



## **KINDERGARTEN REGISTRATION** **2022-2023 School Year**

Welcome to Kindergarten at Concordia Elementary School! In order to start the registration process for your child, please go to the Concordia Elementary home page under *Quick Links* and click on “**New Student Online Enrollment**” on or after **January 31<sup>st</sup> 2022**.

**\*Please note that your child must be 5 years old by September 1, 2022\***

***You will need the following information for on-line registration:***

- A valid address in the Concordia Elementary Attendance Boundary.
- A valid e-mail address
- Name, address and District of previous school
- Parent/Guardian’s home/work phone and street address
- Name and phone number of emergency contacts
- Complete Immunization Record
- Local physician name and phone number

*Enclosed are additional forms that need to be completed along with the online registration. **Once these forms and the online registration are complete, please refer to the checklist on the following page before turning in your packet.***

If you have any questions regarding registration, please call Concordia School at (949) 492-3060 or email Jennifer Bishop at [jebishop@capousd.org](mailto:jebishop@capousd.org)

We look forward to welcoming your student at Concordia Elementary!



Capistrano Unified School District  
Concordia Elementary  
3120 Avenida del Presidente  
San Clemente, CA 92672  
949-492-3060

## Kindergarten Registration Check List

**PLEASE SCAN ALL DOCUMENTS TO [Jebishop@capousd.org](mailto:Jebishop@capousd.org)  
OR RETURN YOUR COMPLETED PACKET TO THE CONCORDIA OFFICE  
8 AM-3 PM M-F (COPIES ONLY, NO ORIGINALS)**

- \_\_\_\_\_ **Complete your Online Registration-** Found at the Concordia Elementary Schools website under the “New Student Online Enrollment” tab.
- \_\_\_\_\_ **Verification of Age-** Official or certified copy of the birth record; statement by the local registrar or county recorder certifying the date of birth; baptismal certificate or official hospital record of birth; passport (including birth city and state) or Affidavit for Proof of Age of Minor signed by the student’s parent/legal guardian)
- \_\_\_\_\_ **2 Proofs of Residence** – Current utility bill: gas, electric, water/sewage, mortgage statement or rental agreement, an escrow statement followed by verification of closing documents, property tax bill, bank statements, moving company receipts, and/or service letter from a utility company verifying residency.)
- \_\_\_\_\_ **Complete Immunization Records-** refer to the chart of required doses.
- \_\_\_\_\_ **Home Language Survey Form**
- \_\_\_\_\_ **Kindergarten Student Profile Form**
- \_\_\_\_\_ **Additional Enrollment Information** – Copies of any IEP’s, custodial/court orders, medical conditions
- \_\_\_\_\_ **Report of Health Examination** – Completed and signed by physician. (Required for 1<sup>st</sup> grade but you may complete in kindergarten if your child is getting a physical)

**PLEASE NOTE THAT YOUR CHILD WILL NOT BE REGISTERED, UNTIL ALL REQUIREMENTS ARE MET, AND THE PACKET IS SUBMITTED AS COMPLETE.**

# CAPISTRANO UNIFIED SCHOOL DISTRICT

## HOME LANGUAGE SURVEY

Name of Student \_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Today's Date \_\_\_\_\_ Entering School (CUSD) \_\_\_\_\_ Prior School Name \_\_\_\_\_ Prior School District Name \_\_\_\_\_

The California *Education Code* contains legal requirements which direct schools to assess the English language proficiency of students. The process begins with determining the language(s) spoken in the home of each student. The responses to the home language survey will assist in determining if a student's proficiency in English should be tested. This information is essential in order for the school to provide adequate instructional programs and services.

As parents or guardians, your cooperation is requested in complying with these requirements. Please respond to each of the four questions listed below as accurately as possible. For each question, write the name(s) of the language(s) that apply in the space provided. Please do not leave any question unanswered. If an error is made completing this home language survey, you may request correction before your student's English proficiency is assessed.

1. Which language(s) did your child learn when he/she first began to talk? \_\_\_\_\_
2. Which language(s) does your child most frequently speak at home? \_\_\_\_\_
3. Which language do you (parents or guardians) most frequently use when speaking with your child? \_\_\_\_\_
4. Which language is most often spoken by adults in the home? \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_



# Welcome to Kindergarten



## Concordia Elementary School KINDERGARTEN REGISTRATION STUDENT PROFILE

Thank you for completing the information below. This will help us create a balanced classroom for your child, while considering kindergarten readiness and parent volunteers in the classroom.

Child's First Name: \_\_\_\_\_ Child's Last Name \_\_\_\_\_

Age \_\_\_ Male \_\_\_ Female \_\_\_ Birthdate \_\_\_\_\_ (Must be 5 by Sept 1<sup>st</sup>)

Parent's Name: \_\_\_\_\_ Phone \_\_\_\_\_

Has your child attended Preschool or Transitional Kindergarten? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of your Preschool/Transitional Kindergarten school \_\_\_\_\_

Is your child receiving **Speech Therapy** \_\_\_ Does your child have an **IEP** \_\_\_ (Individual Ed Plan)

Will your schedule allow you or other family to assist in the classroom?

Yes \_\_\_\_\_ No \_\_\_\_\_

Siblings attending Concordia:

Name: \_\_\_\_\_ Grade entering \_\_\_\_\_

Name: \_\_\_\_\_ Grade entering \_\_\_\_\_

Name: \_\_\_\_\_ Grade entering \_\_\_\_\_

Are there any academic or behavioral issues that you would like to share with the teacher?

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Does your child have any medical issues or life threatening allergies that we should be aware of?  
**(If medication is required at school, please request forms in the office.)**

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Are there special custody issues regarding your child? **Please briefly describe below and provide court documents to the office.**

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# CAPISTRANO UNIFIED SCHOOL DISTRICT

33122 VALLE ROAD, SAN JUAN CAPISTRANO CA 92675  
TELEPHONE: (949) 234-9200/FAX: 496-7681 [www.capoused.org](http://www.capoused.org)

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SUPERINTENDENT  
KIRSTEN M. VITAL BRULT

January 2021

Dear Parents and Guardians of Incoming Transitional Kindergarten, Kindergarten and First Grade Students:

The beginning of kindergarten and first grade are very important milestones in your child's life. We all share in the excitement, enthusiasm, and even a little anxiety that accompanies the beginning of school. Good health is a vital component in the quest for school success.

## IMMUNIZATIONS

The California School Immunization Law requires that children be up-to-date on their immunizations to attend school. Per 2016 legislation (SB277), all students entering Transitional Kindergarten or Kindergarten must provide proof of immunization or a medical exemption when registering, and prior to attending school. **Beginning January 1, 2021, doctors will use an electronic form available through the California Immunization Registry (CAIR). CAIR is a secure computer system that is already used across California that stores children's immunization (shot) records. The doctor can send the form to the child's parent or school, or the school can access the form through CAIR directly. Schools can only except medical exemptions on the CAIR form. Only a California licensed Medical Doctor (MD) or Doctor of Osteopathic Medicine (DO) may provide a medical exemption indicating the specific immunization, and, if a temporary exemption, the date the vaccine will be administered. For students entering school on or after July 1, 2019, temporary exemptions are limited to one year from the date of the physician's note.**

Vaccine	4-6 Years Old Elementary School at Transitional Kindergarten/ Kindergarten and Above
Polio (OPV or IPV)	4 doses (3 doses OK if one was given on or after 4th birthday)
Diphtheria, Tetanus, and Pertussis (DTaP, DTP, DT, or Tdap)	5 doses of DTaP, DTP, or DT (4 doses OK if one was given on or after 4th birthday)
Measles, Mumps, and Rubella (MMR or MMR-V)	2 doses (Both doses given on or after 1st birthday. Only one dose of mumps and rubella vaccines are required if given separately.)
Hepatitis B (Hep B or HBV)	3 doses
Varicella (chickenpox, VAR, MMR-V or VZV)	2 doses (new requirement as of July 1, 2019)

## HEALTH EXAMINATION FOR SCHOOL ENTRY

The State of California supports proactive steps toward a healthy start for its school children by requiring students to receive a *Health Examination for School Entry* by first grade. Capistrano Unified School District recommends this examination prior to entering kindergarten and first grade. A health screening completed on or after February 17, 2021, will qualify children for school entrance on August 17, 2021.

Attached is a copy of the "Health Examination for School Entry" form. Please take the form with you to your health care provider and return it to school when completed. If you have concerns about your child's health examination, please contact the health assistant or licensed vocational nurse at your school.

If you have any questions about these requirements, please do not hesitate to contact your school principal, the licensed vocational nurse, or the health assistant at your school. You may also visit <http://www.shotsforschool.org> for detailed immunization information. We wish you and your child well and look forward to a long and satisfying relationship with your family.

Sincerely,

*Wendy Pospichal, Ed.D.*

Wendy J. Pospichal, Ed. D.,  
Executive Director, Integrated Support Services

SERVING THE COMMUNITIES OF:

ALISO VIEJO • COTO DE CAZA • DANA POINT • LADERA RANCH • LAGUNA NIGUEL • LAS FLORES • MISSION VIEJO  
RANCHO MISSION VIEJO • RANCHO SANTA MARGARITA • SAN CLEMENTE • SAN JUAN CAPISTRANO

# REPORT OF HEALTH EXAMINATION FOR SCHOOL ENTRY

To protect the health of children, California law requires a health examination on school entry. Please have this report filled out by a health examiner and return it to the school. If school will keep and maintain it as confidential information.

**PART I TO BE FILLED OUT BY A PARENT OR GUARDIAN**  
 CHILD'S NAME—Last First Middle BIRTH DATE—Month/Day/Year  
 ADDRESS—Number, Street City State ZIP code SCHOOL

## PART II TO BE FILLED OUT BY HEALTH EXAMINER

### HEALTH EXAMINATION

**NOTE:** All tests and evaluations except the blood lead test must be done after the child is 4 years and 3 months of age.

REQUIRED TESTS/EVALUATIONS	DATE (mm/dd/yy)
Health History	/ /
Physical Examination	/ /
Dental Assessment	/ /
Nutritional Assessment	/ /
Developmental Assessment	/ /
Vision Screening	/ /
Audiometric (hearing) Screening	/ /
TB Risk Assessment and Test, if indicated	/ /
Blood Test (for anemia)	/ /
Urine Test	/ /
Blood Lead Test	/ /
Other	/ /

### IMMUNIZATION RECORD

**Note to Examiner:** Please give the family a completed or updated yellow California Immunization Record.  
**Note to School:** Please record immunization dates on the blue California School Immunization Record (PM 286).

VACCINE	DATE EACH DOSE WAS GIVEN				
	First	Second	Third	Fourth	Fifth
POLIO (OPV or IPV)					
DtaP/DTaP/DTd (diphtheria, tetanus, and [acellular] pertussis) OR (tetanus and diphtheria only)					
MMR (measles, mumps, and rubella)					
HIB MENINGITIS (Haemophilus influenzae B) (Required for child care/preschool only)					
HEPATITIS B					
VARICELLA (Chickenpox)					
OTHER (e.g., TB Test, if indicated)					
OTHER					

## PART III ADDITIONAL INFORMATION FROM HEALTH EXAMINER (optional) and

### RELEASE OF HEALTH INFORMATION BY PARENT OR GUARDIAN

I give permission for the health examiner to share the additional information about the health check-up with the school as explained in Part III.

Please check this box if you *do not* want the health examiner to fill out Part III.

Fill out if patient or guardian has signed the release of health information.

- Examination shows no condition of concern to school program activities.
- Conditions found in the examination or after further evaluation that are of importance to schooling or physical activity are: (please explain)

Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_

Name, address, and telephone number of health examiner \_\_\_\_\_

Signature of health examiner \_\_\_\_\_ Date \_\_\_\_\_

*If your child is unable to get the school health check-up, call the Child Health and Disability Prevention (CHDP) Program in your local health department. If you do not want your child to have a health check-up, you may sign the waiver form (PM 171 B) found at your child's school.*

**ED 506 Form**  
**Indian Student Eligibility Certification Form for Title VI Indian Education Formula Grant Program**

**Parent/Guardian:** This form serves as the official record of the eligibility determination for each individual child included in the student count for the Title VI Indian Education Formula Grant Program. If you choose to submit a form, your child could be counted for funding under the program. The grantee receives the grant funds based on the number of eligible forms counted during the established count period. You are not required to complete or submit this form unless you wish for your child(ren) to be included in the Indian student count. This form should be kept on file with the grant applicant and will not need to be completed every year. Where applicable, the information contained in this form may be released with your prior written consent or the prior written consent of an eligible student (aged 18 or over), or if otherwise authorized by law, if doing so would be permissible under the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, and any applicable state or local confidentiality requirements.

**Student Information**

Name of the Child \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade level \_\_\_\_\_

Name of School \_\_\_\_\_ School District \_\_\_\_\_

**Tribal Membership**

The individual with Tribal membership is the (select only one):  child  child's parent  child's grandparent

If the individual with Tribal membership is **not** the child listed above, name the individual (parent/grandparent) with tribal membership: \_\_\_\_\_

Name and address of Tribe or Band that maintains updated and accurate membership data for the individual listed above:

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

The Tribe or Band is (select only one):

- Federally Recognized Tribe
- State Recognized Tribe
- Terminated Tribe
- Alaska Native
- Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.

Proof of membership in Tribe or Band listed above, as defined by Tribe or Band is:

- Membership or enrollment number establishing membership (if readily available) or
- Other evidence establishing membership in the Tribe listed above (describe and attach)

Membership or enrollment number establishing membership (if readily available) or other evidence establishing membership in the Tribe listed above (describe and attach). \_\_\_\_\_

**Attestation Statement**

I verify that the information provided above is true and correct to the best of my knowledge and belief.

Printed Name of Parent/Guardian \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_ Date \_\_\_\_\_



# Guidelines for Student Illness with COVID-19 Symptoms

## Low-risk: general symptoms



Fever ( $\geq 100.4^{\circ}\text{F}$ )



Sore throat



Congestion/runny nose



Headache



Nausea/vomiting/diarrhea



Fatigue/muscle or body aches

## High-risk: red flag symptoms



Cough



Difficulty breathing



Loss of taste/smell

Has your student been exposed to a COVID positive person?

Within 6 ft or a shared indoor air space (e.g., classroom) of a COVID positive person for >15 minutes within a 24 hour period.

Yes

Your student may not return to in-person instruction until they have met the CDPH criteria to return to school for those with symptoms. Complete Step 1 and 2 below before returning to school\*:

**Step 1:** At least 24 hours have passed since resolution of fever without the use of fever-reducing medications AND other symptoms have improved

**Step 2:** Must have one of the following:

- They have a negative test for SARS-CoV-2, Any FDA approved/authorized COVID-19 test (antigen test preferred)
- A healthcare provider has provided documentation that the symptoms are typical of their underlying chronic condition (e.g., allergies or asthma)

Please request physician form [Chronic Condition vs. COVID-19 Infection](#) from your school's health office

- A healthcare provider has confirmed an alternative named diagnosis
- At least 10 days have passed since symptom onset

\*If your student had an outside of school exposure, please see [COVID-19 Outside of School Exposure Guidelines](#) for additional guidelines

No

Have they had two or more of the low risk symptoms or 1 high risk symptom? (see symptoms above)

Yes

No

If your student had only one low risk symptom they may return to school after being symptom free for 24 hours (without fever reducing medication).

**\*If your student has been diagnosed as COVID-19 positive, please notify your school site to determine the date your student may return to school\***

If your student has had a COVID-19 exposure on campus, please see [COVID-19 Student Group Tracing Protocols for PK-12 School Settings](#).





# CUSD Attendance Policies



Concordia Elementary School  
3120 Avenida Del Presidente  
San Clemente, CA 92672  
949-492-3060

**Please call the absence line whenever your child will not be present in class. 949-492-7603.**

A student may be excused legally from school when the absence is for the following reasons: (E.C 48205)

1. Personal illness or injury
2. Medical or dental appointments
3. Funeral services
4. Religious holiday

**All other absences will be considered "unexcused". Only the above reasons are considered "excused".**

Capistrano Unified School Attendance Review Board (SARB) has implemented the following consequences for students who have accrued **3 or more unexcused absences or tardies over 30 minutes during the school year:**

1. Letter #1 is sent home from the District office when a student has accrued **3** unexcused absences or **3** tardies over 30 minutes during the school year.
2. Following the receipt of SARB letter #1, if a student has at least **5** more unexcused absences or tardies over 30 minutes (**8 total**), parents will receive SARB Letter #2 and a phone call from the principal regarding attendance.
3. A meeting with the parent(s) will be scheduled by a teacher/administrator to discuss the attendance issues if the absences/tardies continue.
4. After the meeting, if the student has at least **6** more unexcused absences or tardies over 30 minutes (**14 total**), SARB letter #3 will be sent by the District SARB coordinator requiring the parent(s) and student to attend the next District Attorney information meeting at the District office.
5. If the parent and student do not attend the mandatory District Attorney meeting or if the student continues to have additional unexcused absences/tardies, they are a candidate to attend a SARB hearing at the Sheriff's Department.
6. If the student continues with unexcused absences or tardies over 30 minutes, the file can be sent to the District Attorney's office for possible prosecution.

The School Attendance Review Board (SARB) currently operating in our community was developed under the legal provisions of Education Code Section 12500. This program was initiated by parents, educators, and community agency representatives who were concerned over the pupils who have little chance for future educational or career success due to poor school attendance.



# Concordia Elementary Daily Schedule



## Grades 1 - 5

**Daily Schedule (M,W,Th,F): 8:00 – 2:20**

**Tuesday: 8:00 – 1:05**

## Kindergarten

**Daily Schedule (M,W,Th,F): 8:00 – 2:10**

**Tuesday: 8:00 – 12:55**

## Recess –

### Regular Day

### \*Super Minimum Day

**Grades K, 1, 2, 3**

**9:55 – 10:15**

**9:55 – 10:15**

**Grades 4 & 5**

**10:20 – 10:37**

**N/A**

## Lunches

### Regular

### \*Super Minimum Day

**Grades K, 1, 2, 3**

**11:15 – 11:55**

**11:15 – 11:50**

**Grade 4 & 5**

**12:00 – 12:40**

**10:20 – 10:55**

## Afternoon Recess

**Grades K, 1, 2, 3**

**1:00 – 1:20**

*\*Super Minimum Days are special minimum days such as 1st and last days, prep days for BTSN & Open House, Conferences, etc. See Daily Schedule for specific dates. Not regular Ace Tuesdays.*

CAPISTRANO UNIFIED SCHOOL DISTRICT  
San Juan Capistrano, California

**2022-2023 SCHOOL CALENDAR**

Packet Pick-up, High School	TBD
Registration Window, High School	TBD
Packet Pick-Up, Middle School	TBD
Registration Window, Middle School	TBD
<u>ATP OPENING DAY OF SCHOOL</u>	Monday, August 15, 2022
<u>OPENING DAY OF SCHOOL</u>	<b>Tuesday, August 16, 2022</b>
(MINIMUM DAY for Elementary and Middle School Students)	
Back-to-School Night, Middle School	Tuesday-Thursday, August 23-25, 2022
(MINIMUM DAY per individual school site calendar)	
<i>LABOR DAY (Legal Holiday)</i>	<i>Monday, September 5, 2022</i>
Back-to-School Night, High School	Tuesday-Thursday, September 6-8, 2022
(MINIMUM DAY per individual school site calendar)	
Back-to-School Night, Elementary	Tuesday-Thursday, September 13-15, 2022
(MINIMUM DAY per individual school site calendar)	
<u>End of First Progress Reporting Period (High School)</u>	Friday, September 30, 2022
<u>End of First Quarter (Middle School)</u>	Friday, October 14, 2022
<u>End of First Reporting Period (Elementary)</u>	Friday, October 28, 2022
MINIMUM DAY Parent Conferences, Elementary only	Monday, October 31, 2022
<i>NO SCHOOL-Pupil Free Day</i>	<i>Tuesday, November 1, 2022</i>
( <i>Secondary Prof. Dev.</i> )( <i>Elementary Parent Conferences</i> )	
MINIMUM DAY Parent Conferences, Elementary only	Wednesday- Friday, November 2-4, 2022
<u>End of Second Progress Reporting Period (High School)</u>	Thursday, November 10, 2022
<i>VETERANS DAY (Legal Holiday)</i>	<i>Friday, November 11, 2022</i>
<i>THANKSGIVING RECESS (Recess for Students and Teachers)</i>	<i>Monday-Wednesday, November 21-23, 2022</i>
<i>THANKSGIVING HOLIDAYS (Legal and Local Holiday)</i>	<i>Thursday-Friday, November 24-25, 2022</i>
<b>SCHOOL RESUMES</b>	<b>Monday, November 28, 2022</b>
Final Exam Days, High School (Minimum Days, High School)	Tuesday-Thursday, December 20-22, 2022
<u>End of First Semester (High School)</u>	Thursday, December 22, 2022
<u>End of Second Quarter (Middle School)</u>	Thursday December 22, 2022
<i>NO SCHOOL-K-12 Pupil-Free Day</i>	<i>Friday, December 23, 2022</i>
( <i>Secondary Semester Wrap-up</i> )	
<i>WINTER RECESS (Recess for Students and Teachers)</i>	<i>Monday-Friday, December 26, 2022-January 6, 2023</i>
<i>CHRISTMAS HOLIDAY (Legal Holiday)</i>	<i>Monday, December 26, 2022</i>
<i>HOLIDAY TO REPLACE ADMISSIONS DAY (Local Holiday)</i>	<i>Friday, December 30, 2022</i>
<i>NEW YEAR'S DAY (Legal Holiday)</i>	<i>Monday, January 2, 2023</i>
<b>SCHOOL RESUMES</b>	<b>Monday, January 9, 2023</b>
Second Semester Begins	Monday, January 9, 2023
<i>DR. MARTIN LUTHER KING, JR. DAY (Legal Holiday)</i>	<i>Monday, January 16, 2023</i>
<i>LINCOLN DAY (Legal Holiday)</i>	<i>Friday, February 17, 2023</i>
<i>WASHINGTON DAY (Legal Holiday)</i>	<i>Monday, February 20, 2023</i>
<u>End of First Progress Reporting Period (High School)</u>	Friday February 24, 2023
<u>End of Second Progress Reporting Period (Elementary)</u>	Friday, February 24, 2023
MINIMUM DAY Parent Conferences, <b>Elementary only</b>	Tuesday-Friday, February 21-24, 2023
<u>End of Third Quarter (Middle School)</u>	Friday, March 17, 2023
<i>SPRING RECESS (Recess for Students and Teachers)</i>	<i>Monday-Friday, April 3-7, 2023</i>
<b>SCHOOL RESUMES</b>	<b>Monday, April 10, 2023</b>
<u>End of Second Progress Reporting Period (High School)</u>	Friday, April 14, 2023
<i>MEMORIAL DAY (Legal Holiday)</i>	<i>Monday, May 29, 2023</i>
<u>ATP LAST DAY OF SCHOOL</u>	Wednesday, May 31, 2023
Final Exam Days, High School (Minimum Days, High School)	Tuesday-Thursday, May 30-June 1, 2023
<u>End of Second Semester (High School)</u>	Thursday, June 1, 2023
<u>End of Fourth Quarter (Middle School)</u>	Thursday, June 1, 2023
<u>End of Third Progress Reporting Period (Elementary)</u>	Thursday, June 1, 2023
<b>LAST DAY OF SCHOOL FOR ALL STUDENTS</b>	<b>Thursday, June 1, 2023</b>
(MINIMUM DAY for All Students/Graduation Ceremonies)	