

San Pasqual Valley Unified School District 2026-2027

Expanded Learning Opportunities

THRIVE (TK-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			1	2	3	4	5					1	2	3	1	2	3	4	5	6	7			1	2	3	4	5						1	2	
2	3	4	5	6	7	8	6	7	8	9	10	11	12	4	5	6	7	8	9	10	8	9	10	11	12	13	14	6	7	8	9	10	11	12	3	4	5	6	7	8	9	
9	10	11	12	13	14	15	13	14	15	16	17	18	19	11	12	13	14	15	16	17	15	16	17	18	19	20	21	13	14	15	16	17	18	19	10	11	12	13	14	15	16	
16	17	18	19	20	21	22	20	21	22	23	24	25	26	18	19	20	21	22	23	24	22	23	24	25	26	27	28	20	21	22	23	24	25	26	17	18	19	20	21	22	23	
23	24	25	26	27	28	29	27	28	29	30				25	26	27	28	29	30	31	29	30						27	28	29	30	31			24	25	26	27	28	29	30	
30	31																																	31								
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		1	2	3	4	5	6					1	2	3						1				1	2	3	4	5						1	2	3
7	8	9	10	11	12	13	7	8	9	10	11	12	13	4	5	6	7	8	9	10	2	3	4	5	6	7	8	6	7	8	9	10	11	12	4	5	6	7	8	9	10	
14	15	16	17	18	19	20	14	15	16	17	18	19	20	11	12	13	14	15	16	17	9	10	11	12	13	14	15	13	14	15	16	17	18	19	11	12	13	14	15	16	17	
21	22	23	24	25	26	27	21	22	23	24	25	26	27	18	19	20	21	22	23	24	16	17	18	19	20	21	22	20	21	22	23	24	25	26	18	19	20	21	22	23	24	
28							28	29	30	31				25	26	27	28	29	30		23	24	25	26	27	28	29	27	28	29	30			25	26	27	28	29	30	31		
																					30	31																				
Scheduled Days for ELOP																																										

Permission Slip:

I would like my child to attend the Thrive Universal ELO-P 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.

Transportation: ☐ Will require bus transportation ☐ Will NOT require bus transportation

BUS ADDRESS: _____

