

2023-2024 ENROLLMENT CHECKLIST



NEW ENROLLMENT APPLICATION

The following information is needed for each student at the time of enrollment. **Students will not be permitted to start school until all the required documentations are received and an educational background check completed.**



- ☐ Completed Application packet. **Do not sign if you are not the custodial parent or have legal or temporary guardianship documents attached.**
- ☐ Student must have a **Certificate of Indian Blood (CIB)**.
- ☐ Original copy of Student's Birth Certificate.
- ☐ **Current 2023 or later Immunization Record (We will not be accepting handwritten records).**
According to Arizona Revised Statutes §15-871-874; and Arizona Administrative Code, R9-6-701-708, students must have proof of all required immunizations, or a valid exemption, in order to attend school.
- ☐ Incoming Kindergartners **must be 5 years old before Dec 30, 2023. Due to classroom capacity, enrollment for Kindergartens may close sooner than deadline.**
- ☐ Official copy of school Withdrawal Form, if transferring from another school district.
- ☐ Copies of Transcripts, Grades, Test Scores, for all transfer students.
- ☐ *[If applicable]* Boundary Waiver, if you reside outside the district area. Out of boundary students requires their local School Board Official's approval for enrollment. **Must be completed before student can start class.**
- ☐ *[If applicable]* Legal Documentation. If you are **not** the legal guardian or custodial parent of a student we require one of the following documents for enrollment:
 - Court Custody Documents
 - Social Service Placement Letter
 - Power of Attorney Form signed & notarized.
- ☐ *[If applicable]* Other copies of Court Documents, Restraining Orders, etc.
- ☐ *[If applicable]* Exceptional Education documents
- ☐ If enrolling in the dormitory, student must first be approved for enrollment with K-8 school.
- ☐ 10 years and older may participate in School Athletics. Physical Exam forms are available in the Elementary Office and available for download at our school's website. **All required Athletic Forms are due before first day of practice.**

Shonto Preparatory K-8 School Enrollment Contact

Treva A Worker, K-8 Registrar

PO Box 7900, Shonto, Arizona 86054

Phone: 928-672-3500 ext 1002 | Fax: 928-672-3505 | Email: tworker@shontoprep.org

SHONTO PREPARATORY SCHOOL

APPLICATION FOR BUREAU FUNDED SCHOOLS AND FEDERAL BOARDING SCHOOLS
UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF INDIAN EDUCATION



Start Date		OFFICE USE ONLY		End Date		GRADE	
STUDENT INFORMATION							
Last Name		First		Middle			
Mailing Address		City		State		Zip	
Physical Address							
Primary Household Contact Number (This number will be used for our School Closure Notifications and Emergencies.)							
Date Of Birth		Gender		Student Status:		Dorm Walk Bus Route:	
Tribal Affiliation/Agency		Enrollment Number		Degree			
What is the language that the student first acquired?		Navajo English Other:					
What is the language most often spoken by the student?		Navajo English Other:					
What is the primary language used in the home regardless of the language spoken by the student?		Navajo English Other:					
FAMILY & BACKGROUND INFORMATION							
If other than birth parents, court orders, legal issues, guardianship and/or Power Of Attorney forms must be on file.							
Lives with Father Guardian				Lives with Mother Guardian			
Same As Above Address				Same As Above Address			
City, State, Zip				City, State, Zip			
Home Location				Home Location			
Contact Number				Contact Number			
Email				Email			
Tribal Affiliation/Agency				Tribal Affiliation/Agency			
Enrollment Number				Enrollment Number			
Chapter				Chapter			
Documents on File?		Valid Dates		Documents on File?		Valid Dates	
YES NO				YES NO			
EMERGENCY CONTACT (OTHER THAN PARENT)							
Name		Contact #		Physical Address			
Contact 1							
Contact 2							
THE FOLLOWING ADDITIONAL PEOPLE HAVE PERMISSION TO PICK UP MY CHILD FROM SCHOOL							
☛ Limit four (4). The person(s) on the list MUST BE OVER 21 YEARS OF AGE . Any release of a student requires proper check out procedures in the office. The parents/guardians are to notify the office of any changes. This policy is written in the Student Parent Handbook.							
1.		Relationship		3.		Relationship	
2.		Relationship		4.		Relationship	

Student: _____

PREVIOUS SCHOOL for new enrollment only.		
School		
Address		
Phone	Fax	
Dates Attended	Grade Completed	
Reason for transferring:		
Has your child been suspended/expelled from previous school? If yes, reason?	<input type="checkbox"/> YES <input type="checkbox"/> NO Reason:	Retained? (Grade/Year) <input type="checkbox"/> YES <input type="checkbox"/> NO
		Has your child participated in an Exceptional Education Program or have an IEP? <input type="checkbox"/> YES <input type="checkbox"/> NO

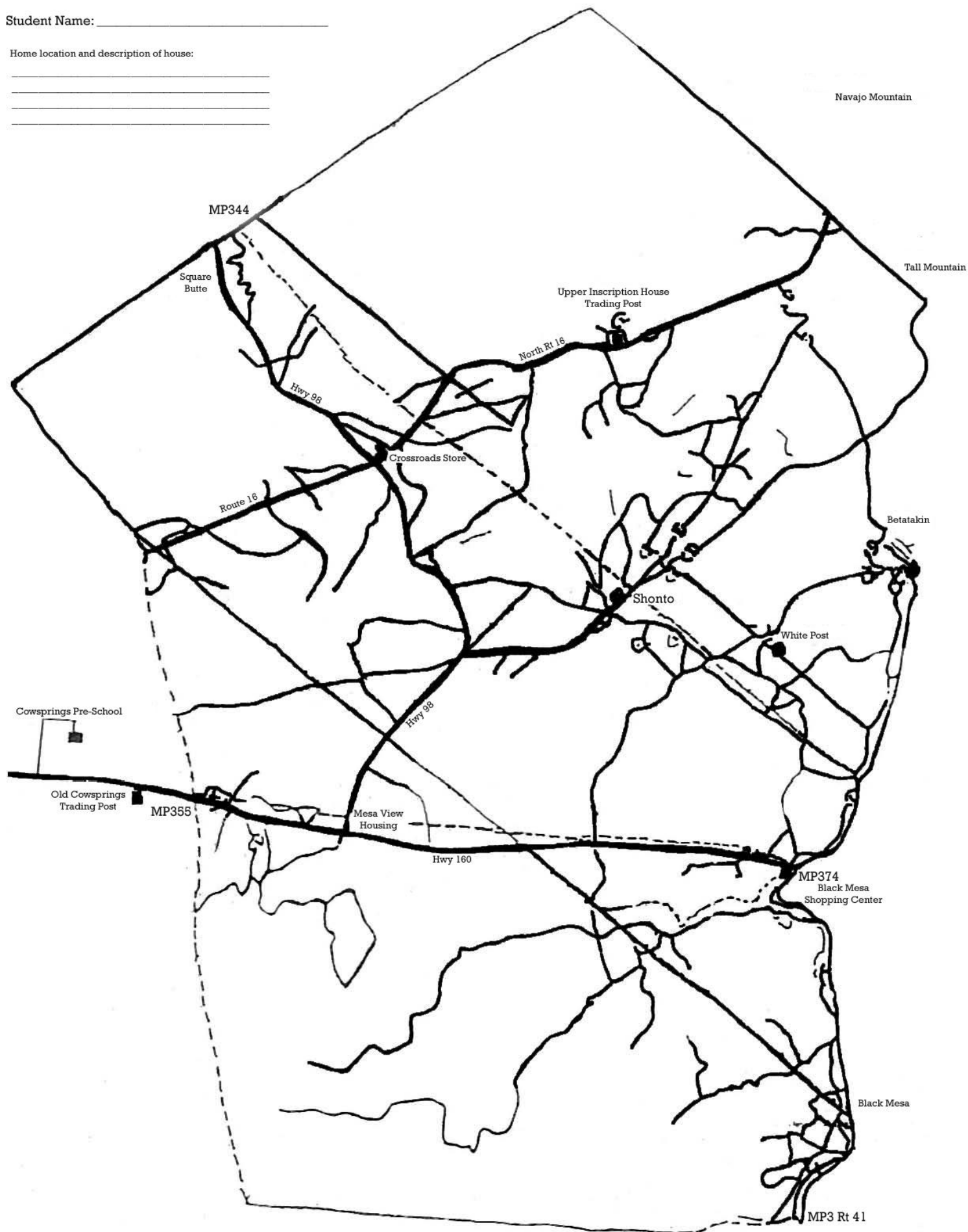
DISCLAIMER AND SIGNATURE to be signed by Parent/Legal Guardian.		
<i>I am legally responsible for this student and hereby apply for his/her admission to this school. Therefore I certify that the foregoing information is accurate and complete to the best of my knowledge. I also understand that additional information may be requested by the school from myself and other public agencies in accordance with the rules and regulations or the Family Privacy Act to complete the enrollment of my child.</i>		
_____	/ _____	_____
Print Name	Signature	Date

OFFICAL USE ONLY	
THIS STUDENT PROVIDED ALL NECESSARY DOCUMENTS AND BACKGROUND CLEARANCE TO ATTEND SHONTO PREPARATORY K-8 SCHOOL.	
<input type="checkbox"/> Degree of Indian Blood/CIB <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Current Immunization Approval of School Application: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Contract <input type="checkbox"/> Denied Principal Initials: _____	<div>_____ Signature of Registrar / Date</div> <div>_____ Signature of Education Program Administrator / Date</div>

Notes:

Student Name: _____

Home location and description of house:





SHONTO PREPRATORY SCHOOL
REQUEST AND AUTHORIZATION FOR
RELEASE OF STUDENT RECORDS

USE BLACK INK ONLY

STUDENT INFORMATION

LAST NAME	FIRST NAME	MIDDLE	SUFFIX
DATE OF BIRTH	ENTERING GRADE	REQUEST DATE	

INSTITUTE OR SCHOOL RECORDS ARE REQUESTED FROM

NAME OF INSTITUTE/SCHOOL	
ADDRESS	
PHONE	FAX

PARENT/LEGAL GUARDIAN SIGNATURE

I hereby authorize the release of my child's school records to Shonto Preparatory School:

PARENT/LEGAL GUARDIAN SIGNATURE

RELATIONSHIP TO STUDENT

DATE

Federal Law 99.31 1-78: No parent signature is required for educational records sent from one educational agency to another educational agency.

..... Bottom portion FOR OFFICE USE ONLY

PLEASE SEND THE FOLLOWING RECORDS:

- | | |
|--|---|
| <input type="checkbox"/> Withdrawal Form | <input type="checkbox"/> Standardized Test Scores |
| <input type="checkbox"/> Cumulative Record Including Grades & Attendance | <input type="checkbox"/> Discipline Records |
| <input type="checkbox"/> Current School Year Immunization Record | <input type="checkbox"/> Special Education Records (IEPs) |
| <input type="checkbox"/> Health/medical Records | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Copy of Certificate of Indian Blood | |
| <input type="checkbox"/> Copy of Birth Certificate | |

ADDITIONAL COMMENTS/REQUEST:

Please send/fax records to:

Shonto Preparatory K-8 School
Attn: T. Worker, Registrar
PO Box 7900
Shonto, Arizona 86054
(928) 672-3530

By Fax:
Attn: Registrar
(928) 672-3505

You may also scan and email records to:
tworke@shontoprep.org

2nd Notice _____

3rd Notice _____

ED 506 Form
Indian Student Eligibility Certification Form for Title VI Indian Education Formula Grant Program

Parent/Guardian: This form serves as the official record of the eligibility determination for each individual child included in the student count for the Title VI Indian Education Formula Grant Program. If you choose to submit a form, your child could be counted for funding under the program. The grantee receives the grant funds based on the number of eligible forms counted during the established count period. You are not required to complete or submit this form unless you wish for your child(ren) to be included in the Indian student count. This form should be kept on file with the grant applicant and will not need to be completed every year. Where applicable, the information contained in this form may be released with your prior written consent or the prior written consent of an eligible student (aged 18 or over), or if otherwise authorized by law, if doing so would be permissible under the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, and any applicable state or local confidentiality requirements.

Student Information

Name of the Child _____ Date of Birth _____ Grade level _____

Name of School _____ School District _____

Tribal Membership

The individual with Tribal membership is the (select only one): ☐ child ☐ child's parent ☐ child's grandparent

If the individual with Tribal membership is **not** the child listed above, name the individual (parent/grandparent) with tribal membership: _____

Name and address of Tribe or Band that maintains updated and accurate membership data for the individual listed above:

Name _____ Address _____

City _____ State _____ Zip Code _____

The Tribe or Band is (select only one):

- ☐ Federally Recognized Tribe
- ☐ State Recognized Tribe
- ☐ Terminated Tribe
- ☐ Alaska Native
- ☐ Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.

Proof of membership in Tribe or Band listed above, as defined by Tribe or Band is:

- ☐ Membership or enrollment number establishing membership (if readily available) or
- ☐ Other evidence establishing membership in the Tribe listed above (describe and attach)

Membership or enrollment number establishing membership (if readily available) or other evidence establishing membership in the Tribe listed above (describe and attach). _____

Attestation Statement

I verify that the information provided above is true and correct to the best of my knowledge and belief.

Printed Name of Parent/Guardian _____ Signature _____

Address _____ City _____ State _____ Zip Code _____

Phone Number _____ Email _____ Date _____

For Parent/Guardians:

Definitions:

Indian means an individual who is (1) A member of an Indian Tribe or Band, as membership is defined by the Indian Tribe or Band, including any Tribe or Band terminated since 1940, and any Tribe or Band recognized by the State in which the Tribe or Band resides; (2) A descendant of a parent or grandparent who meets the requirements described in paragraph (1) of this definition; (3) Considered by the Secretary of the Interior to be an Indian for any purpose; (4) An Eskimo, Aleut, or other Alaska Native; or (5) A member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect on October 19, 1994.

Student Information: Write the name of the child, date of birth, grade level, name of school and school district. Only name one child per form.

Tribal Membership: Write the name of the individual with the tribal membership, if it is not the child listed. Only one name is needed for this section, even though multiple persons may have tribal membership. Select only one identifier: the child, child's parent or grandparent, for whom you can provide membership information.

Write the name and address of the organization that maintains updated and accurate membership data for such Tribe or Band of Indians. The name does not need to be the official name as it appears exactly on the Department of Interior's list of federally recognized Tribes, but the name must be recognizable and be of sufficient detail to permit verification of the eligibility of the Tribe. Check only one box indicated whether it is a Federally Recognized, State Recognized, Terminated Tribe or Organized Indian Group. Write the enrollment number establishing the membership for the child, parent or grandparent, if readily available, or other evidence of membership.

Attestation Statement: Provide the printed name of parent/guardian and signature, address, phone number and email of the parent or guardian of the child. The signature of the parent or guardian of the child verifies the accuracy of the information supplied.

Paperwork Burden Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1810-0021. The time required to complete this portion of the information collection per type of respondent is estimated to average: 15 minutes per Indian student certification (ED 506) form; including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Office of Indian Education, U.S. Department of Education, 400 Maryland Avenue, S.W., LBJ/Room 3W238, Washington, D.C. 20202-6335



Arizona Department of Education

Office of English Language Acquisition Services

Home Language Survey

The responses to this Home Language Survey (HLS) are used by the school to provide the most appropriate instructional programs and services for the student. **The answers below will determine if a student will take the Arizona English Language Learner Assessment (AZELLA).** Please respond to each of the three questions as accurately as possible. If you need to correct any of your responses, this must be done **before** the student takes the AZELLA Placement Test.

1. What language do people speak in the home *most* of the time?

2. What language does the student speak *most* of the time?

3. What language did the student first speak or understand?

Student Name _____ District Student ID _____

Date of Birth _____ SSID _____

Parent/Guardian Signature _____ Date _____

District or Charter _____

School _____

Please provide a copy of the Home Language Survey to the EL Coordinator/Main Contact on site. In AzEDS, please enter all three HLS responses.

These HLS questions are in compliance with Arizona Administrative Code (R7-2-306(B)(1),(2)(a-c)). (Revised 01-2020)

BIE McKinney-Vento Enrollment/Referral Form

Student Residency Verification Document

This document is intended to address the McKinney-Vento Act. Your answers will help the administrator determine residency documents necessary for enrollment of this student.

1. Presently, where is the student living? *Check one box*

Section A	Section B
<input type="checkbox"/> in a shelter <input type="checkbox"/> with more than one family in a house or Apartment <input type="checkbox"/> in a motel, car or campsite <input type="checkbox"/> with friends or family members (other than parent/guardian) <p><u>CONTINUE:</u> if you checked a box in Section A, complete #2 and the remainder of this form</p>	<input type="checkbox"/> Choices in Section A do not apply <p><u>STOP:</u> If you checked this section, you do <u>not</u> need to complete the remainder of this form. Submit to school personnel</p>

2. The student lives with:

- | | |
|---|--|
| <input type="checkbox"/> 1 parent | <input type="checkbox"/> a relative, friend(s) or other adult(s) |
| <input type="checkbox"/> 2 parents | <input type="checkbox"/> alone with no adults |
| <input type="checkbox"/> 1 parent & another adult | <input type="checkbox"/> an adult that is not the parent or the legal guardian |

School: Shonto Preparatory School

Name of Student _____ ☐ Male ☐ Female

Birth Date ____/____/____ Age: _____ Social Security# (if appropriate): _____

Name of Parent(s)/Legal Guardian(s) _____

Address _____ Zip _____ Phone _____

Signature of Parent/Legal Guardian _____ Date _____

School Use Only – School Administrator’s determination of Section A circumstances:

If the parent has checked Section B above, completion of form is not required. For any choices in Section A, this form must be completed and provided to School Registrar immediately after completion. Form will be kept separately from the Student Permanent Record for audit purposes during the year.

Name and phone number of a School Contact Person who may know of the family’s situation:

_____ Date faxed _____

SHONTO PREPARATORY SCHOOL (SY 2023-2024)
HEALTH HISTORY QUESTIONNAIRE & CONSENT FORM

IMM: _____

GRADE: _____

Student Name: _____ DOB: _____ Gender: Male () or Female ()

Parent(s): _____ Home Location: _____

Cell phone: _____ Work phone: _____

EMERGENCY CONTACT NUMBER(S):

If the school cannot contact either parent/guardian, please list a "Next of Kin" or a relative who would have authority to advise us regarding your child and/or to locate you immediately.

Name: _____ Relation to Child: _____ Phone #: _____

HEALTH HISTORY QUESTIONNAIRE: Explain "YES" or "other" answers below.

Has your child had any of the following health conditions listed below? Circle YES or NO.

ADD/ADHD	NO	YES	Heart Murmur/Disease	NO	YES	Allergic to food(s);	NO	YES
Anemia	NO	YES	Hepatitis	NO	YES			
Asthma (diagnosed)	NO	YES	High Blood Pressure	NO	YES	Allergic to Medicine(s);	NO	YES
Bleeding Disorder	NO	YES	Kidney Disease	NO	YES			
Bronchitis	NO	YES	Meningitis	NO	YES	Allergic to insect bites	NO	YES
Chicken Pox	NO	YES	Migraine Headache	NO	YES	Allergic to pet dander	NO	YES
Diabetes	NO	YES	Pneumonia	NO	YES	Thyroid problem	NO	YES
Dietary Restrictions	NO	YES	Rheumatoid Arthritis	NO	YES	Under Physician's Care	NO	YES
Epilepsy/Seizures	NO	YES	Scoliosis	NO	YES	History of COVID-19	NO	YES
Eyeglasses/Contacts	NO	YES	Vision/Hearing Problems	NO	YES	Other: _____	NO	YES

Explain "yes" or "other" questions: _____

NON-PRESCRIPTION MEDICATION CONSENT

I, _____, (Parent or Legal Guardian), authorize the following non-prescription medication to be administered as needed for my child by the School Nurse or designated SPS staff;

___ Children's Tylenol	___ Allergy Relief Eye Drop	___ Blistex	___ Children's Pepto Bismol Tablets
___ Tylenol (325 mg)	___ Eye Lubricant	___ Carmex	___ Hydrocortisone 1% Cream
___ Children's Ibuprofen	___ Cough Suppressant	___ Neosporin	___ Head Lice Shampoo
___ Ibuprofen (200 mg)	___ Throat Lozengers	___ 1st Aid Cream	___ Children's Benadryl
___ Orajel Toothache	___ Children's Sudafed	___ Pepto Bistol Tablets	(Benadryl is administered
___ Oral Sore Gel			only as a temporary relief).

Special Instruction _____

"My child's prescription medication(s) will be provided in a labelled container with his/her name, the pre-prescription name, specific instructions and expiration date. If at any time the information must be changed, I will notify the school nurse or administrator in writing. I agree to and do hereby hold SPS and its employees harmless from any and all claims, demands, causes of actions, liability or loss of any sort, because of or arising out of act or omissions with respect to this medication."

Parent Signature: _____ Print Name: _____ Date: _____

PUBLIC & INDIAN HEALTH SERVICE CONSENT FORM

CONSENT OF PARENT OR LEGAL GUARDIAN OR OTHER PERSON WITH PRIMARY RESPONSIBILITY FOR THE CARE OF THE CHILD

I (We), _____, Parent(s) of _____
(Parent/Legal Guardian) (Student)

have read the Consent Form for the Public and Indian Health Service to arrange for or to provide the following health services for my child. (Please Check Mark ✓)

1. ____ Dental Care include dental examinations, preventive use of fluorides and necessary emergency dental care.
2. ____ Emergency health care for accident or illness.
3. ____ Health care include medical examinations, sport physicals, school health screenings, routine laboratory studies, x-ray procedure and routine immunizations.
4. ____ Mental health services include evaluation and treatment as necessary.
5. ____ Optometry care for eye examinations and eye glasses.
6. ____ Psychiatric services to include assessment, treatment, and medication as necessary.
7. ____ Transportation of child to and/or from a health facility for these services.

PLEASE CHECK THE APPROPRIATE BOX (ES):

- ☐ - I hereby give consent for all of the above services.
- ☐ - Exceptions or Special Instructions: _____
- ☐ - I hereby give consent for reasonable cause and essential need to assure the health and safety of my child to Shonto Preparatory School staff while my child is in attendance.

Parent/Guardian Signature: _____

Please Print Name: _____

Address: _____ City: _____ Zip: _____

Phone#: _____ Alternate Phone #: _____

Relationship: _____

Date: _____

***Valid Until: July 2024**

✓ Check the one that applies:

____ Enrolled in AHCCCS, ____ No Health Insurance, ____ Other Health Insurance, # _____

Please be advised that Shonto Preparatory School staff will make every attempt to contact you before any of the above services are rendered. *This consent is only valid for one year from the date it was signed, a new one needs to be signed yearly.



SHONTO PREPARATORY K-8 SCHOOL

PO Box 7900 • Shonto, AZ 86054-7900 • (928) 672-3500 • www.shontoprep.org

Haleebée Na 'nitin Binahji' Da 'ólta 'i Binitse'kees dóó Bina 'nitin Bidziil
Empowering Student Learning Through Quality Education

SCHOOL, PARENT/GUARDIAN, STUDENT COMPACT

STUDENT _____ **BIRTHDATE** _____ **GRADE** _____

*The **mission** of Shonto Preparatory School is to nurture positive character in a safe, engaging, caring and creative environment with high academic expectations, while instilling Diné language and culture, where all learners are successful, responsible, and independent thinkers.*

*The **vision** of Shonto Preparatory School is to promote creative problem solving through critical thinking while embracing Diné language and culture to create collaborative life-long learners.*

Effective schools are a result of home and school working together to ensure that each student is empowered to achieve his or her fullest potential to become a collaborative life-long learner that is successful, responsible, and an independent thinker. A compact is a voluntary agreement among groups that firmly unites them under Title 1, Part A of the Elementary and Secondary Education Act (ESEA). You are invited to be involved in a partnership with Shonto Preparatory School.

SCHOOL RESPONSIBILITIES:

- Create a welcoming and positive learning environment for students, parents, and family.
- Provide parents with frequent reports on their children's academic and behavioral progress with progress reports listing all assignments, samples of student work, and parent/teacher conferences.
- Provide individualized easy to read updates on reading, writing, and mathematics assessments.
- Provide opportunities for parents to participate in decisions about the education of their child.
- Provide opportunities for parents and family to volunteer and participate in their child's class, observe classroom activities, and chaperone class events as defined by the grade level team.
- Set high expectations for staff, students, parents, and families by ensuring challenging curriculum, programs targeted at increasing student achievement, and a commitment to recruit and retain a highly qualified and trained staff.

PARENT & FAMILY RESPONSIBILITIES:

- Make sure my student attends school daily. Send a note or call, with an excuse, when my student is absent.
- Establish routines to support my student's success in school by 1) providing and enforcing an appropriate bed time, 2) monitoring school attendance, and 3) providing an environment that supports homework and reading during defined hours every day.
- Help my student with daily homework assignments and check and make sure they are turned in.
- Check my student's planner for assignments and daily learning objectives, ask for letters or fliers from the school, and check my student's backpack for unfinished work.
- Strive to provide my child an opportunity to practice mastery of the Dine language.

STUDENT:

- Attend school daily and come prepared to learn.
- Do daily homework and reading assignments and turn them in when due.
- Complete all class assignments.
- Make good choices in school on how to spend time wisely and how to participate and work safely.
- Be responsible for giving my family members all information sent home from school.

TEACHER'S PRINTED NAME & SIGNATURE(S)

DATE

PARENT/GUARDIAN SIGNATURE(S)

DATE

STUDENT NAME & SIGNATURE

DATE



SHONTO PREPARATORY K-8 SCHOOL

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Haleebée Na 'nitin Binahjí' Da 'ólta 'i Binitseékees dóó Bina 'nitin Bidziil

Empowering Student Learning Through Quality Education

PHOTOGRAPHIC and MEDIA CONSENT AND RELEASE FORM

I hereby authorize the Shonto Preparatory Schools (SPS) and those acting pursuant to its authority to:

- (a) Record my likeness and/or voice on a video, audio, photographic, digital, and electronic or any other medium.
- (b) Use my name in connection with these recordings.
- (c) Use, reproduce, exhibit or distribute in any medium (e.g., print publications, video tapes, CD-ROM, Internet/www) these recordings for any purpose that the school, and those acting pursuant to its authority, deem appropriate, including promotional or advertising efforts.

I release Shonto Preparatory Schools and those acting pursuant to its authority from liability for any violation of any personal or proprietary right I may have in connection with such use. I understand that all such recordings, in whatever medium, shall remain the property of SPS. I have read and fully understand the terms of this release.

Name of Student: _____ Grade: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____



2023-2024 Shonto Preparatory School Calendar

July 2023						
Su	M	Tu	W	Th	F	Sa
						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					

July

- 4 Independence day
- 12 11 month return
- 26 10 month return

4/0

August 2023						
Su	M	Tu	W	Th	F	Sa
		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		

August

- 1 Meet the Teacher Night
- 2 First Day of School
- 21 Late Start

23/22

September 2023						
Su	M	Tu	W	Th	F	Sa
					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

September

- 4 Labor Day - Holiday
- 18 Full Day PD-No Students
- 22 SPTHS Sandra Day O'Connor Curriculum Day
- 28 40th Day Count

21/19

October 2023						
Su	M	Tu	W	Th	F	Sa
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				

October

- 2 Late Start
- 6 First Quarter Ends
- 12-13 Fall Break
- 16 Late Start
- 18-19 Parent/Teacher Conferences
- 30 Late Start

20/20

November 2023						
Su	M	Tu	W	Th	F	Sa
			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		

November

- 10 Veteran's Day - Holiday
- 13 Late Start
- 20-22 Thanksgiving Break
- 23 Thanksgiving Day - Holiday
- 24 Family Day-Holiday
- 27 Late Start

18/16

December 2023						
Su	M	Tu	W	Th	F	Sa
					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						

December

- 11 Late Start
- 22 2nd Quarter Ends
- 25 Christmas Break - Holiday
- 26-29 Winter Break

17/16

January 2024						
Su	M	Tu	W	Th	F	Sa
	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

- 1 New Year's Day - Holiday
- 2-5 Winter Break
- 8 Students Return to School
- 10-11 Parent/Teacher Conferences
- 15 Martin Luther King Jr. Day - Holiday
- 17 100th Day Count
- 29 Full Day PD-No Students

19/16

February 2024						
Su	M	Tu	W	Th	F	Sa
				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		

February

- 5 Late Start
- 19 President's Day - Holiday

21/20

March 2024						
Su	M	Tu	W	Th	F	Sa
					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						

March

- 4 Late Start
- 11-15 Spring Break
- 18 Late Start
- 22 3rd Quarter Ends
- 27/28 Parent/Teacher Conferences

16/16

April 2024						
Su	M	Tu	W	Th	F	Sa
	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				

April

- 8 Late Start
- 22 Navajo Sovereignty Day - Holiday

22/21

May 2024						
Su	M	Tu	W	Th	F	Sa
			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	

May

- 6 Late Start
- 17 SPTHS Graduation
- 21 Kindergarten Promotion
- 23 8th Grade Promotion
- 23 Last Day of School
- 24 Last Day 10 Month
- 27 Memorial Day - Holiday

15/14

June 2024						
Su	M	Tu	W	Th	F	Sa
						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						

June

- Last Day 11 Month
- 180 Instructional Days
- 3 Emergency/Snow Days
- 1st Qtr-46 2nd Qtr-47
- 3rd Qtr-47 4th Qtr-40

5/0