

**MISSISSIPPI DEPARTMENT OF EDUCATION
OFFICE OF SPECIAL EDUCATION
DIVISION OF EDUCABLE CHILD
P. O. BOX 771
JACKSON, MS 39205**

**SCHOOL CALENDAR
PRIVATE/PAROCHIAL SCHOOLS**

NAME OF SCHOOL _____ SCHOOL YEAR _____

Base the information below on the **180** regular school days. Do not include summer school/extended school year.

**TOTAL NUMBER OF SCHOOL DAYS FOR THIS YEAR
*COUNT ONLY STUDENT DAYS IN SCHOOL (MONDAY THROUGH FRIDAY)**

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Fill in number of school days for each month. List holidays and give dates that students will not be attending:
DATE SCHOOL BEGINS: _____

Month	No. of school days in this month	List holiday. Give dates that students will not be present.
August		
September		
October		
November		
December		
January		
February		
March		
April		
May		
June		

LAST DAY OF CLASSES: _____

Signature of Superintendent or
Authorized School Official