

REGISTRATION PAPERWORK CHECKLIST

To complete the registration process, please complete the enclosed paperwork.

- **Admission Form**: one per student - both sides need to be completed. Indicate the grade your child will be entering in the top right corner of the form. Your registration fee should accompany this form.
- **Parish Verification**: one per family - if you belong to a Catholic parish, please have your pastor complete this form. This form verifies whether you are a participating member of your parish. ***Please note without this form you will receive the non-participating tuition rate.**
- **Chrome Device Family Contract**: one per family – first & last name of all student enrolled must be on the form.
- **Loan of Textbooks**: one per student - parent/guardian signature and date required.
- **Request for Student Records**: one per student -add your child's name, grade entering and date of birth. This allows Holy Guardian Angels Regional School to request your child's records from their former school.
- **Request for Transportation – Act 372**: one per student - please complete to request bus transportation.
- **Home Language Survey**: one per student - please complete (Spanish on reverse side).
- **Health Services Packet** (required for our school Nurse) – complete all information.
 - **Emergency Information** – one per family
 - **Student Health Form** – one per student
 - **Student Asthma Record** – one per student
 - **Dental Report** – one per student
- **FACTS TUITION MANAGEMENT PROGRAM**
- **Baptismal Certificate and Birth Certificate and Record of Immunization – REQUIRED**



Admission Form

STUDENT INFORMATIONName _____
Last First Middle

Sex: M F

Home Address _____
Street & Number City Zip Code

Telephone (____) _____ Religion _____ Date of Birth _____

Place of Birth _____ City State/Country Transportation: _____ Car _____ School Bus
(not applicable for Preschool)

Please check the one that applies to the child:

Ethnic Background☐ Hispanic
☐ White
☐ Black
☐ Asian
☐ Native American
☐ Multi-CulturalLiving with☐ Both Parents
☐ Father
☐ Mother
☐ Legal Guardian
☐ Foster Parent
☐ Shared Custody
☐ Other (Specify): _____Language Spoken at Home☐ English
☐ Other (Specify): _____Student's First Language(s)☐ English
☐ Other (Specify): _____Parental InformationFather: ☐ Single
☐ Married
☐ Divorced
☐ Remarried
☐ DeceasedMother: ☐ Single
☐ Married
☐ Divorced
☐ Remarried
☐ Deceased

Citizenship _____ U.S. Citizen _____ Non-U.S. Citizen (Specify): _____

FAMILY RECORDFather's Name _____
Last First MiddleAddress _____
Street & Number City State Zip

Home Phone (____) _____ Business Phone (____) _____ Cell Phone (____) _____

Occupation _____
Name of Business Type of WorkBusiness Address _____
Street & Number City State Zip

Place of Birth _____ U.S. Citizen _____ Yes _____ No Religion _____

Mother's Name _____
Last First MiddleAddress _____
Street & Number City State Zip

Home Phone (____) _____ Business Phone (____) _____ Cell Phone (____) _____

Occupation _____
Name of Business Type of WorkBusiness Address _____
Street & Number City State Zip

Place of Birth _____ U.S. Citizen _____ Yes _____ No Religion _____

E-mail addresses: _____
Father's Mother's

[If child not living with parent(s)]:

Legal Guardian's Name

Last

First

Middle

Address

Street & Number

City

State

Zip

Home Phone ()

Business Phone ()

Cell Phone ()

Occupation

Name of Business

Type of Work

Business Address

Street & Number

City

State

Zip

Relationship to Child

MISCELLANEOUS INFORMATION

OTHER SIBLINGS:

Name

Age/Grade

School

RECORD OF SACRAMENTS:

BAPTISM

FIRST RECONCILIATION

FIRST EUCHARIST

CONFIRMATION

Date

Church

City

Name of parish, church, or temple family currently attends

City

Registered? (Yes/No)

PREVIOUS SCHOOLING

List all school(s) previously attended, including Preschool through current year.

Grades(s)

Name of School

- Public School District where student currently lives
- HAS CHILD RECEIVED SPECIALIZED EDUCATIONAL TESTING? ____ Yes ____ No. If yes, explain:

- DOES CHILD CURRENTLY HAVE AN IEP? ____ Yes ____ No
- HAS CHILD BEEN A RECIPIENT OF SPECIALIZED SERVICES? ____ Yes ____ No

REASON(s) FOR APPLYING TO HOLY GUARDIAN ANGELS REGIONAL SCHOOL

HOW DID YOU LEARN ABOUT HGA? ____ Our Website ____ Parish Bulletin ____ Pre-School ____ Other

DID ANOTHER FAMILY DIRECT YOU TO HGA? IF YES, WHO?



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Transportation Information

Dear Parent,

According to Pennsylvania Law, nonpublic school children are entitled to transportation to nonpublic schools as follows:

1. A district which provides transportation for resident public school students must also make identical provisions for the transportation of resident nonpublic school students according to the nonpublic school calendar.
2. Transportation for nonpublic school students must be provided to and from the nonpublic school in which the student is enrolled, even if the nonpublic school is located outside the district so long as the distance is not more than 10 miles beyond the district boundaries. (Note this distance may be in excess of 10 miles from student's home.)
3. A district may transport children who live along hazardous routes even though the children live within walking distance of the school.

If you would like busing from your local school district please let us know and we will give you the necessary form to fill out.

Sincerely,

Mrs. Heidi Wilson
School Secretary

Holy Guardian Angels Regional School

Member of the Middle States Association of Colleges and Schools

3125 Kutztown Road • Reading, PA 19605

610-929-4124 • www.hgaschool.org

PARISH VERIFICATION

This form is required for all new school families who do not have children presently attending Holy Guardian Angels Regional School – Preschool through 8th grade.

Please have your pastor sign this form and present it to us at the time of school registration. We will not be able to process your child's registration until this form is signed.

PARISH VERIFICATION

This is to confirm that the family of _____
(Student's Name)

1. _____ Is a REGISTERED AND PARTICIPATING member of
_____ Parish. (Catholic/Participating)
2. _____ Is a REGISTERED/NON-PARTICIPATING member of
_____ Parish. (Catholic/Non-Participating)

Signature of Pastor

Date



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Dear HGA Families,

Holy Guardian Angels Regional School's 1:1 Chrome device program is an essential part of our commitment to integrate technology into our curriculum. As part of this program, each student will be assigned an individual Google account. G Suite for Education is a special setup of the popular Google apps, tailored specifically for schools. Accounts are managed by our school (not by Google). By using G Suite, our students and teachers can use our established domain (hgaschool.org) in a free and safe environment under the control of our school. This allows us as educators to stress the importance of student use of digital tools to create, communicate, and collaborate across all curriculum areas. As a further privacy safeguard, our student accounts have been set up without a last name being entered into the system.

G Suite for Education Benefits:

- Productivity: Students work seamlessly from school and home; no flash drives and work is automatically saved.
- Apps/Tools: Features of G Suite include documents, spreadsheets, presentations, calendars, sites, and much more – **HGA decides which of these features are enabled for our students and can be customized according to our needs.**
- Environmentally Friendly: Less printing, less paper, less ink, more sharing and collaborating paper-free!
- Collaboration: Users within the hgaschool.org domain can share and collaborate in a variety of ways: student/student, student/teacher, student/class, small group/teacher, etc.

In support of this technology and the internet that we provide, HGA charges a \$150 technology fee per student. This fee pays for the lease of the Chrome device, network, and maintenance.

Thank You for the continued support of our school and God Bless You!!!

Sincerely,

Mr. Thomas M. Dowd, Principal

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Chrome Device Family Contract

TECHNOLOGY FEE:

- Non-Refundable Technology Fee: \$150 per year, per K-8 student
- Payment can be made in one lump sum prior to end of July; otherwise, it be rolled into your FACTS account on August 1st.
- \$150 fee per K-8 student includes, but is not limited to:
 - Chrome Tablet (Grades K-2) or Chromebook (Grades 3-8)
 - Device case
 - Device warranty
 - Complete "soup-to-nuts" maintenance
 - Google licensing
 - HGA school Google account with HGA-managed device, apps and features
 - Opportunity to own a device
 - After three years, the school will have completed the original lease agreement and the devices will be owned by the school. The devices will then be available to purchase for personal use by our families for \$1.00 each (However, those devices will no longer be managed by HGA). New devices, under a new three-year lease, will then be provided to our students through a continued Technology Fee and managed for school use.

PROPER USE:

- The device is only for assigned school and educational use.
- The device will be used only by the student enrolled at HGA to whom this device was assigned.
- The device can be taken home but must be in school every day for use by the student.
- Student will abide by the terms of the Holy Guardian Angels Regional School Acceptable Use Policy (as outlined on the reverse side of this document)

POWER CORDS:

- The device will be securely stored and charged in carts when at school.
- If the device/power cord needs to be taken home overnight, it is expected that the student will arrive to school the next day with a power cord and a fully charged device.
- Extra power cords to have at home will be available to order for an extra charge, if desired.

ANNUAL PROCEDURES:

- Each year, one device will be assigned to each student by his/her homeroom teacher for use during that year.
- At the close of each school year in June, the device must be returned to HGA for summer updates and configuration.

DAMAGES AND LOSS:

- The Technology Fee covers "soup-to-nuts" maintenance and repairs.
- If repairs are needed, a loaner device will be issued until the assigned device is returned.
- If the device is lost, the parent will be responsible for reimbursement to the school for the full cost of the device and case (\$300)

Printed Parent Name: _____

Parent Signature: _____ Date: _____

Printed First and Last Name(s) of Enrolled Students: _____

LOAN OF TEXTBOOKS

State Law (Act 195) authorizes the loan of textbooks by the Secretary of Education to children enrolled in non-public schools. Act 90 authorizes the loan of instructional materials. Our school is now in the process of requesting the specific textbooks and materials to be loaned to your children. The law requires, however, that a parent of each child attending the non-public school individually request a loan of textbooks. Please sign, date, and return the form below.

LOAN OF TEXTBOOKS

I hereby request the loan of textbooks and instructional materials in accordance with the Pennsylvania Act 195 and Act 90 for my child(ren).

Holy Guardian Angels Regional School

Print Parents/Guardian

Signature of Parent/Guardian

Date

N.B.: This law is applicable to Pennsylvania residents attending schools in Pennsylvania only.

REQUEST FOR STUDENT RECORDS

I, the parent or guardian of the student listed below, give permission for the following records

from _____ to be released to:
(Name of current school attending)

Holy Guardian Angels Regional School
3125 Kutztown Road
Reading, PA 19605

STUDENT'S NAME _____ has enrolled in

GRADE _____ DATE OF BIRTH _____

PLEASE FORWARD: _____ Latest report card marks

_____ Testing Information

_____ Medical Records

_____ Psychological Evaluations

_____ Special Education Records

_____ Any other information deemed important to the student's
successful transfer to our school.

**ALSO PLEASE FORWARD THE STUDENT'S DISCIPLINE RECORDS
FOR THE PREVIOUS SCHOOL YEAR.**

Thank you,

Mr. Thomas M. Dowd (Principal)

Signature of Parent/Guardian

Date

Diocese of Allentown
HOME LANGUAGE SURVEY*

ENGLISH

The Office of Civil Rights (OCR) requires that school districts/charter schools/full day AVTS identify limited English proficient (LEP) students in order to provide appropriate language instructional programs for them. Pennsylvania has selected the Home Language Survey as the method for identification.

School District: _____

Name of Child: _____ Date: _____

Address: _____ Grade: _____

School: _____ Birthplace: _____

1. What is/was the student's first language? _____

2. Does the student speak a language(s) other than English? ☐ Yes ☐ No

If yes, specify the language(s): _____

3. What language(s) are spoken in your home? _____

4. Has the student attended any United States school in any 3 years during his/her lifetime? ☐ Yes ☐ No

If yes, complete the following:

Name of School	State	Dates Attended
_____	_____	_____
_____	_____	_____
_____	_____	_____

Person completing this form (if other than parent/guardian): _____

Parent/Guardian signature: _____

*The school district/charter school/full day AVTS has the responsibility under the federal law to serve students who are limited English proficient and need English instructional services. Given this responsibility, the school district/charter school/full day AVTS has the right to ask for the information it needs to identify English Language Learners (ELLs). As part of the responsibility to locate and identify ELLs, the school district/charter school/full day AVTS may conduct screenings or ask for related information about students who are already enrolled in the school as well as from students who enroll in the school district/charter school/full day AVTS in the future.

For Office Use Only

Exemption from English Language Proficiency Testing (attach required documentation)

(Must meet two out of the three criteria - please indicate with a check the two appropriate criteria met)

_____ Final grades of B or better in core subject areas (Mathematics, Language Arts, Science, Social Studies)

_____ Scores equivalent to Basic performance on district wide assessment (e.g. 4 Sight)

_____ Scores of Basic in Reading, Writing, and Math on the PSSA

Holy Guardian Angels Regional School

Emergency Information 2021 - 2022

1. FAMILY INFORMATION (ONLY ONE FORM PER FAMILY NEEDS TO BE FILLED OUT)

Family Name _____

Student Name(s) _____ Grade(s) _____

Address _____ City _____ State _____ Zip _____

Home Telephone #() _____ Home E-Mail Address _____

Date of Birth _____ Place of Birth _____

Public School District _____ ☐ Bus Rider ☐ Walker ☐ Car Rider

***Please indicate which parent the school nurse should call first if needed: Name _____ Phone number _____**

2. PARENT/GUARDIAN INFORMATION

Student lives with: ☐ Parents ☐ Mother ☐ Father ☐ Other _____

Father's/Guardian's Name _____ Home Tel. # () _____

Employer _____ Work Tel. # () _____ (ext.) _____

Cell Tel. # () _____ Pager # _____ E-Mail _____

Mother's/Guardian's Name _____ Home Tel. # () _____

Employer _____ Work Tel. # () _____ (ext.) _____

Cell Tel. # () _____ Pager # _____ E-Mail _____

Parents/Guardians listed above have permission to pick up the child unless otherwise indicated. Notify the school principal immediately if there are any court orders restricting non-custodial parents or others from contact with the child. Provide the principal with a copy of the order.

3. CHILD CARE PROVIDER INFORMATION

Those designated below are authorized to pick up my child from school in an emergency:

Child Care Provider's Name _____ Relationship to Child _____

Home Tel. # () _____ Work Tel. # () _____ (ext.) _____

Cell Tel. # () _____ Pager # _____ E-Mail _____

4. LOCAL CONTACT INFORMATION

1. Local Contact's Name _____ Relationship to Child _____

Home Tel. # () _____ Work Tel. # () _____ (ext.) _____

Cell Tel. # () _____ Pager # _____ E-Mail _____

2. Local Contact's Name _____ Relationship to Child _____

Home Tel. # () _____ Work Tel. # () _____ (ext.) _____

Cell Tel. # () _____ Pager # _____ E-Mail _____

5. MEDICAL/PHYSICAL INFORMATION

Doctor's Name _____ Tel. # () _____

Hospital Preference _____ Second Choice _____

Insurance Company _____ Policy No. _____ Group No. _____

Dentist's Name _____ Tel. # () _____

In a medical emergency, we hereby authorize the school to seek emergency medical assistance for our child if we cannot be reached.

Parent/Guardian Signature _____ Parent/Guardian Signature _____ Date _____

Please keep a copy of this form for your records. **IMPORTANT:** Please update your school immediately if any information changes.

One form per student MUST be filled out

STUDENT HEALTH INFORMATION

Student's Name _____ Date of Birth _____

Grade/Teacher _____ / _____ Home Tel.#(____) _____

Does your child have a history of any of the following conditions? If so, please explain type of medical treatment.

YES NO

_____ ADD/ADHD _____

_____ Asthma* _____

_____ Cardiac (heart) problem _____

_____ Diabetes* _____

_____ Head injury/Concussion _____

_____ Emotional/Behavior problem _____

_____ G6PD (list triggers) _____

_____ Food or Drug Allergy* _____

_____ Bee Sting Allergy (requiring epipen)* _____

_____ Seizure Disorder (date of last seizure)* _____

_____ Condition Limiting Physical Education _____

_____ Migraine Headaches* _____

_____ Other Chronic or Recurrent Conditions _____

_____ Glasses/Contacts (Please Circle) (When to be Worn) _____

_____ Hearing problem _____

_____ Medication Allergies _____

Names of Current Medications

Reasons for Taking Medication

***Emergency/Action Plan for care during school required to be completed by Physician and on file in office.**

*****CONTINUED ON OPPOSITE PAGE*****

*Date of your child's **most recent physical examination** ____/____/____

Location of exam _____

*Date of your child's **most recent dental examination** ____/____/____

Location of exam _____

Please provide any other information/instructions you feel would be helpful: _____

By signing I give permission for the following:

In the event that my child should become seriously ill or injured while in school and require prompt emergency care, I give my permission to the attending physician for any necessary emergency medical treatment.

I give my permission to share necessary medical information with appropriate staff who work directly with my child in the interest of their health, safety, and welfare.

I give permission for only the Holy Guardian Angels nursing staff to administer over the counter medication (such as medication for pain, fever, upset stomach, or allergic reaction) and/or emergency medications as needed according to HGA's standing physician orders.

Parent/Guardian Signature

Parent/Guardian Signature

Date

Please Print Name of Parent/Guardian Signature

Please Print Name of Parent/Guardian Signature

Date

Please List Siblings and Grades:

_____	_____
_____	_____
_____	_____

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTHPRIVATE DENTIST REPORT
OF DENTAL EXAMINATION OF A PUPIL OF SCHOOL AGE

NAME OF SCHOOL _____ DATE _____ 20 ____

NAME OF CHILD			AGE	SEX	GRADE	SECTION/ROOM
Last	First	Middle		<input type="checkbox"/> M <input type="checkbox"/> F		

ADDRESS _____

No. and Street	City or Post Office	Borough or Township	County	State	Zip
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REPORT OF EXAMINATION

		TOOTH CHART																
		RIGHT								LEFT								
UPPER		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Upper
LOWER		32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	Lower
	UPPER																	Upper
	LOWER																	Lower

Is The Child Under Treatment

Yes ☐No ☐

Treatment Completed

Yes ☐No ☐

Date of Dental Examination _____

Signature of Dental Examiner _____

Print Name of Dental Examiner _____

Address _____

ADDITIONAL DRESS CODE REQUIREMENTS

- **Non-banded polo/oxford shirts** - worn by both boys and girls must be tucked in, they may not be bloused. Boys must button top button of oxford shirt and their tie should be appropriately worn.
- The only **acceptable sweaters** are the embroidered cardigan, V-neck or vest purchased from the uniform companies.
- All boys and girls (K-8) who wear the **khaki pants must wear a belt**. The belt must be visible when worn with the tucked in white oxford or green monogrammed polo. Pants must be worn at the waist and not at the hips.
- **Shoes** should not detract from the integrity of the uniform and must be either black or brown. Laces must be tied and match the color of the shoe. Ballet slippers are prohibited. Boots, moccasins, flip-flops, slippers, mules or backless shoes, sandals or beach type shoes may not be worn to school at any time.
- **Students should come to school in dress code fashion.**

As we go through the school year, please assess the needs of your child as they outgrow their clothing. If an item becomes too small, it needs to be replaced.

HGA GYM UNIFORM INFORMATION

HGA's gym uniform must be purchased through SNEAKER VILLA - Boscov's East Reading Mall - 4290 Perkiomen Avenue - Reading, PA 19606 - 610-370-2434;

Monogrammed uniform items include:

Grades K-4: charcoal grey t-shirt
black mesh shorts
charcoal grey crew sweatshirt
black sweatpants

Grades 5-8: charcoal grey t-shirt
black mesh shorts
green & black zippered jacket
black track pants

SNEAKERS: ONLY BLACK, WHITE, OR GREY WITH MINIMAL COLOR EMBELLISHMENTS.

HGA Uniform Dress Code 2021-2022

Holy Guardian Angels Regional School views the education and formation of its students as its most important task.

All aspects of school life must support this belief. Therefore, the school requires that the students dress in a specific manner that contributes to the creation of a Catholic Christian learning environment. Students are expected to wear their uniform in a manner that portrays a positive and modest self-image, conveys personal respect through neatness and cleanliness, and demonstrates an attitude of excellence in performance and achievement.

There are only two establishments
that handle our uniform sales:

McGinn School Apparel

12 South 5th Avenue

West Reading, PA

19611

610-939-1503

mcginnsschoolap@aol.com

Flynn & O'Hara Uniform Co.

10905 Dutton Road

Philadelphia, PA 19154

800-441-4122 Toll Free

Ext. 8028

www.flynnohara.com

Girls K-4

Fall/Spring Uniform Requirements
September, October, April, May, June

Option #1

- Green HGA monogrammed polo shirt
- Khaki pants
- Belt
- Navy blue knee-hi's or blue crew socks
- Shoes - see guidelines on back page

Option #2

- White oxford (button-collar - NO rounded collars), long or short sleeve
- Plaid jumper
- Navy blue knee-hi's or navy blue tights

Winter Uniform Requirements

November, December, January, February, March

Option #1

- White oxford (long or short sleeve)
- Green monogrammed sweater - SWEATER IS MANDATORY
- Belt
- Khaki pants
- Navy blue knee-hi's or blue crew socks
- Shoes - see guidelines on back page

Option #2

- White oxford (button-collar - NO rounded collars), long or short sleeve
- Green monogrammed sweater - SWEATER IS MANDATORY
- Plaid jumper (with or without sweater)
- Navy blue knee-hi's or navy blue tights

Boys K-8

Fall/Spring Uniform Requirements
September, October, April, May, June

Option #1

- Green HGA monogrammed polo shirt
- Khaki pants
- Belt
- Black or brown dress socks
- Dark dress shoes (NO SNEAKERS OR WORK BOOTS)

Option #2

- White oxford (long or short sleeve)
- Striped uniform tie
- Khaki pants
- Belt
- Black or brown dress socks
- Dark dress shoes (NO SNEAKERS OR WORK BOOTS)

Girls 5-8

Fall/Spring Uniform Requirements
September, October, April, May, June

Option #1

- Green HGA monogrammed polo shirt
- Khaki pants
- Belt
- Navy blue knee-hi's or blue crew socks
- Shoes - see guidelines on back page

Option #2

- White oxford (button-collar - NO rounded collars), white monogrammed banded polo
- Two panel plaid skort (no more than 2" above the knee)
- Navy blue knee-hi's or navy blue tights
- Shoes - see guidelines on back page

Winter Uniform Requirements

November, December, January, February, March

Option #1

- White oxford or white monogrammed banded polo
- Green monogrammed sweater - SWEATER IS MANDATORY
- Khaki pants
- Belt
- Navy blue knee-hi's or blue crew socks
- Shoes - see guidelines on back page

Option #2

- White oxford (button-collar - NO rounded collars), white monogrammed banded polo
- Green monogrammed sweater - SWEATER IS MANDATORY
- Two panel plaid skort (no more than 2" above knee)
- Belt
- Navy blue knee-hi's or navy blue tights
- Shoes - see guidelines on back page

Boys K-8

Winter Uniform Requirements (ONLY OPTION)
November, December, January, February, March

- White oxford (long or short sleeve)
- Green monogrammed sweater vest
- Striped uniform tie
- Khaki pants
- Belt
- Black or brown dress socks
- Dark dress shoes (NO SNEAKERS OR WORK BOOTS)

HOLY GUARDIAN ANGELS REGIONAL SCHOOL

School Calendar August, 2021 – June, 2022

First Trimester

August	Mon.	30	School Opens – 8:00 AM
September	Fri. – Mon.	3-6	Labor Day – SCHOOL CLOSED
	Tues.	7	School reopens from Labor Day
	Wed.	8	First Day of Pre-School
	Tues.	21	Faculty Meeting – Dismissal 12PM
October	Fri.	8	1 st Trimester Progress Reports Issued
	Mon.	11	Columbus Day – SCHOOL CLOSED
	Tues.-Fri	12-15	Parent Teacher Conferences
	Tues	26	Faculty Meeting – 2:45-4:45
November	Tues.	16	Faculty Meeting – 2:45-4:45
	Wed.-Mon.	24-29	T-giving Holiday – SCHOOL CLOSED

Second Trimester

November	Tues.	30	School reopens from T-giving
	Tues.	30	Second Trimester Begins
December	Mon.	6	First Trimester Reports Issued
	Wed.	22	Dismissal 12noon
	Thurs.-Thurs.	23-31	Christmas Holiday – SCHOOL CLOSED
January	Mon.	3	School reopens from New Year's Day
	Mon.	17	MLK Day In-service SCHOOL CLOSED
	Wed.	19	2 nd Trimester Progress Reports Issued
	Sun.	30	CSW Begins
February	Sun-Fri	30-4	Catholic Schools Week
	Wed.	2	Dismissal 12noon
	Tues.	8	Faculty Meeting 2:45-4:45
	Mon.	21	Presidents' Day – SCHOOL CLOSED

Third Trimester

March	Mon.	7	3 rd Trimester Begins
	Tues.	8	Faculty Meeting – Dismissal 12PM
	Mon.	14	2 nd Trimester Reports Issued
	Tues.-Thurs	22-24	Cognitive Ability Test (Gr. 3,5,7)**
April	Mon.-Thurs	4-7	IOWA Test of Basic Skills (Gr. 2-7)
	Wed.	13	3 rd Trimester Progress Reports Issued
	Thurs.-Fri.	14-15	Easter Holiday – SCHOOL CLOSED
	Mon.	18	Easter Holiday – SCHOOL CLOSED
	Tues.	19	School reopens from Easter Holiday
	Tues.	19	Faculty Meeting – Dismissal 12PM
May	Tues.	3	Dismissal 12noon – May Crowning
	Tues.	17	Faculty Meeting 2:45-4:45
	Fri.	27	Dismissal 12noon
	Mon.	30	Memorial Day – SCHOOL CLOSED
June	Tues.-Fri.	31-3	Final Examinations
	Tues.	7	Dismissal 12noon – Faculty Meeting
	Wed.	8	Dismissal 12noon – Field Day
	Thurs.	9	Dismissal 10:30 – Closing Exercises

**** Catholic Schools Week – January 31 - February 4, 2022 ****

This calendar satisfies the requirement of 180 school days established by Diocesan Policy. This calendar includes 4 built in emergency days. ****Please DO NOT schedule vacations during testing dates.****