

School Calendar Proposal Form 2019-2020

School: _____

For the 2019-2020 school year we plan to operate under the following calendar:

Check one:

a. The adopted SECC school calendar without any variations.
Date of local school board approval: _____

b. The adopted SECC school calendar with the following changes:
1. _____
2. _____
3. _____
4. _____
5. _____

Please attach a copy of the modified calendar.

Remember that the number of contract days must equal 196 and the number of teacher- student contact days must equal 180.

Please discuss variations with your SECC Office of Education representative prior to obtaining approval from your local school board.

Date of local school board approval: _____