balance of tuition after Scholarship funds are applied. Parents who cannot afford the cost of tuition after scholarship should discuss their situation with Administration to develop a financial plan. Financial assistance is available on a limited, first come – first served basis.

Supplies

Parents / guardians will be given a list of needed supplies upon enrollment and it is expected that they will bring those supplies on the first day of school. Additional supplies may be requested later in the school year.

Tax Deductibility of Tuition Payments

The cost of special needs programming may be considered a tax-deductible medical expense by the Internal Revenue Service (IRS). Please consult your tax accountant.

Student Supply List

Below you will find a supply list that will enhance your child's academic experience and help promote classroom organization and productivity. Please bring the supplies on the first day of school, August 19, 2020.

Special Needs Computer Program access to **TeachTown Basics**: Student License: **\$200.00** per year

TeachTown Basics can also be used at home as a continuation for academics.

Please make check payable to T4K ESE Center. (This can be used as a tax write-off)

1. **Plastic Pencil Box**
2. **4 – 2 inch 3-ring Binders**
3. **4 – One Subject Spiral Notebooks Wide Rule**
4. **1 of each Ziplock Bags: Snack Size, Sandwich Size, Large, Extra Large**
5. **4 – Boxes of Tissues**
6. **2 – Bottles of Hand Sanitizer**
7. **2 – Watercolor Box Set**
8. **3 – Boxes of Color Markers**
9. **2 – Boxes of Crayola Crayons**
10. **1 – 12-inch Clear Plastic Ruler**
11. **1 – Package of Glue Sticks**
12. **4 – Bottles of Liquid Glue**
13. **2 – Packages of Baby Wipes**
14. **2 – Packages of Clorox Wipes**
15. **3 – Roles of Bounty Paper Towles**
16. **2 – Cans of Lysol Disinfecting Spray**
17. **2 – Reams of Printing Paper**
18. **1 – Ream of Multicolored Card Stock**
19. **2 – Packages of White Index Cards**
20. **1 – Package Thin Expo Markers, Different Colors**



**T4K ESE CENTER
2020 - 2021 SCHOOL ADMISSION PROCESS**

Provided to Parent / Guardian

2020 – 2021 T4K ESE Center Student Handbook with Admission Forms

Please sign the following forms and return to T4K ESE Center

- ❖ Student Handbook Acknowledgement
- ❖ Application for Student Enrollment
- ❖ Emergency Medical Care Authorization and Health Care Information
- ❖ Consent, Permission and Release for use of Photo, Video, and/or Audio
- ❖ Tuition Payment Agreement
- ❖ Payment Responsibility Form (Scholarship Payments)
- ❖ Records Request Form
- ❖ McKay Scholarship FDOE Parent Affidavit
- ❖ Physician Contact and Authorization Information
- ❖ Medication Release Form

Other Forms to Collect from Parent / Guardian

- ❖ School Entry Exam - Form DH 3040-CHP-07-2013 preferred
- ❖ Immunization Records - Form DH680

Students will not be allowed to attend school without a current Immunization Record Form

Please print pages 10-20, fill out, and return to school.

Thank you!



**T4K ESE CENTER
2020 - 2021 SCHOOL ADMISSION PROCESS**

Handbook Acknowledgement

Parent/Student Handbook

I have received and read the T4K ESE Center's Parent/Student Handbook. It is my responsibility to read and understand the matters set forth in this handbook. It is a guide to firm policies and procedures.

I understand and acknowledge that T4K ESE Center for Learning and Leadership has the right, without prior notice, to modify or amend policies and practices within the limits and requirements imposed by law.

By signing below, I acknowledge that I will be held accountable to all policies and procedures of T4K ESE Center.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Student Signature _____ Date _____



T4K ESE Center, 1750 N University Dr. Suite 205 Coral Springs, FL 33071
SCHOOL YEAR 2020-2021 APPLICATION FOR ENROLLMENT

STUDENT INFORMATION

Student's Name, Age, Date of Birth, Ethnicity, Gender, Guardian/Parent #1, Guardian/Parent #2, Name, Relationship, Home Phone, Cell Phone, Work Phone, Employer, Email Address, Address, City, State, Zip, Parent Marital Status

Is there a legal restriction preventing the non-custodial parent from visiting the school, having access to school reports/records, or removing your student from school? Yes No N/A

Emergency Contacts/Authorized Pickup (please put in priority order)

Contact #1, Contact #2, Contact #3, Contact #4, Name, Relationship, Home Phone, Cell Phone, Address



2020-2021 EMERGENCY MEDICAL CARE AUTHORIZATION AND HEALTH CARE INFORMATION

Parent/Guardian Contact Information

Student Name: <i>Last</i>		<i>First</i>	<i>M.I.</i>	/ /
		Date of Birth		
Parent/Guardian Name		Relationship	Parent/Guardian Name	Relationship
()	()		()	()
Home Phone	Cell Phone		Home Phone	Cell Phone
()			()	
Work Phone			Work Phone	

Health and Medication Information

Does your child have allergies that have been prescribed by a healthcare provider?
 Medications Food Bee Stings Other: _____ NONE

Please explain the type of reaction:

Does your child require an EPI-Pen? Yes No Benadryl? Yes No

**If yes, EPI-Pen must be supplied with doctor's instructions to the office for emergencies.
Children will not be able to attend without their EPI-Pen and doctor's instructions.

Does your child have any chronic health conditions? Seizure Disorder Asthma Diabetes NONE

Frequent Ear Infections Skin Problems Other (specify): _____

Is your child on any medications? Yes No Inhalers? Yes No

Please list:

Physician Contact Information

Doctor's Name	()	/ /	/ /
	Doctor's Phone	Date of Last Doctor Visit	Date of Last Tetanus

Authorization/Permission

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency. I accept all financial responsibility for necessary treatment and services.

Parent/Guardian Signature	/ /	Date	Relationship
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**CONSENT, PERMISSION AND RELEASE FOR USE OF
PHOTO, VIDEO AND / OR AUDIO**

I hereby give consent and permission to T4K ESE Center to record the appearance, and / or voice on videotape, on film, or on digital video disk or other means and / or take photographs of the appearance of

(Child's name) _____ and
(parent or guardian's name) _____

Notwithstanding any prohibition as may be contained in Section 540.08, Florida Statutes, I hereby freely and voluntarily consent to the use and publication of name, participation, picture, and / or likeness by T4K ESE Center and / or its employees and / or agents, as well as the entity seeking this consent, and photographs, video and / or audio for any and all purposes including, but not limited to, educational promotional advertising and trade, through any medium or format, including, but not limited to film, photograph, television, radio, digital, internet, or exhibition, at any time from this date forward until I revoke this consent in writing.

I acknowledge that T4K ESE Center is the sole owner of all rights in, and to, this visual and / or sound production and / or photograph(s) and the recordings, thereof, and that it has the right to use or reproduce the resulting images and / or sound as often as it finds necessary. I acknowledge that the photographs, video and / or audio may be used indefinitely by television, radio, newspapers, magazines, newsletters, brochures, internet, intranet, or in other media once released.

T4K ESE Center has the right, among other things, to edit and / or otherwise alter the visual or sound recording, or photographs, as needed. I understand I will receive no compensation for the appearance of the above-named person or for participation in said productions. I agree to hold Bright Steps Forward, Inc. its employees and other parties harmless against claim, liability, loss, or damage caused by, or arising from, my or my dependent's participation in this production.

I have read this Consent before signing and fully understand the contents, meaning and impact of this consent. I understand that I am free to address any specific questions and have done so prior to signing this Consent.

Name of Child: _____ Date of Birth: _____

Address: _____

Parent or Guardian's Signature: _____ Today's Date: _____

I am revoking this consent. I understand that every effort will be made to remove the item from the site within a reasonable timeframe. I also understand that this image or file may have been copied without permission, and I agree not to hold Bright Steps Forward, Inc. responsible for instances of these violations.

Signature: _____ Today's Date: _____



2020 - 2021 TUITION PAYMENT AGREEMENT

Grade	Tuition Amount		Grade	Tuition Amount
Pre K	\$18,000		6th	\$25,000
Kindergarten	\$18,000		7th	\$28,000
1st	\$19,000		8th	\$28,000
2nd	\$19,000		9th	\$28,000
3rd	\$20,000		10th	\$30,000
4th	\$20,000		11th	\$30,000
5th	\$25,000		12th	\$30,000

Child's Name: _____ Grade Level: _____

Tuition Fee: _____

Scholarship Applied: None Step Up Gardiner McKay Other _____

Child's Matrix Score: _____ Scholarship Amount: _____

Remaining Tuition Balance: _____

Parent / Guardian Tuition Commitment: _____

To be paid: 10 monthly installments of _____ each
(due on or before the 1st of each month starting September 1st -June 1st)

A \$25.00 fee will be assessed for late payments. A \$30.00 fee will be assessed for returned payments.

As the parent(s) or legal guardian(s) of _____, I / we agree to the schedule of tuition payments above. I / we understand that my / our child will not be permitted to continue attending school if my / our account becomes 45 days or more past due.

Signature: _____ Date: _____

T4K ESE Center Administration Signature: _____ Date: _____



PAYMENT RESPONSIBILITY WHEN CHECKS ARE SENT DIRECTLY TO PARENT

Please be advised that your scholarship payment may automatically be sent directly to your home for educational services rendered by T4K ESE Center. It is your responsibility to forward these payments to our office as soon as possible so that we may properly credit your account. If your check is made payable to you directly, please deposit that check in your account and give us a personal check or money order for the amount you were paid along with a copy of the check and any included documents sent to you. If we do not receive these payments within fifteen (15) days, your account will be referred to our Collection Department. Thank you in advance for your cooperation.

I have read the above statement and agree to comply with T4K ESE Center’s office policy.

Name (Print): _____

Signature: _____

Date: _____

Records Sent _____



REQUEST FOR SENDING PERSONALLY IDENTIFIABLE RECORDS

Student _____

Date of birth _____

I request an exchange of records:

- _____ Permanent Records/Report Cards _____ Health/Immunization Records
- _____ Discipline _____ State Assessment Scores
- _____ Special Education Records (IEP incl Speech, Language, 504 Plan, and Gifted records)
- _____ Other _____

This information is to be exchanged between the "new" school, name/address below:

RECEIVING SCHOOL

SENDING SCHOOL

T4K ESE Center / Therapies 4 Kids
 1750 N. University Drive Suite 205
 Coral Springs, FL 330271
 954-376-3911
 FAX 954-272-7678
 Email: info@therapies4kids.com

For the following reason: _____

As provided under the Family Rights and Privacy Act of 1974, I understand that I may obtain a copy of my child's personally identifiable records. I am aware that I may challenge the content of these records. I also understand that the school will treat these records confidentially. Finally, no one will send these records to a non-public school agency without my written consent.

Signature _____ **Date** ____/____/____

Address _____

City _____ **State** _____ **ZIP** (_____) **Phone** _____



FLORIDA DEPARTMENT OF EDUCATION
OFFICE OF INDEPENDENT EDUCATION
AND PARENTAL CHOICE

IEPC - AFF1
Pursuant to Rule 6A-6.0970
Effective November 2009

AFFIDAVIT

Page 1 of 1

STATE OF FLORIDA
COUNTY OF _____

Before me this day personally appeared _____ (Name of Parent), who
being duly sworn, attests that he or she is the parent or legal guardian of _____
(Name of Student), and that the signature below is his or her true and correct signature and is the signature that
will be used to endorse warrants issued on behalf of the above-named student under the McKay Scholarship
Program.

(SIGNATURE OF PARENT)

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20__, by
_____ (Name of Parent).

Personally Known [] Or Produced Identification []

Type of Identification Produced _____

NOTARY SEAL

(SIGNATURE OF NOTARY)

(PRINTED NAME OF NOTARY)

Parent's Address _____

Parent's Home Telephone _____ - _____ - _____ Parent's Work Telephone _____ - _____ - _____

Please review the statutory parent and student responsibilities pursuant to Section 1002.39, Florida Statutes, which
include, but are not limited to:

Any student participating in the program must remain in attendance at a McKay approved school a minimum of 170 actual
school days at the school's physical location, unless excused by the school for illness or other good cause.

Each parent and each student has an obligation to comply with the private school's published policies.

The parent to whom the scholarship warrant is made must endorse the warrant to the private school for deposit into the
account of the private school. The parent may not designate any entity or individual associated with the participating private
school as the parent's attorney in fact to endorse a scholarship warrant.

Adam Miller
Executive Director
Office of Independent Education and Parental Choice



PHYSICIAN CONTACT INFORMATION

Doctor Name _____

Doctor Phone _____

Date of last visit _____

Date of last Tetanus _____

AUTHORIZATION/PERMISSION

I authorize all medical and surgical treatment, x-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and wave my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency. I accept all financial responsibility for necessary treatment and services.

Parent/Guardian Signature _____

Date _____

Relationship to student _____



MEDICATION RELEASE FORM

Name of Student: _____

Medication: _____

Dosage: _____ (Amount and times during day)

Special Instructions (including any special storage requirements and noting any side effect(s) of which the school should be aware)

Reason for the medication:

Date: _____ Name of Physician _____

PARENTAL CONSENT AND WAIVER

I hereby give my permission for my child _____ in the ____ grade at (name of school) to take the above prescribed medication at school.

Notice: No prescription medication may be used or possessed at school unless the school receives this completed form. All medication brought into the school must be kept by the Medical Officer in the infirmary and must be in the original container, appropriately labeled by the pharmacy or physician.

WAIVER OF LIABILITY

I understand that (the school) will administer only the prescribed medication mentioned above. I hereby waive any and all claims against the school harmless from any and all liability, which may arise in connection with my child's use of the medication

Parent/Guardian's Signature _____ Date: _____

2020/21 SCHOOL CALENDAR

For an accessible version of this calendar, visit browardschools.com/accessiblecalendar.

AUGUST				
M	T	W	T	F
3	4	5	6	7
10	11	12	13	14
17	18	19	20	21
24	25	26	27	28
31				

SEPTEMBER				
M	T	W	T	F
	1	2	3	4
7	8	9	10	11
14	15	16	17	18
21	22	23	24	25
28	29	30		

OCTOBER				
M	T	W	T	F
			1	2
5	6	7	8	9
12	13	14	15	16
19	20	21	22	23
26	27	28	29	30

NOVEMBER				
M	T	W	T	F
2	3	4	5	6
9	10	11	12	13
16	17	18	19	20
23	24	25	26	27
30				

DECEMBER				
M	T	W	T	F
	1	2	3	4
7	8	9	10	11
14	15	16	17	18
21	22	23	24	25
28	29	30	31	

JANUARY				
M	T	W	T	F
				1
4	5	6	7	8
11	12	13	14	15
18	19	20	21	22
25	26	27	28	29

FEBRUARY				
M	T	W	T	F
1	2	3	4	5
8	9	10	11	12
15	16	17	18	19
22	23	24	25	26

MARCH				
M	T	W	T	F
1	2	3	4	5
8	9	10	11	12
15	16	17	18	19
22	23	24	25	26
29	30	31		

APRIL				
M	T	W	T	F
			1	2
5	6	7	8	9
12	13	14	15	16
19	20	21	22	23
26	27	28	29	30

MAY				
M	T	W	T	F
3	4	5	6	7
10	11	12	13*	14
17	18	19	20	21
24	25	26	27	28
31				

JUNE				
M	T	W	T	F
	1	2	3	4
7	8	9	10	11
14	15	16	17	18
21	22	23	24	25
28	29	30		

- Employee Planning (no school for students)
- Schools and Administrative Offices Closed
- Schools Closed
- Report Cards Issued
- Interim Reports Issued
- Early Release Day
- First and Last Day of School