



# WILLIAMS RANCH SCHOOL

14804 Pleasant Valley Road  
Penn Valley, CA 95956  
(530) 432-7300 • 639-2118

## WELCOME TO WILLIAMS RANCH SCHOOL

Enclosed are the forms that need to be completed and returned in order for your child to start school. The following items are also required for your student's entry. Please include this information when you return the enclosed enrollment paperwork.

1. Birth Certificate
2. Proof of Residency in our district (form to complete is included in packet)
3. Immunization Record ( a copy of the required immunizations is included in packet)
4. Court orders or other Legal Documents
5. Copy of Driver's License

The School office will re-open on August 1<sup>st</sup>. You can return your enrollment information to the office after that date, or return it to the District Office over the summer break.

Please complete the enrollment form, with the emergency numbers and medical information. The parent signature on the bottom is required.

We look forward to meeting your child and having a great school year!

- Ready Springs School
- Williams Ranch School
- Vantage Point Charter
- Kiddie Corral Preschool

**PENN VALLEY UNION ELEMENTARY SCHOOL DISTRICT**

**ENROLLMENT FORM**

Enrollment Page 1

School Year: 2018-2019

Grade

**FOR SCHOOL USE**

Student's Legal Name - Last	First	Middle
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Nickname or Goes By Different Name: <i>(Please List)</i>	Student's Birth Place <i>(City, State)</i>	Date of Birth <i>(month, day, year)</i>	Sex <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Non-Binary
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Entrance Date <i>(Mo/Day/Yr)</i>	Student's Residence Address	Apt. #	City	Zip	Home Telephone
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Student ID #	Teacher	Student's Mailing Address	Apt. #	City	Zip	Fax Number
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CSIS #	e-mail address <i>(Primary Contact, Not for Emergency Use)</i>	Has Your Child Ever Been Retained? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Retained, What Grade Level?
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InterDistrict Transfer Y N	Father's Name <i>Lives with</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Address if different from above)</i>	Employer Name/Address	Home #/Work #/Cellphone #/Pager # Home: Work: Cell: Pager:	Education Level <input type="checkbox"/> (14) Not high school grad <input type="checkbox"/> (13) High school grad <input type="checkbox"/> (12) Some College <input type="checkbox"/> (11) College grad <input type="checkbox"/> (10) Graduate School/post-graduate training
IntraDistrict Transfer Y N				
Parent Rights <input type="checkbox"/> Yes <input type="checkbox"/> No				

Special Ed Form <input type="checkbox"/> Yes <input type="checkbox"/> No	Mother's Name <i>Lives with</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Address if different from above)</i>	Employer Name/Address	Home #/Work #/Cellphone #/Pager # Home: Work: Cell: Pager:	Education Level <input type="checkbox"/> (14) Not high school grad <input type="checkbox"/> (13) High school grad <input type="checkbox"/> (12) Some College <input type="checkbox"/> (11) College grad <input type="checkbox"/> (10) Graduate School/post-graduate training
Address Verification <input type="checkbox"/> Yes <input type="checkbox"/> No	Initials			
Parent/Guardian ID				

Birth Verification <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Baptismal Record <input type="checkbox"/> Passport <input type="checkbox"/> Transfer	Legal Guardian <i>Lives with</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>or Step Parent (Address if different)</i>	Employer Name/Address	Home #/Work #/Cellphone #/Pager # Home: Work: Cell: Pager:	Education Level <input type="checkbox"/> (14) Not high school grad <input type="checkbox"/> (13) High school grad <input type="checkbox"/> (12) Some College <input type="checkbox"/> (11) College grad <input type="checkbox"/> (10) Graduate School/post-graduate training
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Ethnicity/Race - Blank <input type="checkbox"/> ET <input type="checkbox"/> RC	Transportation To/From School: Bus <input type="checkbox"/> Yes <input type="checkbox"/> No Route: _____ AM _____ PM Walks <input type="checkbox"/> Bikes <input type="checkbox"/> Parent Transports <input type="checkbox"/> Other:	Legal Restrictions  Court Order: <input type="checkbox"/> Yes <input type="checkbox"/> No  Note: If Yes, please provide a copy to the school office.	Has Student Been Expelled From Another School District? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Date: _____	Student's Special Programs <input type="checkbox"/> Resource Specialist Program (IEP) <input type="checkbox"/> DIS (Speech, Hearing, Psych, etc.)(IEP) <input type="checkbox"/> Special Day Class (IEP) <input type="checkbox"/> 504 Plan <input type="checkbox"/> Bilingual (FEP/LEP/NEP) <input type="checkbox"/> G.A.T.E. <input type="checkbox"/> Title I/Miller-Unruh <input type="checkbox"/> Counseling <input type="checkbox"/> Other _____
Immunizations <input type="checkbox"/> Yes <input type="checkbox"/> No				
Oral Examination <input type="checkbox"/> Yes <input type="checkbox"/> No (K entry)				
Health Examination <input type="checkbox"/> Yes <input type="checkbox"/> No (1 <sup>st</sup> Grade entry)				

Permission to Take Medication At School Form on File: <input type="checkbox"/> Yes <input type="checkbox"/> No	Other Children in the Family				
Lunch Program <input type="checkbox"/> Free <input type="checkbox"/> Reduced	Names <i>(First, Last)</i>	Age	Relationship to Student	School Attending	Lives With Student <input type="checkbox"/> Yes <input type="checkbox"/> No
Cum Folder Requested <i>(Date)</i>					<input type="checkbox"/> Yes <input type="checkbox"/> No
Cum Folder Received <i>(Date)</i>					<input type="checkbox"/> Yes <input type="checkbox"/> No

Last School Attended <i>Name</i>	Grade	Month	Date	Year
<i>Street</i>	Phone #	Date of Arrival in the <i>United States</i> :		
<i>City, State, Zip</i>		Date of First School in <i>United States</i> :		
		Date of First School in <i>California</i> :		

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

Office Use: Copy of this page provided to School Nurse: \_\_\_\_\_

**Enrollment Page 2**

**Emergency Numbers** (use local number of people who can pick up your child and be responsible for them)

1.	_____	_____	_____	_____	_____
	<i>Name</i>	<i>Relationship</i>	<i>Home Phone #</i>	<i>Work Phone #</i>	<i>Cell Phone #</i>
2.	_____	_____	_____	_____	_____
	<i>Name</i>	<i>Relationship</i>	<i>Home Phone #</i>	<i>Work Phone #</i>	<i>Cell Phone #</i>
3.	_____	_____	_____	_____	_____
	<i>Name</i>	<i>Relationship</i>	<i>Home Phone #</i>	<i>Work Phone #</i>	<i>Cell Phone #</i>

**Please List Medical Conditions the School Should Be Aware Of And Make Necessary Explanations.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please List Any Medications Taken On A Regular Basis And An Explanation.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do These Medications Need To Be Taken At School?     Yes     No  
(If YES - requires a medication at school form – see the school office)

Administration of Medication at School Form on File?     Yes     No

**Health Information** (Please check if your child has had, or now has, any of the following medical conditions.)

- |  |   |  |   |   |
|--|---|--|---|---|
| <input type="checkbox"/> Chicken Pox       | <input type="checkbox"/> Poliomyelitis            | <input type="checkbox"/> Meningitis              | <input type="checkbox"/> Eczema/Skin Trouble        | <input type="checkbox"/> Physical Limitation  |
| <input type="checkbox"/> Diphtheria        | <input type="checkbox"/> Reyes Syndrome           | <input type="checkbox"/> Epilepsy                | <input type="checkbox"/> History of Ear Problem     | <input type="checkbox"/> Wears Contact Lenses |
| <input type="checkbox"/> Hepatitis B       | <input type="checkbox"/> Rheumatic Fever          | <input type="checkbox"/> Diabetes                | <input type="checkbox"/> Heart Problem              | <input type="checkbox"/> Wears Glasses        |
| <input type="checkbox"/> Measles (3-day)   | <input type="checkbox"/> Scarlet Fever            | <input type="checkbox"/> Diagnosed ADD or ADHD   | <input type="checkbox"/> Head Injury                | <input type="checkbox"/> Eye Injury           |
| <input type="checkbox"/> Measles (10-day)  | <input type="checkbox"/> Strep Throat             | <input type="checkbox"/> Asthma                  | <input type="checkbox"/> History of Fractures       | <input type="checkbox"/> Hypoglycemia         |
| <input type="checkbox"/> Mumps             | <input type="checkbox"/> Tonsils/Adenoids Removal | <input type="checkbox"/> Bladder Problems        | <input type="checkbox"/> History of Hospitalization | <input type="checkbox"/> Frequent Nose Bleeds |
| <input type="checkbox"/> Physical Handicap | <input type="checkbox"/> Tuberculosis Contact     | <input type="checkbox"/> Bleeding Disorder       | <input type="checkbox"/> History of Surgery         | <input type="checkbox"/> Scoliosis            |
| <input type="checkbox"/> Pneumonia         | <input type="checkbox"/> Whooping Cough           | <input type="checkbox"/> Color Vision Deficiency | <input type="checkbox"/> Known Hearing Loss         | <input type="checkbox"/> Other: _____         |

**Emergency Treatment Release**

In case of accident or other emergency, **if a parent or guardian cannot be reached**, I hereby authorize a representative of the school to make such arrangements, as he/she considers necessary for my child to receive medical or hospital care, including necessary transportation. Under such circumstances, I further authorize the physician named below to undertake such care and treatment of my child as he/she considers necessary. In the event said doctor is not available, I authorize such care and treatment to be performed by any licensed physician or surgeon.

I understand the Penn Valley Union Elementary School District does not provide medical or accident insurance for students for school-related injuries or treatment. The undersigned hereby agrees to bear all costs incurred as a result of the foregoing.

Any amendments or deletions on this authorization should be initialed by the parent/guardian. This authorization will remain in effect until revoked by the undersigned.

Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Policy Number \_\_\_\_\_

Insurance ID \_\_\_\_\_

Insurance Company \_\_\_\_\_

**I hereby certify that all information entered on both sides of this enrollment form is true and correct. I also understand and agree to the above Emergency Treatment Release.**

\_\_\_\_\_  
*Signature of Parent/Legal Guardian*

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

**HOME LANGUAGE SURVEY**

The California Education Code contains legal requirements which direct schools to assess the English language proficiency of students. The process begins with determining the language(s) spoken in the home of each student. The responses to the home language survey will assist in determining if a student's proficiency in English should be tested. The information is essential in order for the school to provide adequate instructional programs and services. *Please indicate only one language (most frequently used) per line:*

1. Which language/dialect did your child learn when he/she first began to talk? \_\_\_\_\_ 2. What language do you most frequently speak to your child? \_\_\_\_\_
3. Which language does your child most frequently use at home? \_\_\_\_\_ 4. Name the language most often spoken by the adults at home? \_\_\_\_\_
5. Has your child ever been given the California English Language Development Test?  Yes  No  I do not know

**ETHNICITY****WHAT IS YOUR CHILD'S ETHNICITY?**

- Hispanic/Latino (*A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race*)
- Not Hispanic or Latino

**MILITARY DUTY**

Does your child have a parent on full-time active duty in the uniformed services of the U.S.?

- Yes (if Yes Branch \_\_\_\_\_ Rank \_\_\_\_\_)
- No

**RACE SURVEY**

**WHAT IS YOUR CHILD'S RACE?** The above part of the question is about ethnicity, not race. No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider your race to be. (*Please check up to five racial categories.*)

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> American Indian or Alaskan Native (100)<br><i>(Person having origins in any of the original people of North and South America (including Central America))</i> | <input type="checkbox"/> Chinese (201)                | <input type="checkbox"/> Hawaiian (301)  | <input type="checkbox"/> African American or Black (600) |
| <input type="checkbox"/> Japanese (202)   | <input type="checkbox"/> Guamanian (302)              | <input type="checkbox"/> White (700)<br><i>(Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East)</i> |  |
| <input type="checkbox"/> Korean (203)   | <input type="checkbox"/> Samoan (303)                 |  |  |
| <input type="checkbox"/> Vietnamese (204)   | <input type="checkbox"/> Tahitian (304)               |  |  |
| <input type="checkbox"/> Asian Indian (205)   | <input type="checkbox"/> Other Pacific Islander (399) |  |  |
| <input type="checkbox"/> Laotian (206)  |   |  |  |
| <input type="checkbox"/> Cambodian (207)  |   |  |  |
| <input type="checkbox"/> Hmong (208)  |   |  |  |
| <input type="checkbox"/> Other Asian (299)  |   |  |  |

Signature:

Date:

**PENN VALLEY UNION  
ELEMENTARY SCHOOL DISTRICT**

**Residency Verification**

_____
_____ <i>Student Name</i>
_____
_____ <i>Address</i>
_____

A current original statement of one of the following forms of residence verification must be provided (no other documents will be accepted):

- City Utility Bill (service address verified)       PG&E Bill (service address verified)       New Home Sales Agreement or Rental Agreement (with move in date) (must be followed up with a utility bill)
- Not a district resident (inter-district must be on file & include residence verification)

Please check one (1) box below **IF** this describes where this student is currently living. This information will be used to determine whether your child qualifies for any additional assistance under the Federal No child Left Behind Act.

- Temporarily Doubled Up – A temporary residence where a homeless family is sharing the housing of other persons due to the loss of housing, economic hardship, or other similar reasons.
- Hotels/motels – A temporary residence for homeless individuals usually requiring payment or vouchers for lodging and services on a daily, weekly, or monthly basis.
- Temporary Shelters – A temporary residence provided for homeless individuals who would otherwise sleep on the street or a temporary residence provided to individuals in emergency situations. This is also applicable to children who are in temporary residences awaiting permanent placement in foster care.
- Temporarily Unsheltered – A type of residence for homeless individuals that is not meant for human habitation, such as cars, parks, sidewalks, abandoned buildings, campgrounds, trailer parks, bus and train stations, or persons abandoned in the hospital (on the street). A rule of thumb would be to see the dwelling as comparable to an automobile in that it shelters but is not adequate housing.

**FOSTER CARE**

- Foster Family Home or Kinship Placement – family residence that is licensed by the state, or other public agency having delegated authority by contract with the state to license, to provide 24-hour non-medical care and supervision for not more than six foster children, including, but not limited to, individuals with exceptional needs. This also includes “Small Family Homes” as described in Health and Safety Code Section 1502(c)(6)(Educational Code Section 56155.5[b]), or an “Approved Home” of a relative. An “Approved Home” means the home of a relative or nonrelative extended family member that is exempt from licensure and is approved as meeting the same standards as those set forth in CCR Title22, Div.6, Article 3. This is not the same as a Licensed Children’s Home.

_____	_____
<i>Parent/Guardian Signature</i>	<i>Date</i>



## PENN VALLEY UNION ELEMENTARY SCHOOL DISTRICT

### SHARED RESIDENCE AFFIDAVIT

*In order to comply with residency requirements established under the California Education code, it is necessary to provide proof of legal residence. A parent/guardian and student who cannot provide the normal proof of residency, and who are both residing with another individual or family in property that is in the name of the other party, shall be required to file this Affidavit of Residency.*

<b>STUDENT NAME (print clearly)</b>			
<b>(Last)</b>	<b>(First)</b>	<b>(Middle)</b>	
Date of Birth	Grade	Parent/Guardian Phone: <i>(Day)</i>	
<b>PARENT/GUARDIAN NAME: (print clearly)</b>			Parent/Guardian Phone: <i>(Night)</i>
<b>(Last)</b>	<b>(First)</b>		
<b>PARENT/GUARDIAN STREET ADDRESS: (print clearly)</b>		Apt#	Parent/Guardian Phone: <i>(Other)</i>
<b>CITY</b>	<b>ZIP</b>	<b>NAME of Owner/Lessor/Renter</b>	<b>Owner/Lessor/Renter Phone:</b>

#### TO BE COMPLETED BY PARENT/GUARDIAN:

I am the PARENT/LEGAL GUARDIAN of this student and am now sharing the residence listed at the above address. I understand that home visitations may be made and that providing false information regarding the full-time residence of the student is cause for immediate disenrollment of the student from the school of attendance.

This living arrangement is:

\_\_\_\_\_ Temporary: planned length of stay in this shared residence: \_\_\_\_\_

\_\_\_\_\_ Permanent

I declare under penalty of perjury under the laws of California that the foregoing information is true and correct.

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

DRIVER's LICENSE or I.D. CARD # of PARENT/GUARDIAN: \_\_\_\_\_  
 (Attach a photocopy of I.D.)

#### TO BE COMPLETED BY OWNER/LESSOR/RENTER OF RESIDENCE:

I am the OWNER/LESSOR/RENTER of the listed residence and verify that both this student and the student's parent/guardian are living full time with me at the above address. I certify that I have the legal right as owner/lessor/renter of the property, which is listed in my name, to provide such residency.

I declare under penalty of perjury under the laws of California that the foregoing information is true and correct.

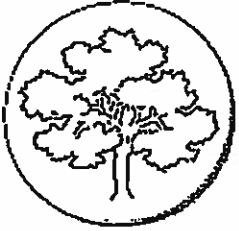
Signature of Owner/Lessor/Renter of Residence: \_\_\_\_\_ Date: \_\_\_\_\_

DRIVER's LICENSE or I.D. CARD # of OWNER/LESSOR/RENTER OF RESIDENCE: \_\_\_\_\_  
 (Attach a photocopy of I.D.)

#### STAFF USE ONLY

RSS       VPS       WRS

RECEIVED BY SCHOOL OFFICIAL: \_\_\_\_\_ DATE: \_\_\_\_\_



**PENN VALLEY UNION ELEMENTARY SCHOOL DISTRICT**

14806 Pleasant Valley Rd., Penn Valley, CA 95946-9722

Phone (530) 432-7311 Fax (530) 432-7314

Torie F. England, Ed.D. - Superintendent

**SPECIAL SERVICES SURVEY**

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

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Previous School District: \_\_\_\_\_

1. Has your child ever been retained? If so what grade? \_\_\_\_\_  Yes  No

2. Has your child ever received Resource Specialist Program Services (RSP) or any other academic Special Education Services?  Yes  No

3. Has your child ever received Speech Services?  Yes  No

4. Has your child ever received Title 1 Services?  Yes  No

5. Has your child ever received Bilingual Services?  Yes  No  
Which Language? \_\_\_\_\_  Yes  No

6. Has your child ever been in a Self-Contained Special Education Class or Learning Center?  Yes  No

7. Has your child been "GATE identified"?  Yes  No

8. Do you have a copy of your child's IEP?  Yes  No

9. Do you have other children who have received special services?  Yes  No  
If yes, please explain what services.

<u>Child's Name</u>	<u>Grade</u>	<u>School</u>

10. Is there any special information you would like your child's teacher to know regarding your child's academic background or special needs?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
Date

## FROM THE SCHOOL NURSE

### Before school opens

Plan to visit your child's doctor for immunizations and a physical exam.

State requirements are:

- 4 Polio
- 5 DTP or DTap
- 2 MMR
- 1 Varicella
- 3 Hepatitis B

Note: Students will not be admitted unless immunizations are up-to-date.

### Physical Exam

- Is required before entering first grade.
- Is recommended before entering Kindergarten to screen out any health problems.
- Have your doctor fill out the Health Examination form and return it to your school.

**Call your family doctor for a check-up today!**

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### For Health

1. Keep your child home and call the doctor (as needed) for:
  - sore throat
  - ear ache
  - nausea/vomiting
  - oozing sores
  - any contagious disease (strep throat, chicken pox, flu, mononucleosis, impetigo, etc.)
  - red, inflamed eyes
  - fluid in ears
  - stomach ache
  - severe poison oak
  - coughing
  - fever/chills
  - skin rash
  - lice, scabies
2. Contagious diseases, lice and scabies must be reported to the school immediately to prevent re-infection.
3. At school, if your child becomes ill or is injured, we will give first aid and contact you if needed. Please be sure the school has a number where you or a friend can be reached at all times in case of any emergency.



**PENN VALLEY UNION ELEMENTARY SCHOOL DISTRICT**  
**School Calendar - 2018/2019**

JULY				
M	T	W	TH	F
2	3	H	5	6
9	10	11	12	13
16	17	18	19	20
23	24	25	26	27
30	31			

AUGUST				
M	T	W	TH	F
		1	2	3
6	7	8	9	PD
PD	PD	FD*	BtS	17
20	21	22*	23	24
27	28	29*	BtS	31

SEPTEMBER				
M	T	W	TH	F
H	4	5*	6	7
BtS	11	12*	13	14
PD	18	19*	20	21
24	25	26*	27	28

OCTOBER				
M	T	W	TH	F
1	2	3*	4	5
8	9	10*	11	12
15	16*	17*	18*	19*
B	B	B	B	B
29	30	31*		

Student Days 13      Staff Days 16

Student Days 18      Staff Days 19

Student Days 18      Staff Days 18

NOVEMBER				
M	T	W	TH	F
			1	2
5	6	7*	8	ET
H	13	14*	15	16
19	20	B	B	B
26	27	28*	29	30

DECEMBER				
M	T	W	TH	F
3	4	5*	6	7
10	11	12*	13	14
17	18	19*	20	21*
B	B	B	B	B
B				

JANUARY				
M	T	W	TH	F
	B	B	B	B
7	8	9*	10	11
14	15	16*	17	18
H	22	23*	24	25
PD	29	30*	31	

FEBRUARY				
M	T	W	TH	F
				1
4	5	6*	5	8
11	12	13*	14	H
H	19	20*	21	ET
25	26	27*	28	

Student Days 18      Staff Days 18

Student Days 15      Staff Days 15

Student Days 17      Staff Days 18

Student Days 18      Staff Days 18

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

APRIL				
M	T	W	TH	F
1	2	3*	4	5
8	9	10*	11	12
B	B	B	B	B
PD	23	24*	25	26
29	30			

MAY				
M	T	W	TH	F
		1*	2	3
6	7	8*	9	10
13	14	15*	16	17
20	21	22*	23	24
H	28	29*	30	31

JUNE				
M	T	W	TH	F
3	4	5*	6*	LD*
SD	SD	12	13	14
17	18	19	20	21
24	25	26	27	28

Student Days 20      Staff Days 21

Student Days 16      Staff Days 17

Student Days 22      Staff Days 22

Student Days 5      Staff Days 5

School Breaks & Holidays	
September 3, 2018	Labor Day
October 22-26, 2018	Fall Break
November 12, 2018	Veterans Day
November 21-23, 2018	Thanksgiving Break
Dec 24, 2018 - Jan 4, 2019	Winter Break
January 21, 2019	M.L. King Day
February 15, 2019	Lincoln's Day
February 18, 2019	Washington's Day
April 15-19, 2019	Spring Break
May 27, 2019	Memorial Day

Other Dates	
August 15, 2018	First Day of School (Minimum Day)
August 16, 2018	RS Back to School Night
August 30, 2018	WRS Back to School Night
September 10, 2018	VP Back to School Night
October 16-19, 2018	Parent Conferences
March 12-13, 2019	Parent Conferences
April - May 2019	Tentative State Testing
June 5, 2019	RS Promotion
June 7, 2019	VP Promotion
June 7, 2019	Last Day of School
June 10-11, 2019	Snow Day Makeup **

Key To Symbols	
<b>B</b>	School Break
<b>H</b>	Holiday
*	Minimum Day
<b>PD</b>	Professional Development (No School)
<b>BtS</b>	Back to School Night
<b>SD</b>	Snow Day Makeup
<b>FD</b>	First Day of School
<b>LD</b>	Last Day of School/End of Trimester
<b>ET</b>	End of Trimester

Instructional Days      180  
Teacher Contract Days      187

*\*\*Snow Day Makeup is only used if school is closed due to snow or other school closure requirements.*



# **Williams Ranch School**



**has**

**On Campus Child Care  
Before and after school  
7am to 6pm**

**If you are interested, enrollment forms  
are available in the school office.**