San Pasqual Valley Unified School District 2026-2027

Expanded Learning Opportunities

THRIVE (TK-6) Planner

AUGUST						
S	M	T	W	T	F	S
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2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
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30	31					

SEPTEMBER						
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OCTOBER						
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NOVEMBER						
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DECEMBER						
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JANUARY						
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31						

FEBRUARY						
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MARCH						
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APRIL						
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MAY						
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30	31					

JUNE						
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JULY						
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18	19	20	21	22	23	24
25	26	27	28	29	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: _____