

Legal Student Name (last, first): _____

Preferred Name (Last, first): _____

Teacher Signature: _____ **Date:** _____

Subject : _____ **Assessment:** _____ **Total Hours Completed:** _____

No School - Spring Break Week
4/15/24-4/19/24

Monday	Tuesday	Wednesday	Thursday	Friday
4/22	4/23	4/24	4/25	4/26
4/29	4/30	5/1	5/2	5/3
5/6	5/7	5/8	5/9	5/10
5/13	5/14	5/15	5/16	5/17
5/20	5/21	5/22	5/23	5/24