

SAN PASQUAL VALLEY UNIFIED SCHOOL DISTRICT 2025-2026 EXPANDED LEARNING OPPORTUNITIES (PREK-6) PLANNER

AUGUST							SEPTEMBER							OCTOBER							NOVEMBER							DECEMBER							JANUARY							
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	
					1	2		1	2	3	4	5	6				1	2	3	4							1		1	2	3	4	5	6						1	2	3
3	4	5	6	7	8	9	7	8	9	10	11	12	13	5	6	7	8	9	10	11	2	3	4	5	6	7	8	7	8	9	10	11	12	13	4	5	6	7	8	9	10	
10	11	12	13	14	15	16	14	15	16	17	18	19	20	12	13	14	15	16	17	18	9	10	11	12	13	14	15	14	15	16	17	18	19	20	11	12	13	14	15	16	17	
17	18	19	20	21	22	23	21	22	23	24	25	26	27	19	20	21	22	23	24	25	16	17	18	19	20	21	22	21	22	23	24	25	26	27	18	19	20	21	22	23	24	
24	25	26	27	28	29	30	28	29	30				26	27	28	29	30	31	23	24	25	26	27	28	29	28	29	30	31				25	26	27	28	29	30	31			
31																			30																							
FEBRUARY							MARCH							APRIL							MAY							JUNE							JULY							
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	
1	2	3	4	5	6	7	1	2	3	4	5	6	7				1	2	3	4						1	2		1	2	3	4	5	6		1	2	3	4	5	6	
8	9	10	11	12	13	14	8	9	10	11	12	13	14	5	6	7	8	9	10	11	3	4	5	6	7	8	9	7	8	9	10	11	12	13	7	8	9	10	11	12	13	
15	16	17	18	19	20	21	15	16	17	18	19	20	21	12	13	14	15	16	17	18	10	11	12	13	14	15	16	14	15	16	17	18	19	20	14	15	16	17	18	19	20	
22	23	24	25	26	27	28	22	23	24	25	26	27	28	19	20	21	22	23	24	25	17	18	19	20	21	22	23	21	22	23	24	25	26	27	21	22	23	24	25	26	27	
							29	30	31				26	27	28	29	30	24	25	26	27	28	29	30	28	29	30				28	29	30	31								
																		31																								

Scheduled Days for ELOP

Permission Slip:

I would like my child to attend the Universal ELO-P (UPK) program at San Pasqual Valley USD District. By signing below, I understand that my student will attend the program from 8:00 am to 5:00 pm; unless I choose to pick him/her up earlier. Transportation will be provided for the scheduled program day.

Date: _____ Student Name: _____ Grade: _____
 Parent Name: _____ Parent Signature: _____ Phone number: _____

- I give my child permission to attend all school sponsored field trips.
- I DO NOT give my child permission to attend field trips.

My child will will not require transportation to the program. BUS ADDRESS: _____