

Registration Procedures

**Please call 609.806.4282 to SET AN APPOINTMENT to register your child at
Princeton High School (grades 9-12)**

Documents Needed to Register (the following MUST BE PRESENTED at the time of registration):

1. Birth Certificate OR passport of student
2. Proof of Residency where student is domiciled including, but not limited to, the following:
 - a. Copy of up-to-date lease
 - b. New home – Agreement of Sale (provide district with copy of closing documents OR tax bill after closing)
 - c. Current tax bill
 - d. Official letter from Princeton University Housing Office
 - e. Official letter from Institute for Advanced Study
 - f. Official letter from Princeton Theological Seminary

A copy of Proof of Residency will be placed in the student file.

3. Immunization records of the student:
 - a. Health records must be reviewed by the school nurse at the time of registration or in September for those who register during the summer
 - b. A student CANNOT be registered without up-to-date health records**
4. Last report card and most recent standardized test results
5. A current 504 Plan or IEP (if your child has one)
6. Name and mailing address of last school student attended
7. If the student is not residing with a parent, a "Parent Statement" and a "Residency Affidavit" must be obtained from Student Services at Valley Road (609.806.4206), completed AND approved PRIOR TO REGISTRATION.
8. If, at any time, you or your child changes domicile or residence, you must report this information immediately to the school registrar.

Should the district discover that a child is not a legal resident of the district and is illegally attending the Princeton Public Schools, the district will assess the parents the full cost of the tuition for such attendance.

PRINCETON HIGH SCHOOL
Guidance Office
151 Moore Street
Princeton, NJ 08540

609-806-4282
609-806-4283 (Fax)

ELIGIBILITY FOR REGISTRATION

Public schools are required to provide a free education to all persons over age 5 and under age 20 who are domiciled in the district. Domiciled means maintaining and living in a home, dwelling place, or legal residence in the district. According to state regulations:

- Domicile is the place where the person has his/her true, fixed, permanent home and to which he/she has the intention of returning whenever he/she is absent, and from which he/she has no intention of moving.
- Residency requires bodily presence as an inhabitant in a given district.
- Pupils are required to attend school in the district where their parents or legal guardians are domiciled. Exceptions that allow children to attend school in a district other than the one in which the parents or guardians are domiciled do exist, and any exceptions must be sought through Mrs. Micki Crisafulli, Director of Student Services (609-806-4206).

If, at any time, you or your child changes domicile or residence, you must report this information immediately to the school building secretary.

Should the district discover that a child is not a legal resident of the district and is illegally attending the Princeton Regional Schools, the district will assess the parents the full cost of the tuition for such attendance.

Parent/Guardian of: _____ Grade: _____

Signed: _____ Date: _____

By my signature, I am indicating that I have read the information above, understand it, and affirm that my child(ren) and I are legal residents and are domiciled in Princeton Borough, Princeton Township, or Cranbury (Grades 9-12 only).

PLEASE RETURN THIS FORM TO THE SCHOOL SECRETARY. THIS COPY IS TO BE MAINTAINED IN THE STUDENT'S CUMULATIVE FOLDER.

School Health Services Requirements

It is the practice of the Princeton Public Schools to require a physical examination from all students new to the district (including those starting Pre-K or Kindergarten for the first time), and **all students in 3rd, 6th, 9th, and 11th grades**. A report from your private physician regarding a recent (within the last 6 months) examination can be accepted in lieu of a new examination.

We recommend, and many parents prefer, that these required examinations be conducted by the family's physician because he/she is more familiar with the student's health history and a private office exam is more comprehensive. However, if your child does not have a physician, you may request an examination be conducted by the school physician.

High school and middle school students participating in interscholastic sports must have a physical examination prior to the first practice session.

Chapter 14 of the New Jersey State Sanitary Code requires that all school children have certain immunizations. The Code calls for the exclusion of children who do not have the mandated immunizations. The following summarizes the required immunizations:

Mantoux Tuberculin Skin Test

Students in any grade who have transferred from a country with a high incidence of tuberculosis will be tested with the Mantoux Tuberculin Skin Test. This test will be considered valid if administered within the previous 6 months for those who are required to be tested.

Required Immunizations for New Jersey Schools for Children Pre-Kindergarten

4 doses DTP or D/Tap, 3 doses of Polio vaccine, 1 dose MMR, 1 dose HiB, 1 dose Varicella or history of disease; 3 doses of Hepatitis B are recommended but not required until Kindergarten; Pneumococcal Conjugate vaccine*, Influenza vaccine**

*Beginning September 1, 2008, every child 12-months through 59-months of age attending preschool shall have received 1 dose of Pneumococcal Conjugate vaccine on or after their 1st birthday.

**Beginning September 1, 2008, children 6-months through 59-months of age attending preschool shall annually receive at least 1 dose of Influenza vaccine between September 1 and December 31 of each year.

Required Immunizations for New Jersey Schools for Children Kindergarten or Grade 1

3 doses Hepatitis B, 4 doses DTP/DTaP, 3 doses Polio vaccine, 2 doses MMR; 1 dose Varicella vaccine or history of disease.

Required Immunization for New Jersey Schools for Children Age 7 of Older

3 doses Td, 3 doses Polio vaccine, 2 doses MMR, 2 or 3 doses of Hep B

Recent Changes in Immunization Mandates for Grade 6

TDaP Vaccine (Tetanus, diphtheria, acellular pertussis)

Beginning September 1, 2008, every child born on or after January 1, 1997, and entering or transferring into or attending Grade 6 shall have received 1 dose of a meningococcal-containing vaccine, such as the medically preferred meningococcal conjugate vaccine (applies to students when they turn 11-years of age and attend Grade 6).

If you have any questions, consult the school nurse.

The code also requires that proof of prior immunizations can only be accepted in the form of an official school health record, a Public Health Department certificate, or a form signed and stamped by a medical physician or certified osteopath. The proof must be documented with month, day, and year of administration.

We ask that parents either bring to school an English translation of their child's medical record or bring someone to translate the record when they register their child.

The attached form should be returned to the school nurse where the student will be attending school. The forms regarding students who will be entering Kindergarten or Grades 3, 6, 9, or 11 as of next fall should be returned by September. New entrants to other grades should bring immunization records when registering, or on their first day of school.

Athletic Activities Information

Participation in interscholastic athletics and related co-curricular programs contributes to health, physical skills, instructional maturity, social competencies, and moral values of our students. Athletics extend the educational experience while developing responsibility and cooperation. Consequently, we encourage students to participate during three seasons of a wide variety of individual and team sports.

Any student planning to participate in a sport must fulfill the following requirements:

1. Academic eligibility:
 - a. 9th grade – No academic requirements for Fall or Winter participation. For Spring sports, a 9th grader must have earned 15.00 credits at the end of the first semester in January.
 - b. 10th, 11th, and 12th grades – Require 30.00 credits earned on the previous June report card for Fall and Winter sports and 15.00 at the end of the first semester for participation in a Spring sport.
2. Parent Permission – “Student Athletic Information” form must be completed and signed by parent/guardian. Forms can be picked-up in the Nurse’s Office, the Main Office, or the Athletic Office. A new form is required for each season and CANNOT be submitted until 2 months prior to the start of any season. All sections of the form must be completed – these forms are for emergency treatment!
3. Physical Examination and Updated Health History – A current Physical must be on file in the Health Office. A physical is good for 365 days from the date of exam and is to be provided by the Athlete’s personal physician. An updated Health History must be submitted for each season and submitted with the Athletic Information form for that season.
4. A student is ineligible if he/she reaches the age of 19 prior to September 1 during 9th through 12th grade.
5. There are some residency rules from 10th through 12th grade for transfer students (check with the Athletic Office if you are transferring into PHS).

PHS sports include the following:

FALL: Cheerleading (co-ed, not an NJSIAA sport), Boys and Girls Cross Country, Field Hockey, Football, Boys and Girls Soccer, and Girls Tennis. Practice starts on or around August 15. Confirm start dates and times with the Athletic Office after June 15.

WINTER: Practice starts November 15 for Boys and Girls Ice Hockey (Girls Ice Hockey is not an NJSIAA sport) and Boys and Girls Swimming. Practice starts November 26 for Boys and Girls Basketball, Boys and Girls Winter Track, Wrestling, and Fencing.

SPRING: Practice begins March 4 for Baseball, Boys and Girls Golf, Boys and Girls Lacrosse, Softball, Boys and Girls Outdoor Track, and Boys Tennis.

If you have any questions, please call the Athletic Director, John Miranda, at 609.806.4290 X1 or the Athletic Secretary, Kathy Herzog, at 609.806.4290 X2.

Forms CANNOT be submitted more than TWO MONTHS before start date for each season!

New Jersey Department of Education ANNUAL ATHLETIC PRE-PARTICIPATION PHYSICAL EXAMINATION FORM

Part A: HEALTH HISTORY QUESTIONNAIRE-Completed by the parent and student and reviewed by examining provider
Part B: PHYSICAL EVALUATION FORM-Completed by examining licensed provider with MD, DO, APN or PA

Part A: HEALTH HISTORY QUESTIONNAIRE

Today's Date: _____ Date of Last Sports Physical: _____

Student's Name: _____ Sex: M F (circle one) Age: ____ Grade: _____

Date of Birth: ____/____/____ School: _____ District: _____

Sport(s): _____ Home Phone: (____) _____

Provider Name (Medical Home): _____ Phone: _____ Fax: _____

EMERGENCY CONTACT INFORMATION

Name of parent/guardian: _____ Relationship to student: _____

Phone (work): _____ Phone (home): _____ Phone (cell): _____

Additional emergency contact: _____ Relationship to student: _____

Phone (work): _____ Phone (home): _____ Phone (cell): _____

Directions: Please answer the following questions about the student's medical history by **CIRCLING** the correct response. Explain all "yes" responses on the lines below the questions. Please respond to all questions.

1. Have you ever had, or do you currently have:

- | | |
|--|--------------------|
| a. Restriction from sports for a health related problem? | Y / N / Don't Know |
| b. An injury or illness since your last exam? | Y / N / Don't Know |
| c. A chronic or ongoing illness (such as diabetes or asthma)? | Y / N / Don't Know |
| (1.) An inhaler or other prescription medicine to control asthma? | Y / N / Don't Know |
| d. Any prescribed or over the counter medications that you take on a regular basis? | Y / N / Don't Know |
| e. Surgery, hospitalization or any emergency room visit(s)? | Y / N / Don't Know |
| f. Any allergies to medications? | Y / N / Don't Know |
| g. Any allergies to bee stings, pollen, latex or foods? | Y / N / Don't Know |
| (1.) If yes, check type of reaction: | |
| <input type="checkbox"/> Rash <input type="checkbox"/> Hives <input type="checkbox"/> Breathing or other anaphylactic reaction | |
| (2.) Take any medication/Epipen taken for allergy symptoms? (List below.) | Y / N / Don't Know |
| h. Any anemias, blood disorders, sickle cell disease/trait, bleeding tendencies or clotting disorders? | Y / N / Don't Know |
| i. A blood relative who died before age 50? | Y / N / Don't Know |

Explain all "yes" answers here (include relevant dates):

List all medications here:

Medication Name	Dosage	Frequency

2. Have you ever had, or do you currently have, any of the following *head-related* conditions:
- | | |
|---|--------------------|
| a. Concussion or head injury (including "bell rung" or a "ding")? | Y / N / Don't Know |
| b. Memory loss? | Y / N / Don't Know |
| c. Knocked out? | Y / N / Don't Know |
| c. A seizure? | Y / N / Don't Know |
| d. Frequent or severe headaches (With or without exercise)? | Y / N / Don't Know |
| e. Fuzzy or blurry vision | Y / N / Don't Know |
| f. Sensitivity to light/noise | Y / N / Don't Know |

Explain all "yes" answers here (include relevant dates):

3. Have you ever had, or do you currently have, any of the following *heart-related* conditions:
- | | |
|--|--------------------|
| a. Restriction from sports for heart problems? | Y / N / Don't Know |
| b. Chest pain or discomfort? | Y / N / Don't Know |
| c. Heart murmur? | Y / N / Don't Know |
| d. High blood pressure? | Y / N / Don't Know |
| e. Elevated cholesterol level? | Y / N / Don't Know |
| f. Heart infection? | Y / N / Don't Know |
| g. Dizziness or passing out during or after exercise without known cause? | Y / N / Don't Know |
| h. Has a provider ever ordered a heart test (EKG, echocardiogram, stress test, Holter monitor)? | Y / N / Don't Know |
| i. Racing or skipped heartbeats? | Y / N / Don't Know |
| j. Unexplained difficulty breathing or fatigue during exercise? | Y / N / Don't Know |
| k. Any family member (blood relative): | |
| (1.) Under age 50 with a heart condition? | Y / N / Don't Know |
| (2.) With Marfan Syndrome? | Y / N / Don't Know |
| (3.) Died of a heart problem before age 50? If yes, at what age? _____ | Y / N / Don't Know |
| (4.) Died with no known reason? | Y / N / Don't Know |
| (5.) Died while exercising? If yes, was it during or after? (Circle one.) | Y / N / Don't Know |

Explain all "yes" answers here (include relevant dates):

4. Have you ever had, or do you currently have, any of the following *eye, ear, nose, mouth or throat* conditions:
- | | |
|---|--------------------|
| a. Vision problems? | Y / N / Don't Know |
| (1.) Wear contacts, eyeglasses or protective eye wear? (Circle which type.) | Y / N / Don't Know |
| b. Hearing loss or problems? | Y / N / Don't Know |
| (1.) Wear hearing aides or implants? | Y / N / Don't Know |
| c. Nasal fractures or frequent nose bleeds? | Y / N / Don't Know |
| d. Wear braces, retainer or protective mouth gear? | Y / N / Don't Know |
| e. Frequent strep or any other conditions of the throat (e.g. tonsillitis)? | Y / N / Don't Know |

Explain all "yes" answers here (include relevant dates):

5. Have you ever had, or do you currently have, any of the following *neuromuscular/orthopedic* conditions:
- | | |
|---|--------------------|
| a. Numbness, a "burner", "stinger" or pinched nerve? | Y / N / Don't Know |
| b. A sprain? | Y / N / Don't Know |
| c. A strain? | Y / N / Don't Know |
| d. Swelling or pain in muscles, tendons, bones or joints? | Y / N / Don't Know |
| e. Dislocated joint(s)? | Y / N / Don't Know |
| f. Upper or lower back pain? | Y / N / Don't Know |
| g. Fracture(s), stress fracture(s), or broken bone(s)? | Y / N / Don't Know |
| h. Do you wear any protective braces or equipment? | Y / N / Don't Know |

Explain all (yes) answers here (include relevant dates):

6. Have you ever had or do you currently have any of the following *general or exercise related conditions*:
- | | |
|---|--------------------|
| a. Difficulty breathing? | |
| (1.) During exercise? | Y / N / Don't Know |
| (2.) After running one mile? | Y / N / Don't Know |
| (3.) Coughing, wheezing or shortness of breath in weather changes? | Y / N / Don't Know |
| (4.) Exercise-induced asthma? | Y / N / Don't Know |
| i. Controlled with medication? (specify _____) | Y / N / Don't Know |
| ii. Experience dizziness, passing out or fainting? | Y / N / Don't Know |
| b. Viral infections (e.g. mono, hepatitis, coxsackie virus)? | Y / N / Don't Know |
| c. Become tired more quickly than others? | Y / N / Don't Know |
| d. Any of the following skin conditions: | |
| (1.) Cold sores/herpes, impetigo, MRSA, ringworm, warts? | Y / N / Don't Know |
| (2.) Sun sensitivity? | Y / N / Don't Know |
| e. Weight gain/loss (of 10 pounds or more)? | Y / N / Don't Know |
| (1.) Do you want to weigh more or less than you do now? | Y / N / Don't Know |
| f. Ever had feelings of depression? | Y / N / Don't Know |
| g. Heat-related problems (dehydration, dizziness, fatigue, headache)? | Y / N / Don't Know |
| (1.) Heat exhaustion (cool, clammy, damp skin)? | Y / N / Don't Know |
| (2.) Heat stroke (hot, red, dry skin)? | Y / N / Don't Know |
| (3.) Muscle cramps? | Y / N / Don't Know |
| h. Absence or loss of an organ (e.g. kidney, eyeball, spleen, testicle, ovary)? | Y / N / Don't Know |

Explain all "yes" answers here (include relevant dates):

7. **Females only:**

Age of onset of menstruation: _____ How many menstrual periods in the last twelve (12) months? _____
 How many periods missed in the last twelve (12) months? _____

8. **Males only:**

Have you had any swelling or pain in your testicles or groin? _____ Y / N / Don't Know

PARENT/GUARDIAN SIGNATURE

I certify that the information provided herein is accurate to the best of my knowledge as of the date of my signature.

 Signature, Parent/Guardian or Student Age 18

 Date of Signature:

THIS COMPLETED AND SIGNED HEALTH HISTORY MUST BE REVIEWED BY THE EXAMINING PROVIDER AT THE TIME OF THE MEDICAL EXAM.

ANNUAL ATHLETIC PRE-PARTICIPATION PHYSICAL EVALUATION FORM

Part B: Physical Evaluation Form

(Completed by the examining licensed provider MD, DO, APN or PA)

-STUDENT INFORMATION-

Student's Name: _____ Sport(s): _____
 Sex: M F (circle one) Age: _____ Grade: _____ Date of Birth: _____
 Address: _____
 City/State/Zip: _____ Home Phone: _____
 School: _____ District: _____
 Parent/Guardian's Full Name: _____

- EXAMINING PHYSICIAN/PROVIDER CONTACT INFORMATION-

If conducted by school physician check here

Name: _____ Phone: _____ Fax: _____
 Address: _____ City/State/Zip: _____

- FINDINGS OF PHYSICAL EVALUATION -

Height: _____ Weight: _____ Blood Pressure: _____/_____/_____ Pulse: _____bpm.
 Vision: R 20/____ L 20/____ Corrected: Y / N Contacts: Y / N Glasses: Y / N

INDICATORS	NORMAL?	ABNORMAL FINDINGS/COMMENTS
General Appearance	YES	
Head/Neck	YES	
Eyes/Sclera/Pupils	YES	
Ears	YES	
Gross Hearing	YES	
Nose/Mouth/Throat	YES	
Lymph Glands	YES	
Cardiovascular	YES	
Heart Rate	YES	
Rhythm	YES	
Murmur	ABSENT	
If murmur present		Standing makes it: Louder Softer No Change
		Squatting makes it: Louder Softer No Change
		Valsalva makes it: Louder Softer No Change
Femoral Pulses	YES	
Lungs: Auscultation/Percussion	YES	
Chest Contour	YES	
Skin	YES	
Abdomen (liver, spleen, masses)	YES	
Assessment of physical maturation or Tanner Scale	YES	
Testicular Exam (Males Only)	YES	
Neck/Back/Spine:	YES	
Range of Motion	YES	
Scoliosis	ABSENT	
Upper Extremities: (ROM, Strength, Stability)	YES	
Lower Extremities: (ROM, Strength, Stability)	YES	
Neurological: Balance & Coordination	YES	
Hernia	ABSENT	
Evidence of Marfan Syndrome	ABSENT	

Most recent immunizations and dates administered:

Medications currently prescribed, with dose and frequency:

Medication Name	Dosage	Frequency

Additional observations:

General Diagnosis:

General Recommendations:

THE HISTORY PREPARED BY THE PARENT/STUDENT MUST BE REVIEWED BY THE EXAMINING PROVIDER AT THE TIME OF THE PHYSICAL EXAMINATION.

CLEARANCES: This section is completed by the examining healthcare provider.

After examining the student and reviewing the medical history the student is:

- A. Cleared for participation in all sports without restrictions.
- B. Not cleared for participation in any sport until evaluation/treatment of:

- C. Cleared for limited participation in the following types of sports only. Please see below for sport classifications. CHECK ALL THAT APPLY

___ CONTACT/COLLISION
___ LIMITED CONTACT

___ NON-CONTACT/STRENUOUS
___ NON-CONTACT/NON-STRENUOUS

Limitations due to: _____

NOTES TO THE EXAMINING PROVIDER

Conditions requiring clearance before sports participation include, but are not limited to the following:

Anaphylaxis; Atlantoaxial instability; Bleeding disorder; Hypertension; Congenital heart disease; Dysrhythmia; Mitral valve prolapse; Heart murmur; Cerebral palsy; Diabetes mellitus; Eating disorders; Heat illness history; One-kidney athletes; Hepatomegaly; Splenomegaly; Malignancy; Seizure Disorder; Marfan's Syndrome; History of repeated concussion; Organ transplant recipient; Cystic fibrosis; Sickle cell disease; and/or One-eyed athletes or athletes with vision greater than 20/40 in one eye.

SAMPLES OF CLASSIFICATION OF SPORTS BY CONTACT

Contact/Collision	Limited Contact	Non-Contact	
		Strenuous	Non-strenuous
Basketball	Baseball	Discus	Bowling
Diving	Cheerleading	Javelin	Golf
Field Hockey	Fencing	Shot put	
Football	High Jump	Rowing	
Ice Hockey	Pole vault	Running/Cross Country	
Lacrosse	Gymnastics	Strength Training	
Soccer	Skiing	Swimming	
Wrestling	Softball	Tennis	
	Volleyball	Track	

Effects of physiologic maneuvers on heart sounds

- Standing: Increases murmur of HCM
Decreases murmur of AS, MR
MVP click occurs earlier in systole
- Squatting: Increases murmur of AS, MR, AI
Decreases murmur of MCH
MVP click delayed
- Valsalva: Increases murmur of HCM
Decreases murmur of AS, MR
MVP click occurs earlier in systole

Physical Stigmata of Marfan's Syndrome

- Kyphosis
- High arched palate
- Pectus excavatum
- Arachnodactyly
- Arm span > height 1.05:1 or greater
- Mitral Valve Prolapse
- Aortic Insufficiency
- Myopia
- Lenticular dislocation

- HCM: Hypertrophic Cardio Myopathy
- AS: Aortic Stenosis
- AI: Aortic Insufficiency
- MR: Mitral Regurgitation
- MVP: Mitral Valve Prolapse

HISTORY REVIEWED AND STUDENT EXAMINED BY: Physician's/Provider's Stamp:

- Primary Care Provider
- School Physician Provider
- License Type:
 - MD/DO
 - APN
 - PA

PHYSICIAN'S/PROVIDER'S SIGNATURE: _____

Today's Date: _____

Date of Exam: _____

RESERVED FOR SCHOOL DISTRICT USE

NOTE: *N.J.A.C. 6A:16-2.2* requires the school physician to provide written notification to the parent/legal guardian stating approval or disapproval of the student's participation in athletics based on this physical evaluation. This evaluation and the notification letter become part of the student's school health record.

History and Physical Reviewed By: _____ Date: _____

Title of Reviewer (please check one): School Nurse School Physician

Medical Eligibility Notification Sent to Parent/Guardian by School Physician _____
Date

Letter of notification is attached.

OR

Parent notification indicates that:

- Participation Approved without limitations.
- Participation Approved with limitations pending evaluation.
- Participation NOT Approved

Reason(s) for Disapproval: _____

2013-2014 PRINCETON PUBLIC SCHOOLS

September 2013						
Su	Mo	Tu	We	Th	Fr	Sa
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 2013						
Su	Mo	Tu	We	Th	Fr	Sa
		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 2013						
Su	Mo	Tu	We	Th	Fr	Sa
					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 2013						
Su	Mo	Tu	We	Th	Fr	Sa
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				

January 2014						
Su	Mo	Tu	We	Th	Fr	Sa
			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 2014						
Su	Mo	Tu	We	Th	Fr	Sa
						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 2014						
Su	Mo	Tu	We	Th	Fr	Sa
						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 2014						
Su	Mo	Tu	We	Th	Fr	Sa
		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 2014						
Su	Mo	Tu	We	Th	Fr	Sa
				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

June 2014						
Su	Mo	Tu	We	Th	Fr	Sa
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					

January (20 days)

- 1 New Year's Day
- 17 Staff Development
- 20 Martin Luther King, Jr. Day

February (18 days)

- 14 Staff Development
- 17 Presidents' Day

March (16 days)

- 4-5 PK-5 Conferences
- 11-12 PK-5 Conferences
- 17-21 Spring Recess
- 31 PK-8 Staff Development

April (20 days)

- 15 Passover
- 18 Good Friday

May (21 days)

- 5 PK-8 Staff Development
- 26 Memorial Day

June (14 days)

- 18 1 pm Dismissal PK-12
- 19 *Last Day 1 pm Dismissal PK-12

- Early Dismissal PK-12
- Schools Closed
- Staff Development Day
- First Day for Students
- 1 pm Dismissal for PK-5
- 1 pm Dismissal for PK-8

September (16 days)

- 2 Labor Day
- 3,4,6 Staff Development
- 5 Rosh Hashanah
- 9 First Day for Students

October (23 days)

- 7 PK-8 Staff Development

November (17 days)

- 7-8 NJEA Convention
- 12-13 PK-8 Conferences
- 19-20 PK-8 Conferences
- 27 1 pm Dismissal PK-12
- 28-29 Thanksgiving Recess

December (15 days)

- 2 PK-8 Staff Development
- 20 1 pm Dismissal PK-12
- 23-31 Winter Recess

180 Student Days

185 Staff Days

# Days used	Days Made Up	Last Day of School
0		6/19
1	6/20	6/20
2	6/23	6/23
3	6/24	6/24
4	3/21	6/24
5	3/20	6/24