Utica Shale Academy
Educating the people of tomorrow

Send/ Email to:
Utica Shale Academy
10 E Main St
Salineville, OH 43945
Phone: (330) 942-4812
Email to: enrollment@uticashaleschool.com

Please complete a separate application for each student and leave no section blank. Return by mail or email

School Year Applying for: 25-26 Application Date: _____

Student's Name: _____

Last First Middle

Age: _____ Date of Birth: _____ Social Security Number: _____

Grade Level: _____ for 24-25 School Last Attended: _____

District Student currently resides in: _____ Phone: _____

Parent(s)/Guardian Name: _____

Address: _____

Street/PO Box City State Zip Phone

If Foster Placement_____

Street/PO Box City State Zip Phone

Parent Signature/
Authorization for Records Request: _____ Date: _____

----------FOR USA USE ONLY----------

Date Received: _____ Time Received:_____ District enrolled:_____

Approved: _____ Rejected: _____ Reason(s) if rejected _____

DORP STATUS: Y or N IF Y, Method_____

USA does not discriminate in its educational programs or activities on the basis of race, color, national or ethnic origin, ancestry, age, religion or religious creed, disability or handicap, sex or gender (including pregnancy, sexual harassment and other sexual misconduct including acts of sexual violence such as rape, sexual assault, sexual exploitation and coercion), gender identity and/or expression (including a transgender identity), sexual orientation, military or veteran status, genetic information, or any other characteristic protected under applicable federal, state or local law. Retaliation is also prohibited.

"The Utica Shale Academy is a community school established under Chapter 3314. of the Revised Code. The school is a public school and students enrolled in and attending the school are required to take proficiency tests and other examinations prescribed by law. In addition, there may be other requirements for students at the school that are prescribed by law. Students who have been excused from the compulsory attendance law for the purpose of home education as defined by the Administrative Code shall no longer be excused for that purpose upon their enrollment in a community school. For more information about this matter contact the school administration or the Ohio Department of Education."

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Request and Consent for Release of Records

_____ authorizes the release of the records of

Parent/Guardian Name

_____

Student's Last Name First Name Mid. Initial Birthdate Mo/Day/Yr

From the Following School/Institution:

Most Recent School/Institution _____

Address _____

City, State, Zip Code _____

Telephone No. _____ Fax No. _____

The following records may be released (please check).

- ❑ Transcript of subjects and grades
- ❑ Ohio Proficiency Test Results
- ❑ Attendance Record
- ❑ Standardized Test Results
- ❑ Psychological or Other Individual Test Results
- ❑ Health Records
- ❑ IEP and Special Education Records, if applicable
- ❑ Disciplinary Records

The education records designated should be released and disclosed only to Utica Shale Academy

I am authorizing the release of these records for these reasons. Please check one.

- ❑ I am the subject of these records and 18 years of age or older.
- ❑ I am the parent, guardian, or custodian of the subject of these records and the subject is under 18 years of age.

If this consent had been requested by me, I understand that I have the right not to consent to the release of records. Further, I recognize that a copy of the records must, upon request, be provided to me.

Signature of Parent/Guardian_____

Date_____

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Student Information

Student Race/Ethnicity (Check all that apply):

- ❑ American Indian or Alaska Native
- ❑ Asian
- ❑ Black or African American
- ❑ Hispanic or Latino
- ❑ Native Hawaiian or Other Pacific Islander
- ❑ White

Other: _____

Is your child enrolled in special education or a gifted program? ☐ Yes ☐ No

If yes, please explain_____

Has your child been suspended/expelled for ten consecutive days in the current term or upcoming term?

☐ Yes ☐ No

If so, please explain. _____

Has the student ever been retained (repeated a grade)?

☐ Yes ☐ No

If yes, please explain: _____

Has the student experienced a crisis that has interfered with their academic progress?

☐ Yes ☐ No

If yes, please explain: _____

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Housing Situation

Please check the situation that best describes the student's current living situation:

- ❑ Sharing the housing of others due to loss of housing, economic hardship, or similar reason {including staying with grandparents or being doubled up with other families(with non-married significant other)}
- ❑ Living in motels, hotels, trailer parks, or camping grounds due to lack of alternative adequate accommodations
- ❑ Living in emergency or transitional shelters
- ❑ None of the above

Photo Consent

The school's students will be participating in many activities and will be getting attention from sources interested in public community schools and our progress. Please sign this Media Release authorizing this School to publish your child's photo and/or name for the limited uses for public relations and media purposes. The school will not release photos resulting from disciplinary actions. I hereby consent to the above.

Signature of Parent/Guardian_____

REQUEST FOR RECORDS

To the Registrar:

Please send the above records, if available for this student as soon as possible. If records are not available, please return our request indicating the following:

- ❑ No records available. Reason: _____
- ❑ Unable to find records. Reason: _____

The undersigned certifies that the above-captioned Request and Consent for Release of Records was complied with on _____ (date) by _____ (mail) or _____ (personal delivery) to _____.

Sincerely, _____ _____

School Registrar Date

Emergency Medical Authorization Form
O.R.C. 3313.712

The Purpose of this form is to enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached.

Student Name _____ Grade _____ Birth Date _____ Parent's Name _____

Address _____ Home Phone _____ Bus Number _____

Emergency Contacts

#1 Name: _____ Relationship: _____ Home Phone: _____
Cell Phone: _____ Work Phone: _____

#2 Name: _____ Relationship: _____ Home Phone: _____
Cell Phone: _____ Work Phone: _____

#3 Name: _____ Relationship: _____ Home Phone: _____
Cell Phone: _____ Work Phone: _____

#4 Name: _____ Relationship: _____ Phone Number: _____

The above contacts will be reached in order as listed. Listed emergency contacts are permitted to pick up the student in the event of illness : the parent has been attempted to be reached. It is the parent's responsibility to notify the school with any changes.

Authorization for Medical Treatment

I hereby give consent for the following medical care providers to be called:

Doctor: _____ Phone: _____
Dentist: _____ Phone: _____
Medical Specialist: _____ Phone: _____
Local Hospital: _____ Phone: _____
Name of Medical Insurance _____ Policy Number: _____
Medical History: _____
Medications and Dosages: _____
Allergies and Reaction: _____
Does your child need an EpiPen here at school? ____ Yes ____ No
List any accommodations or restrictions that need to be made for your child here at school:
_____
Does your child need an inhaler while in school? ____ Yes ____ No

In the event that reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) administration of any treatment deemed necessary by the above-named doctor, or, in the event the designated practitioner is not availab by another licensed physician or dentist; and (2) the transfer of the child to the closest emergent facility. This authorization does not cover major surgery unless the medical opinions of two licensed physicians or dentists, concurring in the necessity for such surgery, are obtained to the performance of such surgery.

Signature or Parent/Guardian: _____ Date: _____

PLEASE COMPLETE REVERSE SIDE ONLY IF YOU DO NOT GRANT CONSENT

Utica Shale Academy
Medical Card

CAR/BUS#_____
GRADE _____

STUDENT NAME_____ BIRTHDAY ____/____/_____
LAST FIRST MIDDLE

PARENT'S ADDRESS _____ PHONE NUMBER _____
STREET CITY ZIP CODE

PRIMARY CONTACT: _____ HOME PHONE: _____

RELATIONSHIP TO CHILD: _____ CELL/WORK: _____

SECONDARY CONTACT: _____ HOME PHONE: _____

RELATIONSHIP TO CHILD: _____ CELL/WORK: _____

ADDITIONAL CONTACT: _____ HOME PHONE: _____

RELATIONSHIP TO CHILD: _____ CELL/WORK : _____

ALLERGIES/MEDICAL CONDITIONS: _____

AUTHORIZATION FOR: TYLENOL: ____ ADVIL: ___

Parent/Guardian Signature _____

In accordance with Board Policy no medication (over-the counter or prescription) may be given to any student without a written prescription from a licensed health professional authorized to prescribe drugs accompanied by the written authorization of the parent/guardian.

Eligibility Determination Form for Students Experiencing Housing Instability

This form is designed to help a district homeless liaison determine whether a student is homeless as defined by the federal McKinney-Vento Act. Answers may be used to help determine if the student meets eligibility requirements for services. The district liaison may use this as an interview form and give a copy of it to the family after completing the form. Liaisons may want to keep this form as an ongoing tool to keep notes on throughout the duration of a student's homelessness.

Student Name: _____

Parent/Guardian Name: _____

School: _____ **Phone:** _____

Grade: _____ **Age:** _____ **Date of Birth:** _____

Current Address: _____

City: _____ **Zip Code:** _____

Is this address Temporary or Permanent?

Situations that describe family's location during nighttime hours (you can choose more than one):

- ☐ Shelter or other temporary housing
- ☐ Motel, car, or campsite
- ☐ With friends or family members (other than or in addition to parent/guardian)
- ☐ Other_____

If sharing housing or experiencing instability, please check all of the following reasons that apply:

- ☐ Parent/Guardian is incarcerated
- ☐ Temporarily waiting for house or apartment
- ☐ Loss of housing
- ☐ Economic situation
- ☐ Loss of employment
- ☐ Other

Is the student under the age of 18 and living apart from parents or guardians?

Educational Rights

Students without fixed, regular, and adequate nighttime residences have the following rights:

1) Immediate enrollment in the school they last attended or the local school where they are currently staying even if they do not have all of the documents normally required at the time of enrollment without fear of being separated or treated differently due to their housing situations;
2) Transportation to the school of origin for the regular school day;
3) Access to free meals, Title I and other educational programs, and transportation to extra-curricular activities to the same extent that it is offered to other students.

Any questions about these rights can be directed to the local McKinney-Vento liaison at _____

or the State Coordinator at _____.

Eligibility Determination completed by: _____ Date: _____

☐ Parent/Caretaker/Unaccompanied Youth provided copy of McKinney-Vento Rights.

Ohio Department of Education & Workforce

Utica Shale Academy
10 E Main Street
Salineville,Ohio 43945

HOUSEHOLD INFORMATION SURVEY

Utica Shale Academy will participate in the Community Eligibility Provision (CEP) under the National School Lunch Program (NSLP). Under this option, all children in the school receive a breakfast/lunch at no charge regardless if they complete this form. However, to determine eligibility for various additional state and federal program benefits that your child's school may qualify for, please complete, sign and return this application to your school building if your income falls within or below the guidelines listed in the following chart.

INCOME GUIDELINES – 185%

Guidelines to be effective from July 1, 2024 through June 30, 2025

Number of persons in family or household size	Annual	Monthly	Twice per month	Every two weeks	Weekly
1	$27,861	$2,322	$1,161	$1,072	$536
2	37,814	3,152	1,576	1,455	728
3	47,767	3,981	1,991	1,838	919
4	57,720	4,810	2,405	2,220	1,110
5	67,673	5,640	2,820	2,603	1,302
6	77,626	6,469	3,235	2,986	1,493
7	87,579	7,299	3,650	3,369	1,685
8	97,532	8,128	4,064	3,752	1,876
Each additional member add	+9,953	+830	+415	+383	+192

If any member of your household receives Supplemental Nutrition Assistance Program (SNAP) (formerly food stamps) or Ohio Works First (OWF) benefits, provide the name and 7 -digit case number for the person who receives the benefits then proceed to Section 4. If no one receives these benefits, start with Section 1.

Name:_____ 7-digit Case Number: _____

INSTRUCTIONS: Complete this survey and return to your child's school or mail to the following address: Utica Shale Academy, 10 E Main Street Salineville Ohio 43945

The following selections must be completed by the Head of Household or Designee:

1. **SIZE OF FAMILY** - Indicate the total number of individuals living in your household, including all adults and children:

_____

2. **STUDENT INFORMATION** - Complete for each student Pre-K through grade 12.

Last Name	First Name	Birth Date MM-DD-YY	School	Identify: H = Homeless M = Migrant R = Runaway F = Foster
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

For additional lines, please attach a second sheet to this survey or attach a copy of this survey clearly marked as Page 2.

3. **TOTAL MONTHLY HOUSEHOLD INCOME** – Report income for all members of household excluding foster children. If you have reported a case number above, please do not complete this section. Proceed to section 4.

Type of Income	Income	Circle if No Income
1. Gross Monthly Earnings: Wages, Salary, Commissions	$	None
2. Monthly Welfare Payments, Child Support, Alimony	$	None
3. Monthly Payments from Pensions, Retirement, Social Security	$	None
4. Monthly Dividends or Interest on Savings	$	None
5. Monthly Worker's Compensation, Unemployment, Strike Benefit	$	None
6. Other Monthly Income (SSI, VA, Disability, Farm, other)	$	None
Total Monthly Household Income (Add lines 1-6)	$	

4. **SIGNATURE** - If income section is completed, the adult signing the form must also list the last four (4) digits of his or her Social Security number or check the "I do not have a Social Security number" box below.

I certify (promise) that all information on this application is true and that all income is reported. I understand the school will be eligible for certain federal and/or state funds based on the information I give. I understand that the school officials may verify (check) the information. I understand that if I purposely give false information, my child may lose benefits and I may be prosecuted.

Sign Here: X_____ Print Name: _____

Date _____

Last Four (4) Digits of Social Security Number: XXX-XX-_____ I do not have a Social Security Number___

Address City Zip Code		
Home Phone	Work Phone	Email Address By providing your email address, you may be contact via email by the district

For Internal Office Use Only:
Please circle one option.

QUALIFIES

DOES NOT QUALIFY

UTICA SHALE ACADEMY
10 E MAIN STREET
SALINEVILLE, OHIO 43945
PHONE: (330) 942-4812

Utica Shale Academy

One Call Now Notifications Information

Please provide the name of the student and the phone number(s) you would like to add to our "all call system" for snow days or other important announcements.

Student name: _____

Phone number:_____

Secondary number:_____

You will receive a toll-free call or text notifying you of our announcements.

****You can also check our Facebook page and news channels WKBN and WTOV for any snow day updates****

PR-10 PARENTAL CONSENT TO SHARE HEALTH INFORMATION FOR THE OHIO MEDICAID SCHOOL PROGRAM

CHILD'S INFORMATION

CHILD'S NAME _____

DATE OF BIRTH ___/___/___ DISTRICT NAME Southern Local (046441)

Ohio school districts have the opportunity to receive federal Medicaid dollars through a program called the Ohio Medicaid School Program (MSP). Through this program, school districts can receive Medicaid dollars for services identified in the IEP, such as Speech, Audiology, Physical Therapy, Occupational Therapy, Nursing, Psychology, Counseling, and Social Work services. In the process of billing Medicaid for these services, billing information must be shared with the Ohio Department of Medicaid. For Medicaid billing purposes, schools must obtain a one-time signed Parental Consent to Share Health Information for the Ohio School Medicaid Program. After this one-time written consent, you will receive an annual notice of this consent.

Schools request this consent for all students who receive special education services, even students who may not be currently eligible for Medicaid. Some health information shared is specific to your student, while other information is related to all students within the entire school district. Schools can use this health information to help reduce special education costs that the district must deliver pursuant to the Individuals with Disabilities Education Act (IDEA). This student specific health information is protected and will be accessed only by people authorized to do so by the school's Medicaid contract.

Your consent is voluntary. You have the right to withdraw your consent at any time (34 CFR Part 99 and Part 300.) You are not required to enroll in Medicaid. If your school does bill Medicaid, you will not be required to incur any out-of-pocket expenses such as a deductible or co-pay, decreased lifetime coverage, increased premiums or the discontinuation of benefits, or result in you paying for services. If a bill or Explanation of Benefits (EOB) is received, you are not required to cover any cost for school-based services.

Regardless of whether you grant consent, refuse consent, or revoke your consent, your child will still be provided with an evaluation and/or the services as identified by the IEP team at no cost to you.

____ I understand and agree to give permission to share my child's *specific* health information in order for the school to access Medicaid. *

____ I do not give permission to share my child's *specific* health information in order for the school to access Medicaid.

Parent (printed) Name _____

Parent Signature _____ Date___/_____/_____

* Signing this consent allows Healthcare Billing Services to submit all claims not older than 365 days from date signed.

Please contact **Healthcare Billing Services, Inc.** at **(740) 639-4218** with questions or if you feel you have incurred a personal cost for these services.

Alta Behavioral Healthcare

"Helping Kids - Healing Families"
711 Belmont Avenue, Youngstown, Ohio 44502 * phone 330.793.2487 * fax 330.743.5748

SCHOOL-BASED CONSULTATION SERVICES PARENT/GUARDIAN PERMISSION FORM

1. **What is Alta Behavioral Healthcare's school-based behavioral consultation service?**
   a. Clinical and Behavioral Consultants provide services for students who are experiencing school problems, friend problems, personal problems, or other issues that can interfere with their learning. The overall goal of the service is to improve the students' methods of dealing with their problems and/or learning alternative coping skills, so that they can achieve academic success.
   b. Students may be observed, consulted with the teacher, seen individually for skill building (i.e., coping skills, social skills), or seen in a group format. This will typically be limited to **2-3 visits**. If more visits are necessary, we may recommend formal counseling services.
   c. Formal counseling can be obtained by specifically requesting and consenting to a separate diagnostic assessment. Formal services may be recommended for students who have ongoing needs and may need other services offered by Alta Behavioral Healthcare such as case management, psychiatric, peer support and family counseling.
2. **When and where will Alta Behavioral Healthcare's school-based services take place?**
   a. Services will be provided at the school, during the day.
3. **Who will receive Alta Behavioral Healthcare's school-based services?**
   a. Only students who are identified by school staff (teacher, principal, guidance counselor, intervention team meeting) the Alta staff, or you, the parent/guardian, will receive services once permission is given on the form below.
4. **Will giving my permission result in any charges or costs to me?**
   a. No, the school based behavioral consultation services are primarily paid for through the Schools and no out of pocket expenses to you will occur. Yes, if your child is recommended to begin formal counseling and you proceed to engage in the diagnostic assessment process as noted in 1c. The Alta consultant will discuss this with you.
5. **How will I know if these services are needed or will begin?**
   a. Your child's teacher, school counselor, or the Alta staff person will contact you before beginning. You can also make a request.
6. **Will my child's privacy and confidentiality be maintained?**
   a. Yes, except if your child raises concern about his or her safety to self or others.

If you are interested in having school-based behavioral consultation services provided to your child by Alta Behavioral Healthcare staff, please sign this permission form in Section 1 below.

If you do not give permission for school-based behavioral consultation services to be provided to your child by Alta Behavioral Healthcare, please sign the "Refusal" in Section 2 below.

Section 1.

_____ **Yes, I grant my permission** for my child to participate in Alta Behavioral Healthcare's school based behavioral consultation service if such services are determined to be needed for my child. I understand that these services may include observation, consultation with teacher, individual, and/or group services.

Student's Name	Date of Birth	Name of School
Signature of Parent/Legal Guardian	Date	Phone #
Student's Signature	Date	Printed Name of Guardian

Section 2. (Refusal)

_____ No, I do not give permission for my child to have school based behavioral consultation services provided by Alta Behavioral Healthcare staff.

Child's Name	Date of Birth	Name of School
Signature of Parent/Legal Guardian	Date	

R-8-23-23

Important Enrollment Required Documentation

When enrolling your student, please ensure you provide the following documents and or copies of required documents to Ms. Reed. You can email them to her at Jocelyn.reed@uticashaleschool.com or bring in the physical copies/original documents when enrolling your student. These documents are REQUIRED and must be turned in prior to and or during enrollment.

- **Birth Certificate**
- **Social Security Card**
- **Proof of residency (a bill or lease agreement of the student and or parent/guardian with the name and address present.**

If you have any questions please email/call Ms. Reed at:

Jocelyn.reed@uticashaleschool.com

(330) 942-4812

CAA
COMMUNITY ACTION AGENCY
of Columbiana County
HELPING PEOPLE, CHANGING LIVES.

CARTS
Community Action Rural Transit System

7880 Lincole Place, Lisbon, OH 44432
Phone 330.424.7221 Fax 330.424.3731
www.caaofcc.org

Date: December 27, 2023
Re: CARTS Code of Conduct and Disciplinary Policy
From: Shari Chick, CARTS Transportation Director
To: CARTS Rider and/or Legal Guardian

To whom it may concern:

Greetings. I am reaching out to you to send a reminder of the expected behavior on our CARTS vehicles. There have been issues on our vehicles specifically by some of the students that are transported to the Utica Shale Academy and Summitville Tile. We are going to be enforcing our policies and code of conduct **effective immediately** for all riders and wanted to make you aware of what to expect.

Please refer to our Code of Conduct while riding our CARTS vehicles:

- Seatbelts MUST be worn at all times.
- Riders must remain upright in their seats, with their feet on the floor.
- No use of tobacco products or electric cigarettes is allowed.
- No playing music unless headphones/earbuds are being used.
- No yelling, singing, or other distractions.
- No eating or drinking is allowed on vehicle.
- No objects defined as, or intended to be used as, an illegal weapon are allowed.
- Drugs are strictly prohibited on the vehicle, including marijuana.
- No damaging, vandalizing or destroying the vehicles.
- Windows must remain up at all times.
- The use of obscene, profane or indecent language is prohibited.
- No inappropriate behavior.
- No racial or homophobic slurs.

Refusing to follow the above code of conduct or other reasonable directions or requests given by the driver, especially those that relate to the safety and security of passengers, will result in riding privileges being suspended or terminated. The suspension policy for conduct may be adjusted based on the severity or the amount of complaints received in a week.

- The first offense is 3 days off the bus.
- The second offense is 10 days off the bus.
- The third offense is 30 days off the bus.
- The fourth offense is off the bus for the remainder of the school year.

The driver shall make 1 request for the prohibited behavior to stop. If it does not, the driver **WILL** stop the vehicle in a safe area and contact the office for further assistance. The supervisor may call the police and have the student removed. Should we discover that the student is responsible for vandalizing our bus we will be contacting the police and sending a bill for repair to the student and/or legal guardian. In addition, the drivers may: ride with the interior lights on, assign seats, have interior cameras, stop to randomly check that seatbelts are being used, or other necessary methods to ensure that the code of conduct is being followed by all riders. Phone calls will no longer be made to inform you that the bus is waiting at your home. You need to be outside and waiting for the bus 15 minutes prior to the pickup time you receive the night before. If you are not out there waiting, you will be marked a no-show. Drivers will wait a maximum of 5 minutes, and move on.

Riders and their legal guardians will need to sign the attached code of conduct and return it to the CARTS driver. If we do not receive the signed code of conduct we will cease transportation until the code of conduct is signed. Should you have any questions please contact me.

Sincerely,
Shari Chick, Transportation Director
Phone: (330) 424-4015, Email: Shari.Chick@caaofcc.org

CARTS CODE OF CONDUCT

- Seatbelts MUST be worn at all times.
- Riders must remain upright in their seats, with their feet on the floor.
- No use of tobacco products or electric cigarettes is allowed.
- No playing music unless headphones/earbuds are being used.
- No yelling, singing, or other distractions.
- No eating or drinking is allowed on vehicle.
- No objects defined as, or intended to be used as, an illegal weapon are allowed.
- Drugs are strictly prohibited on the vehicle, including marijuana.
- No damaging, vandalizing or destroying the vehicles.
- Windows must remain up at all times.
- The use of obscene, profane or indecent language is prohibited.
- No inappropriate behavior.
- No racial or homophobic slurs.

I agree to follow the above code of conduct or other reasonable directions or requests given by my driver. I understand not doing so will result in riding privileges being suspended or terminated. I understand that not following the Code of Conduct may result in the police being called. I understand that if I vandalize the vehicle I am responsible for paying for the repairs.

_____	_____	_____
Print Name, Student	Signature, Student	Date
_____	_____	_____
Print Name, Guardian	Signature, Guardian	Date

Utica Shale Academy
2025-2026 Calendar

August 2025

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 2025 — 21

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 2025 — 17

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 2025 — 16

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 2025 — 10

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			

Testing Calendar

September 2-5 STAR Testing
November 10 - November 21 EOC Testing
Dec 8-19 CTE Testing
January 26-27 NCCER/NC3 Testing
March 16- March 27 EOC Testing
April 17-May 1 STAR Testing / WebXams

May 26 Graduation
May 29 Last Day of Class

All Snow days will be made up at the next friday

January 5th- PBIS Pizza Party
Feb 9 - 13 Senior Graduation Checkins

EACH Student is expected to achieve 1.5 Credits per Unit
October 31 End of 1st Unit
January 16 End of 2nd Unit
March 20 End of 3rd Unit
May 28 End of 4th Unit

	Regular School Days
	State Testing Days
	Teir 3 Days
	No School
	Graduation

January 2026 — 15

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 2026 — 11

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

March 2026 — 20

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 2026 — 17

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 2026 — 15

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						