



Dear SEM Families:

We kindly ask that you complete all of the attached forms included in this matriculation package by August 1, 2018. Please note that the full completion of these forms is mandatory for enrollment at the school. We need these forms in order to fully care for your child when she is in the United States.

Thank you for your cooperation and extend best wishes for the upcoming academic year! Please feel free to contact me with any questions you may have.

Sincerely,

A handwritten signature in black ink, appearing to read "Natalie Stothart".

Natalie Stothart
Assistant Head of School for Community Life

Buffalo Seminary
205 Bidwell Parkway Buffalo, NY 14222-1295
(716)885-6780 ext. 203
(716)885-6785 fax
nstothart@buffaloseminary.org

Buffalo Seminary Residential Student Check List 2018-2019

Included on the following pages are important forms from the Residential Life, Health, and Business Offices that need to be returned by **August 1, 2018**. Before returning these forms, please take a few moments to be sure you have signed and dated all the appropriate areas. If at any point during this process you have questions please feel free to contact Natalie Stothart at nstothart@buffaloseminary.org.

Forms can be emailed to Natalie Stothart at nstothart@buffaloseminary.org or faxed to (716)885-6785.

Please complete all forms in English.

Checklist of Forms:

- Custodial Consent Form
- Emergency Contact and Medical Release Form
- Health Examination, Vaccinations and Medications Forms
- Permissions Form
- Photo Release Form (Opt-out only)

Additional Information Included for Your Reference:

- Packing List
- 2018-2019 School Calendar

I hereby certify that all information provided in this matriculation packet is true and accurate to the best of my knowledge. I understand and agree that misrepresentation, falsification, or material omission of information on any of the provided forms in this matriculation packet may result in dismissal from the school.

Parent/Guardian Name:

Date:

Signature:

Student Name:

Date:

Signature:

Buffalo Seminary Custodial Responsibility Form

I/We (Parent(s) _____) have full legal custody of
(Name of Child/Minor) _____, whose date of birth is _____, and do hereby appoint individuals designated by Buffalo Seminary (the "Custodian") to act as custodian of my child and do the following acts or things in my name and in my behalf:

1. To act *in loco parentis* of my child and do all acts necessary for maintaining my child's health, education, and welfare, including the registration and enrollment of my child in educational and recreational programs; to maintain reasonable living standards, including, but not limited to, provision of living quarters, food, medical, entertainment, and other customary matters; and
2. To administer general first aid treatment for my child for injuries or illnesses, and to approve and authorize any and all medical testing and treatment deemed necessary by a certified medical provider, and to execute any consent, release or waiver of liability required by medical or dental authorities incident to the provision of medical, surgical or dental care to my child by qualified medical personnel; to consent to surgery or any other medical procedures or assistance to my child; to authorize my child's admission to a medical, nursing or residential care facility, and to enter into agreements for my child's care.

Emergencies and Situations of Significant Risk

In emergency situations, the Custodian shall attempt to contact the Parent before making health care decisions, including the consent for emergency transportation if necessary.

If treatment decisions carry significant risks to my child, in the judgment of the Custodian, and time permits, the Custodian or the School will make reasonable efforts to contact me for approval utilizing the contact information provided to the School, prior to treatment. In the event that I cannot be reached within a reasonable time, and the Custodian, on the advice of a licensed physician, surgeon or dentist, determines that the treatment decision should be made without further delay, the Custodian may approve such treatment.

Effective Date and Termination

This Custodial Responsibility and Consent for Medical Treatment Authorization (the "Authorization") shall become effective 12:01 AM on Sept. 1, 2017 and will remain effective until the earliest of the following:

1. Termination by operation of law;
2. Revocation of this Custodial Responsibility and Consent for Medical Treatment Authorization by the grantor(s), the custodian(s), or a court of law; or
3. Termination or completion of the Student's participation in all programs by the School.

Parent Approval of Custodian's and the School's Actions; Indemnity

I do hereby ratify and confirm the School's selection of the Custodian and each of the acts of the Custodian lawfully done, on my behalf, pursuant to the authority herein above conferred.

I am aware that the exercise of the powers and authority granted herein may involve expenses to my child and/or me. I approve the reasonable expenses associated with the activity. Any activity or event for which the charge would exceed \$250 will not be approved by the Custodian for my child without advance consent from me, unless I cannot be reached

through reasonable means. The Custodian shall not be responsible for damages or losses incurred by my child or me caused by my failure to respond within a reasonable time to a request for approval of participation in activities or trips.

I agree, to the fullest extent permitted by law, to indemnify, hold harmless, and defend the School, and any of their affiliates, subsidiaries, boards, commissions, committees, employees, officers, directors, servants, agents, contractors, and assigns, whether past, present, or future (collectively, "Indemnified Parties"), from and against any and all claims, demands, actions, liabilities, losses, damages, settlements, judgments, costs, and expenses (including reasonable attorneys' fees), which are related to or may arise directly or indirectly out of the Indemnified Parties' performance under, use of or reliance upon this Authorization, but excluding claims arising from the gross negligence of the Indemnified Parties. This provision will survive termination or expiration of this Authorization.

Other Provisions

This Authorization is written in the English language. In case of discrepancies between the English text version of this Authorization and any translation, the English version shall prevail.

All pronouns and any variation thereof refer to the masculine, feminine or neuter, singular or plural, as the identity of the person or persons may require.

Photocopies of this Authorization shall have the same force and effect as the original.

This Authorization is intended by me to be valid in any jurisdiction in which it is presented. The various powers granted herein are separate and severable to the effect that the possible invalidity of any one or more of such powers shall not affect the validity of any other powers.

I authorize the Custodian and the School to share copies of this Authorization with the host family or residential services provider, and its boards, commissions, committees, employees, officers, directors, servants, agents, and assigns.

The validity and interpretation of this Authorization shall be governed by the laws of New York State, without regard to its choice of law provisions or the choice of law provisions of other jurisdictions.

It is understood that this Authorization is given in advance of custody of my child and any such medical treatment and is given to provide authority and power on the part of the Custodian in the exercise of his or her best judgment. If the Student is 18 years of age or over on the date of signing, then the Student's signature is required.

Parent/Guardian Name: _____ Date: _____

Signature: _____

Student Name: _____ Date: _____

Signature if over 18 years of age: _____



Buffalo Seminary Residential Student Emergency Contact & Medical Release 2018-2019

This form must be submitted each year. Please email forms by August 1, 2018.

Forms should be emailed to Natalie Stothart at nstothart@buffaloseminary.org or faxed to (716)885-6785.

Emergency Contact Information: It is important that contact person be English-speaking.

Student Name:	Date of Birth:
Parent/Guardian 1 Name:	Relationship:
Phone number:	WeChat ID:
Email:	
Address:	
Parent/Guardian 2 Name:	Relationship:
Phone number:	WeChat ID:
Email:	
Address:	
Alternate Contact Name:	Relationship:
Phone number:	
Email:	

Permission for Emergency Medical Treatment:

In the event of an emergency requiring medical attention, I hereby authorize and consent to the designated responsible Buffalo Seminary representative in charge, present with my daughter, to act in accordance with his or her judgment to seek appropriate care for my daughter with a licensed physician, nurse or emergency personnel for treatment. This representative is absolved from any liability or financial responsibility in connection herewith.

Permission for Over-the-Counter (OTC) Medication Administration:

To receive stock OTC medication, a completed Buffalo Seminary Provider and Parent Permission to Administer Medication form must be on file with the Nurse.

Please indicate any allergies, medication allergies or special medical conditions and recommended treatment:

Parent/Guardian Name:	Date:
Signature:	

For Office Use Only

NYS SCHOOL HEALTH EXAMINATION FORM

TO BE COMPLETED IN ENTIRETY BY PRIVATE HEALTH CARE PROVIDER OR SCHOOL MEDICAL DIRECTOR

Note: Buffalo Seminary requires a physical exam annually for all students and annually for interscholastic sports.

STUDENT INFORMATION

Name:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	DOB:
School:	Grade:	Exam Date:

HEALTH HISTORY

Allergies No Medication/Treatment Order Attached Anaphylaxis Care Plan Attached
 Yes, indicate type Food Insects Latex Medication Environmental

Asthma No Medication/Treatment Order Attached Asthma Care Plan Attached
 Yes, indicate type Intermittent Persistent Other : _____

Seizures No Medication/Treatment Order Attached Seizure Care Plan Attached
 Yes, indicate type Type: _____ Date of last seizure: _____

Diabetes No Medication/Treatment Order Attached Diabetes Medical Mgmt. Plan Attached
 Yes, indicate type Type 1 Type 2 HbA1c results: _____ Date Drawn: _____

Risk Factors for Diabetes or Pre-Diabetes:
Consider screening for T2DM if BMI% > 85% and has 2 or more risk factors: Family Hx T2DM, Ethnicity, Sx Insulin Resistance, Gestational Hx of Mother; and/or pre-diabetes.

BMI _____ kg/m2 **Percentile (Weight Status Category):** <5th 5th-49th 50th-84th 85th-94th 95th-98th 99th and >

Hyperlipidemia: No Yes **Hypertension:** No Yes

PHYSICAL EXAMINATION/ASSESSMENT

Height:	Weight:	BP:	Pulse:	Respirations:
TESTS	Positive	Negative	Date	Other Pertinent Medical Concerns
PPD/ PRN	<input type="checkbox"/>	<input type="checkbox"/>		One Functioning: <input type="checkbox"/> Eye <input type="checkbox"/> Kidney <input type="checkbox"/> Testicle
Sickle Cell Screen/PRN	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Concussion – Last Occurrence: _____
Lead Level Required Grades Pre- K & K		Date		<input type="checkbox"/> Mental Health: _____
<input type="checkbox"/> Test Done <input type="checkbox"/> Lead Elevated ≥ 10 $\mu\text{g}/\text{dL}$				<input type="checkbox"/> Other: _____

System Review and Exam Entirely Normal

Check Any Assessment Boxes Outside Normal Limits And Note Below Under Abnormalities

<input type="checkbox"/> HEENT	<input type="checkbox"/> Lymph nodes	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Extremities	<input type="checkbox"/> Speech
<input type="checkbox"/> Dental	<input type="checkbox"/> Cardiovascular	<input type="checkbox"/> Back/Spine	<input type="checkbox"/> Skin	<input type="checkbox"/> Social Emotional
<input type="checkbox"/> Neck	<input type="checkbox"/> Lungs	<input type="checkbox"/> Genitourinary	<input type="checkbox"/> Neurological	<input type="checkbox"/> Musculoskeletal

<input type="checkbox"/> Assessment/Abnormalities Noted/Recommendations:	Diagnoses/Problems (list)	ICD-10 Code
	_____	_____
	_____	_____
	_____	_____

Additional Information Attached

Name:	DOB:
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SCREENINGS				
Vision	Right	Left	Referral	Notes
Distance Acuity	20/	20/	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Distance Acuity With Lenses	20/	20/		
Vision – Near Vision	20/	20/		
Vision – Color <input type="checkbox"/> Pass <input type="checkbox"/> Fail				
Hearing	Right dB	Left dB	Referral	
Pure Tone Screening			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Scoliosis	Negative	Positive	Referral	
Required for boys grade 9 And girls grades 5 & 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Deviation Degree:	Trunk Rotation Angle:			

Recommendations:

RECOMMENDATIONS FOR PARTICIPATION IN PHYSICAL EDUCATION/SPORTS/PLAYGROUND/WORK

Full Activity without restrictions including Physical Education and Athletics.

Restrictions/Adaptations Use the Interscholastic Sports Categories (below) for Restrictions or modifications

No Contact Sports **Includes:** baseball, basketball, competitive cheerleading, field hockey, football, ice hockey, lacrosse, soccer, softball, volleyball, and wrestling

No Non-Contact Sports **Includes:** archery, badminton, bowling, cross-country, fencing, golf, gymnastics, rifle, Skiing, swimming and diving, tennis, and track & field

Other Restrictions:

Developmental Stage for Athletic Placement Process ONLY
Grades 7 & 8 to play at high school level **OR** Grades 9-12 to play middle school level sports
Student is at **Tanner Stage:** I II III IV V

Accommodations: Use additional space below to explain

<input type="checkbox"/> Brace*/Orthotic	<input type="checkbox"/> Colostomy Appliance*	<input type="checkbox"/> Hearing Aids
<input type="checkbox"/> Insulin Pump/Insulin Sensor*	<input type="checkbox"/> Medical/Prosthetic Device*	<input type="checkbox"/> Pacemaker/Defibrillator*
<input type="checkbox"/> Protective Equipment	<input type="checkbox"/> Sport Safety Goggles	<input type="checkbox"/> Other:

*Check with athletic governing body if prior approval/form completion required for use of device at athletic competitions.

Explain: _____

MEDICATIONS

Order Form for Medication(s) Needed at School attached

List medications taken at home:		

IMMUNIZATIONS

Record Attached Reported in NYSIIS Received Today: Yes No

HEALTH CARE PROVIDER

Medical Provider Signature:	Date:
Provider Name: <i>(please print)</i>	Stamp:
Provider Address:	
Phone:	
Fax:	

Please Return This Form To Your Child’s School When Entirely Completed.



Buffalo Seminary Health Examination Form

205 Bidwell Parkway, Buffalo NY 14222
 Phone: (716)885-6780 FAX: (716)885-6785

Attach Immunization Record or complete chart below in English:

Vaccine	# Doses Required Grades 9-12	Doses: Please enter MM/DD/YYYY of each immunization		
Diphtheria and Tetanus toxoid-containing vaccine and Pertussis vaccine (DTaP/DTP/Tdap)	3 doses, final dose in the series should be received at age 4 or older and 6 months after the previous dose			
Tetanus and Diphtheria toxoid-containing vaccine and Pertussis vaccine booster (Tdap)	1 dose, at age 10 or older			
Polio vaccine (IPV/OPV)	3 doses, final dose in the series should be received at age 4 or older and 6 months after the previous dose			
Measles, Mumps and Rubella vaccine (MMR)	2 doses			
Hepatitis B vaccine	3 doses or 2 doses of adult hepatitis B vaccine (Recombivax) for children who received the doses at least 4 months apart between the ages of 11 through 15 years of age			
Varicella (Chickenpox) vaccine	1 dose or history of the disease			
Meningococcal conjugate vaccine (MenACWY)	1 dose, Grade 12: 2 doses or 1 dose if the dose was received at 16 years of age or older			

Link to New York State Immunization Requirements Chart:

<https://www.health.ny.gov/publications/2370.pdf>



Buffalo Seminary Provider and Parent Permission to Administer Medication

This form must be submitted each year. Please return completed form by August 1, 2018. Forms are to be returned to the Main Office: Buffalo Seminary, 205 Bidwell Parkway, Buffalo, NY 14222 or fax (716)885-6785. If you have any questions please contact the Main Office at (716)885-6780.

All students must have patient specific orders from their provider for any prescription and over the counter (OTC) medication along with written parent/guardian consent for such medications to be administered to, or taken by their child, including school stock OTC. Parent/guardian consent must specify permitting administration of stock medication. These medications include, pain reliever, fever reducer, anti-inflammatory, antihistamine, decongestant, antacid, topical applications, cough drops, and sunscreen.

To be completed by parent or guardian:

I authorize the school health staff to give my child the following prescription or OTC medication as prescribed by our licensed health care provider. After the school nurse determines that my child can take their own medications, other trained staff may assist my child to take their own medications. Prescription medication will be provided by me in the properly labeled original container from the pharmacy. OTC may be given from health office stock supplies ONLY if written authorization is given by the student's parent/guardian or health care provider.

Student Name: _____ Date of Birth: _____ Class of: _____
Parent/Guardian Name: _____ Relationship: _____
Phone where we can reach you: _____ Email: _____
Signature: _____ Date: _____

To be completed by licensed health care provider – VALID FOR 1 YEAR

Diagnosis: _____
Medication(s), dosage, frequency, route, and times, to be taken during the school day: _____

Note: Medication will be given as close to the prescribed time as possible, but may be given up to one hour before or after the prescribed time. Please advise if there is a time-specific concern regarding administration.

The school nurse has my permission to administer the following OTC medication to my patient (provide dosage):
_____ Acetaminophen _____ antacid _____ topical
_____ Ibuprofen _____ cough drops
_____ Diphenhydramine _____ sunscreen

Independent Carry and Use Attestation Attached (Required for Independent Carry and Use)
NYS law requires both provider attestation that the student has demonstrated they can effectively self-administer inhaled respiratory rescue medications, epinephrine auto-injector, Insulin, carry glucagon and diabetes supplies or other medications which require rapid administration along with parent/guardian permission delivery to allow this option in school. Check this box and complete the attestation to request this option.

Name/Title of Prescriber (Please Print): _____
Prescriber's Signature: _____ Date: _____
Phone: _____
Address: _____

Provider Attestation and Parent Permissions for Independent Medication Carry and Use

Directions for the Health Care Provider: This form may be used as an addendum to a medication order which does not contain the required diagnosis and attestation for a student to independently carry and use their medication as required by NYS law. A provider order and parent/guardian permission are needed in order for a student to carry and use medications that require rapid administration to prevent negative health outcomes. These medications should be identified by checking the appropriate boxes below.

Student Name: _____ Date of Birth: _____

Health Care Provider Permission for Independent Use and Carry

I attest that this student has demonstrated to me that he or she can self-administer the medication(s) listed below safely and effectively, and may carry and use this medication (with a delivery device if needed) independently at any school/school sponsored activity. Staff intervention and support is needed only during an emergency. This order applies to the medications checked below:

This student is diagnosed with: _____

- Allergy and requires Epinephrine Auto-injector
- Asthma or respiratory condition and requires Inhaled Respiratory Rescue Medication
- Diabetes and requires Insulin/Glucagon/Diabetes Supplies
- _____ which requires rapid administration of _____
(State Diagnosis) (Medication Name)

Name/Title of Prescriber (Please Print): _____

Prescriber's Signature: _____ Date: _____

Phone: _____

Parent/Guardian Permission for Independent Use and Carry

I agree that my child can use their medication effectively and may carry and use this medication independently at any school/school sponsored activity. Staff intervention and support is needed only during an emergency.

Name: _____

Signature: _____ Date: _____

Buffalo Seminary Residential Student Permissions Form 2018-2019

This form must be submitted each year. Please email or fax forms by August 1, 2018. Forms should be emailed to Natalie Stothart at nstothart@buffaloseminary.org or faxed to (716)885-6785.

As a part of daily activity at SEM, students will attend school sponsored field trips, residential outings, sporting events, club activities, service projects, cultural and social activities, etc. Transportation is arranged by Buffalo Seminary bus, authorized vehicle or faculty/staff member's personal vehicle. Buffalo Seminary does NOT permit Residential Students to drive cars while under the jurisdiction of the school.

I give permission for my daughter to attend outings as stated above

I permit my daughter to ride in the vehicle of:

- Parents of students with the parent driving
- Licensed student driver
- Car service/taxi

The following activities are SUPERVISED. We encourage you to give permission for these activities. Please check all where permission is granted:

- School trips, dances, and other social events
- Dinner, movies, concerts, and other cultural events
- Dances/events at other local schools with permission from Residential Director

The school permits the following UNCHAPERONED activities with permission and proper sign-out procedure. Please check all where permission is granted:

- Walk to local shops and restaurants
- Ride a bike/rollerblade/skateboard with helmet in accordance with school regulations
- Trips to shopping malls, movie theaters, and dinner
- Excursion trips in the region including Ontario, Canada in which transportation is arranged by SEM and students do not have to be chaperoned at destination. Please arrange for your daughter to get a Canadian Visa prior to arrival.
- Visit or overnight stay with day student/boarding student/or in any private homes. Invitation from adult host (written or email), completion of Residential Leave Permission Form, and permission from Residential Director are required.
- Social visit to college campus of sibling or friend. Invitation from adult host (written or email), completion of Residential Leave Permission Form, and permission from Residential Director are required.
- Visit overnight for college interview. Completion of Residential Leave Permission Form, and permission from College Counselor and Residential Director are required.
- Independent vacation or weekend travel. Completion of Residential Leave Permission Form and permission from Residential Director are required.

I understand the above permissions will be granted only in accordance with the rules and regulations of the school. I understand that there are normal risks of travel and participation in trips and I hereby assume the risk of any injury to my child however caused and whether by negligence or otherwise.

Student Name: _____

Parent/Guardian Name: _____

WeChat ID: _____

Signature: _____

Date: _____

Parent Primary Email: _____

Phone Number: _____

Photo and Video Usage Policy:

1. We will use only images (video and still photography) that reflect positively on the student and the school.
2. We may identify an individual student with her picture if she has earned a specific honor (e.g., top scorer in an athletic game, National Honor Society inductee, community award winner, etc.) and/or is identified publically elsewhere, such as The Buffalo News or Buffalo Business First.

Parent/Guardian Agreement to the Use of Photos and Videos of Students:

Buffalo Seminary reserves the right to use video footage and/or photographs of my daughter. The video footage and/or photographs will be the property of the school. Rights to these materials are waived, including the right to inspect and/or approve copy that may be used in conjunction with uses to which they may be applied. The pictures and/or video footage may be used as Buffalo Seminary sees fit for the production of educational or promotional materials and any other lawful purpose.

Media Opt-Out:

I **do not** give Buffalo Seminary the right to use video footage and/or photographs of my daughter.

Student name: _____

Grade: _____

Parent/Guardian name: _____

Date: _____

Signature: _____

Please address any questions to Erin Kelly, Director of Communications, at ekelly@buffaloseminary.org.

Residential Student Packing List 2018-19

Residential House Furnishings:

SEM provides basic furnishings for residential living - window blinds and/or shades, standard size twin bed and mattress, desk, chair, wastebasket, dresser, and closet space per person. However, here are a few additions to help you feel at home. SEM also provides you with a personal laptop for your use while you are a student here.

Please note that as part of orientation at SEM we have trips to local stores so that you can buy various bedding, toiletries, etc. that are too cumbersome to pack. This is merely a suggested packing list.

Bedding:

Twin sheets
Blanket
Pillows
Bedspread, comforter

Toiletries:

Towels/washcloths
Shower tote
Shower sandals/flip flops
Personal toiletries (shampoo, soap, toothbrush, toothpaste, razors, etc.)

Clothes/Storage:

Dress Code items (See SEM Handbook)
Winter jacket
Gloves, scarf, winter hat
Clothes hangers
Rain/snow boots
Umbrella
Laundry bag, laundry detergent, stain remover, dryer sheets
Small sewing kit

Personal & School Supplies:

Alarm clock
School supplies (i.e., pens, binders, notebooks, highlighters, stapler, etc.)
USB or flash drive
Backpack/tote bag
Cell phone and charger

Other Items You Don't Need But Many Students Like to Have:

Fan
Pictures from home
Headphones for use during study hall (noise-cancelling ear buds not recommended)
Books for pleasure reading
Sunscreen and sunglasses

Items that are NOT Permitted (which may lead to disciplinary action):

Air conditioners
Irons (these are provided)
Candles/incense
Lighters and matches
Halogen lamps/bulbs
Hot plates (including electric grills)
Immersion coils
Space heaters
Sun lamps
Toasters/toaster ovens
Coffee makers of any kind
Wireless router/access point
Microwave
Refrigerator
TV
Power tools
Firearms, weapons, or paint guns (including BB guns, air guns, hunting rifles, ammunition, bows, arrows, knives)
Fireworks or explosives
Mercury thermometers
Stringed or Christmas lights
Alcohol or illegal drugs

BUFFALO SEMINARY

DRAFT 2018-2019 CALENDAR

Dates as of 6/27/2018. Updated calendar available at buffaloseminary.org. Opening Day is September 5, 2018. Commencement is June 11, 2019. Students should arrive by 7:50 AM for first bell. Morning Meeting begins at 7:55 AM. Dismissal is 3:30 PM.

September 2018

S	M	T	W	T	F	S
26	27	28	29	30	31	1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

October 2018

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

November 2018

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

December 2018

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

January 2019

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

SEM Trimester Schedule:

Trimester 1 Interim	Oct. 10, 2018
Trimester 1 Final	Nov. 19, 2018
Trimester 2 Interim	Jan. 16, 2019
Trimester 2 Final	Feb. 28, 2019
Trimester 3 Interim	April 22, 2019
Trimester 3 Final	May 29, 2019

Standardized Test Dates @ SEM:

SAT @SEM:	ACT @SEM:
Aug. 25, 2018	Oct. 27, 2018
Oct. 6, 2018	June 8, 2019
June 1, 2019	PSAT @SEM:
	Oct 10, 2018

August

- 15 Pre-Season Soccer, Golf & Field Hockey
- 20 Pre-Season, Crew, Cross Country & Swimming
- 31 Student Residences Open 3 PM - New Students
- 31-9/3 New Residential Student Orientation

September

- 1 Student Residences Open - Returning Students
- 3 Labor Day - No School
- 4 New Student Orientation
- 5 Opening Day
- 7 All-School Picnic
- 10 Sailing Team Practice Begins
- 14 Convocation
- 13 Meet the Teacher Night
- 21 Hornet/Jacket Day - Half Day of School
- 25 Picture Day
- 30 Open House

October

- 8 Columbus Day - No School
- TBD Hawk Walk
- 18 Evening SEM Open House

November

- 1 Parent/Teacher Conferences - No School
- 2 SEMQuest
- 6 Winter Sports Begin
- 7 Picture Retake
- 12 Veterans Day (Observed) - No School
- 15-17 Fall Play
- 20 Grandparent Morning - Half Day of School
- 21-25 Thanksgiving Break - No School

December

- 1 Entrance Exam
- 7 Hanging of the Greens
- 8 Holiday Bazaar
- 21 Revel
- 22 Winter Break Begins - No School
- 22 Student Residences Close @Noon

January

- 5 Student Residences Open @Noon
- 7 Classes Resume
- 21 Martin Luther King Jr. Day - No School

February

- 5 Lunar New Year
- 18-19 Presidents Day - No School

March

- 4 Spring Sports Begin
- TBD Spring Play
- 23 Student Residences Close @Noon
- 25 Spring Break Begins - No School

April

- 6 Student Residences Open @Noon
- 8 Classes Resume
- TBD Colby Artist

May

- 6-17 AP Exams
- 27 Memorial Day - No School
- 30 Student Recognition Day
- 30 Putting on the Hits - Half Day of School
- 31 Reading Day - No School
- 31-1 Reunion Weekend

June

- 3-6 Final Exams
- 5 BSAA Senior Induction Luncheon
- 10 Class Day & Senior Strawberry Reception - Half Day of School
- 11 Graduation
- 12 Student Residences Close @5:00 PM

February 2019

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28		

March 2019

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

April 2019

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

May 2019

S	M	T	W	T	F	S
			1	2	3	4
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June 2019

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AP Exam Schedule:

- 5/6 AM US Government
- 5/7 AM Spanish Language
- 5/8 AM English Literature
- 5/8 PM French Language
- 5/9 AM Chemistry
- 5/9 PM Psychology
- 5/10 AM US History
- 5/13 AM Biology
- 5/13 PM Physics C Mechanics
- 5/14 AM Calculus AB & BC
- 5/15 AM English Language
- 5/15 PM Microeconomics
- 5/16 AM World History
- 5/16 PM Statistics
- 5/17 AM Latin