

Name _____

April

Due 3/20/26

Monday		Tuesday		Wednesday		Thursday		Friday	
<input type="checkbox"/> Before School	Mar 23	<input type="checkbox"/> Before School	24	<input type="checkbox"/> Before School	25	<input type="checkbox"/> Before School	26	<input type="checkbox"/> Before School	27
<input type="checkbox"/> After School		<input type="checkbox"/> After School		<input type="checkbox"/> After School		<input type="checkbox"/> After School		<input type="checkbox"/> After School	
<input type="checkbox"/> Before School	30	<input type="checkbox"/> Before School	31	<input type="checkbox"/> Before School	Apr 1	<input type="checkbox"/> Before School	2	NO SCHOOL	
<input type="checkbox"/> After School		<input type="checkbox"/> After School		<input type="checkbox"/> After School		AM TCU ONLY 1/2 DAY SCHOOL			
	6		7		8		9	10	
<p>NO SCHOOL – EASTER BREAK</p>									
<input type="checkbox"/> Before School	13	<input type="checkbox"/> Before School	14	<input type="checkbox"/> Before School	15	<input type="checkbox"/> Before School	16	NO SCHOOL	
<input type="checkbox"/> After School		<input type="checkbox"/> After School		<input type="checkbox"/> After School		<input type="checkbox"/> After School			
<input type="checkbox"/> Before School	20	<input type="checkbox"/> Before School	21	<input type="checkbox"/> Before School	22	<input type="checkbox"/> Before School	23	<input type="checkbox"/> Before School	24
<input type="checkbox"/> After School		<input type="checkbox"/> After School		<input type="checkbox"/> After School		<input type="checkbox"/> After School		<input type="checkbox"/> After School	