

Quality Education - Invitation to Service

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**5-day**  
\_\_\_\_\_ Quarterly School Report

**DO NOT COMPLETE BEFORE END OF FIRST QUARTER  
SEND TO CONFERENCE OFFICE WITHIN ONE WEEK FROM END OF QUARTER**

School \_\_\_\_\_

Beginning date: \_\_\_\_\_ Ending date: \_\_\_\_\_

Total number of student contact **days this quarter:** \_\_\_\_\_

**If the information on this form differs from your submitted calendar, please record the missed days. Make note if it was because of an emergency or weather related. If a change was made to the school schedule, attach a board approved calendar change, and explain when the day(s) will be made up.**

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

List any non-teacher-student instructional days included in this quarter:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Dates of monthly emergency drills this quarter: **(Monthly fire drill required by state law)**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**Number of pupils in the following grades:**

PK \_\_\_ K \_\_\_ 1<sup>st</sup> \_\_\_ 2<sup>nd</sup> \_\_\_ 3<sup>rd</sup> \_\_\_ 4<sup>th</sup> \_\_\_ 5<sup>th</sup> \_\_\_ 6<sup>th</sup> \_\_\_ 7<sup>th</sup> \_\_\_ 8<sup>th</sup> \_\_\_ 9<sup>th</sup> \_\_\_ 10<sup>th</sup> \_\_\_ **Total** \_\_\_\_\_

\_\_\_\_\_  
**Principal's/Teacher's signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Superintendent's signature**

\_\_\_\_\_  
**Date**