

School District/Charter: _____

Bldg No.* _____

**2018-2019 SCHOOL CALENDAR
KINDERGARTEN**

*Use if Calendars
Vary Among Buildings

Complete one calendar for each Kindergarten schedule. Indicate the daily regular schedule for this calendar: AM Schedule PM Schedule Full Day Schedule

If full day schedule, indicate days of regular schedule: _____

QUESTIONS? Call 332-6840 or see our calendar manual available online with the calendar forms at <http://www.sde.idaho.gov/finance/files/calendar/school/Calendar-Manual.pdf>.

2018														
<u>JULY</u>					<u>NOVEMBER</u>					<u>MARCH</u>				
M	T	W	TH	F	M	T	W	TH	F	M	T	W	TH	F
2	3	4	5	6				1	2					1
9	10	11	12	13	5	6	7	8	9	4	5	6	7	8
16	17	18	19	20	12	13	14	15	16	11	12	13	14	15
23	24	25	26	27	19	20	21	22	23	18	19	20	21	22
30	31				26	27	28	29	30	25	26	27	28	29
<u>AUGUST</u>					<u>DECEMBER</u>					<u>APRIL</u>				
M	T	W	TH	F	M	T	W	TH	F	M	T	W	TH	F
		1	2	3	3	4	5	6	7	1	2	3	4	5
6	7	8	9	10	10	11	12	13	14	8	9	10	11	12
13	14	15	16	17	17	18	19	20	21	15	16	17	18	19
20	21	22	23	24	24	25	26	27	28	22	23	24	25	26
27	28	29	30	31	31					29	30			
2019														
<u>SEPTEMBER</u>					<u>JANUARY</u>					<u>MAY</u>				
M	T	W	TH	F	M	T	W	TH	F	M	T	W	TH	F
						1	2	3	4			1	2	3
3	4	5	6	7	7	8	9	10	11	6	7	8	9	10
10	11	12	13	14	14	15	16	17	18	13	14	15	16	17
17	18	19	20	21	21	22	23	24	25	20	21	22	23	24
24	25	26	27	28	28	29	30	31		27	28	29	30	31
<u>OCTOBER</u>					<u>FEBRUARY</u>					<u>JUNE</u>				
M	T	W	TH	F	M	T	W	TH	F	M	T	W	TH	F
1	2	3	4	5					1	3	4	5	6	7
8	9	10	11	12	4	5	6	7	8	10	11	12	13	14
15	16	17	18	19	11	12	13	14	15	17	18	19	20	21
22	23	24	25	26	18	19	20	21	22	24	25	26	27	28
29	30	31			25	26	27	28						

Holiday/Vacation (Use this symbol to show all days not in session.)

First & Last Days of School

Shortened Session

Staff Development

Decimal Equivalent

- Number of hours of instruction per **daily regular** session: _____ Hrs.
(Required: _____ Hours _____ Minutes)
- Number of **regular** sessions of instruction planned: _____
- Total number of **regular** session hours of instruction: _____ Hrs.
(Line 1 x Line 2)
- Number of hours of instruction for **shortened sessions**: _____ Hrs.
(Total from below)
- Total hours of **staff development**: (Total from below) _____ Hrs.
(Up to 11 hours per session)
- Total hours of instruction planned during 2018-2019: _____ Hrs.
(Lines 3 + 4 + 5)
- State **minimum** hours required for **Kindergarten** students: **450** Hrs.

Shortened Sessions/Staff Development

Date	Shortened Sessions Instructed		Staff Development	
	Hours/Minutes	Decimal Equivalent	Hours/Minutes	Decimal Equivalent
Total				

(Line 4 Above)

(Line 5 Above)

Name of District Contact for Calendar _____

Phone Number _____