



2024-2025 Second Quarter Report

School Name: _____

First day of the 2nd Quarter: _____ Last day of the 2nd Quarter: _____

Total number of days in Quarter: _____ Total number of hours in Quarter: _____

Please complete the calendar with the completed student-teacher contact hours:

Week	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Weekly Hour Total
10/13-10/18							
10/20-10/25							
10/27-11/1							
11/3-11/8							
11/10-11/15							
11/17-11/22							
11/24-11/29				Thanksgiving Break			
12/1-12/6							
12/8-12/13							
12/15-12/20							
TOTAL HOURS FOR THE MONTH							

Emergency drills this quarter: **(Monthly fire drill required by state law)**

1. _____

2. _____

Number of pupils in the following grades:

PK ___ K ___ 1st ___ 2nd ___ 3rd ___ 4th ___ 5th ___ 6th ___ 7th ___ 8th ___ 9th ___ **Total** _____

Principal's/Teacher's signature

Date

Superintendent's signature

Date