


# November



Name: \_\_\_\_\_

| Sunday | Monday  | Tuesday   | Wednesday        | Thursday  | Friday               | Saturday |
|--------|---------|---|------------------|---|----------------------|----------|
| 2      | 3       | 4<br>No School!<br>Teacher Workday!   | 5                | 6   | 7<br>Q1 Report Cards | 8        |
|        |         |   |                  |   |                      |          |
| 9      | 10      | 11<br>No School! <br>Veterans Day! | 12               | 13<br>Reading Test Day!   | 14                   | 15       |
|        |         |   |                  |   |                      |          |
| 16     | 17      | 18  | 19               | 20  | 21                   | 22       |
|        |         |   |                  |   |                      |          |
| 23     | 24<br>! | 25  | 26<br>No School! | 27<br>No School! <br>Thanksgiving Day! | 28<br>No School!     | 29       |
|        |         |   |                  |   |                      |          |

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Please review your child's behavior for school day and initial their calendar each night. See the back for more details.  
 Revise el comportamiento de su hijo para el día escolar y ponga sus iniciales en su calendario cada noche. Vea la parte de atrás para más detalles.



