

# 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](mailto:tworker@shontoprep.org)

# SHONTO PREPRATORY SCHOOL K-8



Please use Blue/Black Ink only.

## STUDENT ENROLLMENT FORM

<b>Student's Last Name</b>	<b>First Name</b>	<b>Middle Name</b>	<b>Suffix</b>	<b>Grade</b>
<b>Date of Birth</b>	<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Primary Household Contact Number</b> <input type="checkbox"/> Home <input type="checkbox"/> Cell		
<b>Mailing Address</b>		<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Physical Address</b> (Where student will reside during school year.)				

### STUDENT'S TRIBAL AFFILIATION INFORMATION PER CERTIFICATE OF INDIAN BLOOD

<b>Tribe/Agency</b>	<b>Enrollment Number</b>	<b>Degree</b>
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#### Please check any Special Serviced Previously received:

☐ Special Education (IEP) ☐ 504 Accommodation ☐ Gifted/Talented ☐ English Language Learner (ELL)

#### Home Language Survey

- 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:

### RESPONSIBLE PAREN/GUARDIAN INFORMATION

\*If other than birth parents, court orders, legal issues, guardianship and/or Power Of Attorney forms must be on file.

<input type="checkbox"/> <b>Parent</b> Mother/Father  <input type="checkbox"/> <b>*Guardian</b>	<b>Name &amp; Address, if different from above.</b>	<b>*Contact Number</b>	<b>Email</b>
		*Ok to send text messages? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Tribal Affiliation &amp; Enrollment Number</b>		<b>Navajo Nation Chapter Affiliation</b>	

<input type="checkbox"/> <b>Parent</b> Mother/Father  <input type="checkbox"/> <b>*Guardian</b>	<b>Name &amp; Address, if different from above.</b>	<b>*Contact Number</b>	<b>Email</b>
		*Ok to send text messages? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Tribal Affiliation &amp; Enrollment Number</b>		<b>Navajo Nation Chapter Affiliation</b>	

### EMERGENCY CONTACT (Other than parent/guardian)

<b>Name</b>	<b>Contact Number</b>	<b>Physical Address</b>
1.		
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.

<b>Name</b>	<b>Relationship</b>	<b>Name</b>	<b>Relationship</b>
1.		3.	
2.		4.	

Name: \_\_\_\_\_

### PREVIOUS SCHOOL ATTENDED

School Name	Address
Phone	Fax
Dates Attended	Grade Completed
Reason for transferring:	
1. Has your child been suspended/expelled from previous school? If yes, reason? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Retained? (Grade/Year) <input type="checkbox"/> Yes <input type="checkbox"/> No	

### DISCLAIMER AND SIGNATURE *to be signed by Parent/Legal Guardian.*

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.

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

### OFFICIAL USE ONLY

**THIS STUDENT PROVIDED ALL NECESSARY DOCUMENTS AND BACKGROUND CLEARANCE TO ATTEND SHONTO PREPARATORY K-8 SCHOOL.**

- ☐ Degree of Indian Blood/CIB
- ☐ Birth Certificate
- ☐ Current Immunization

Approval of School Application:

- ☐ Approved
- ☐ Approved with Contract
- ☐ Denied Principal Initials: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Registrar*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Education Program Administrator*

\_\_\_\_\_  
*Date*

Student Name: \_\_\_\_\_

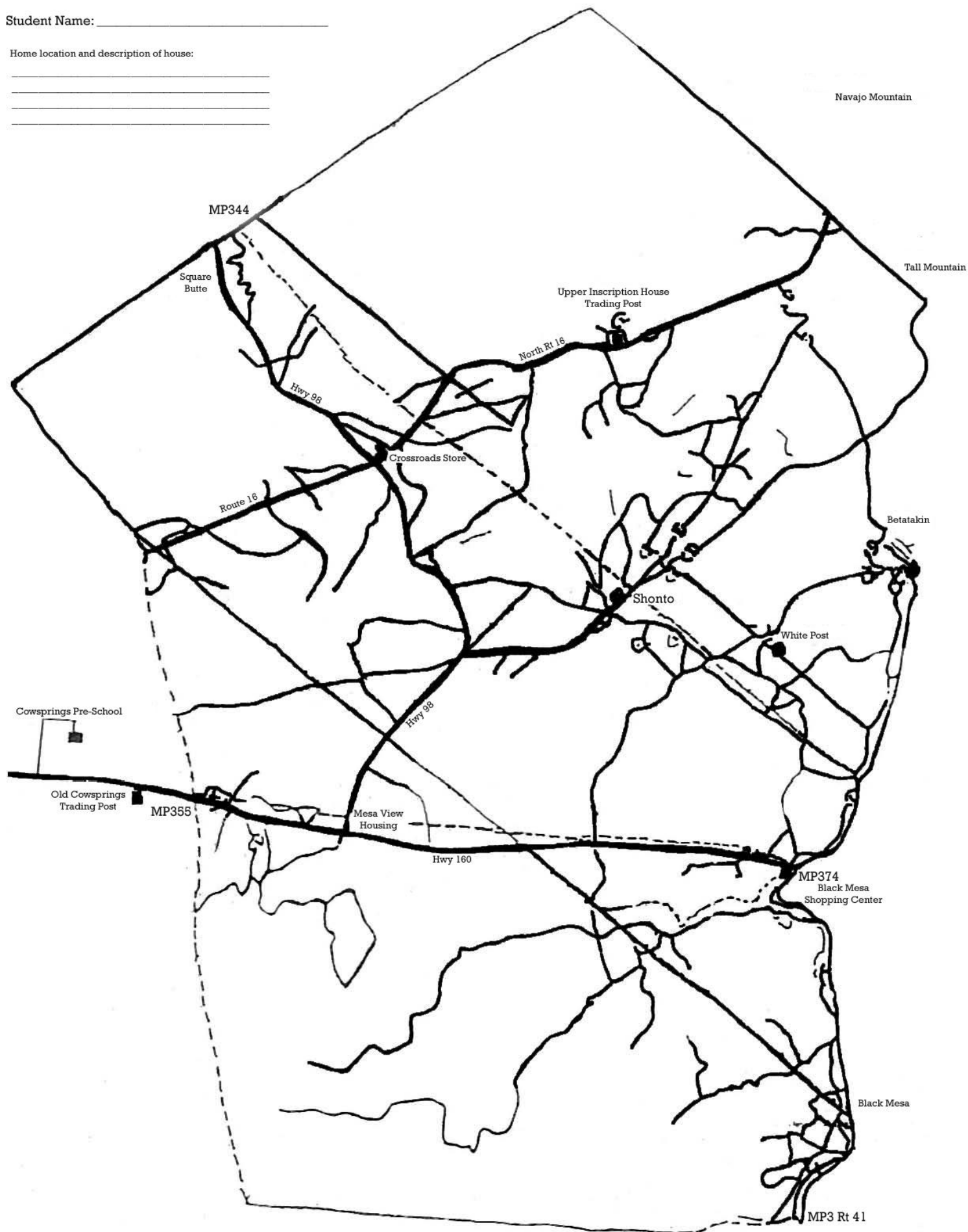
Home location and description of house:

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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"/> <b>Current School Year</b> 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**

2<sup>nd</sup> Notice \_\_\_\_\_

3<sup>rd</sup> Notice \_\_\_\_\_



## BIE Home Language Survey School Year 2023-2024

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Federal Code: 25: CFR 32.3 & Revised CFR 30.109

***“It’s the responsibility of the federal government to provide comprehensive education programs and services for Indians and Alaska Natives.”***

Federal requirements direct schools to assess the English language proficiency of students. The process begins with determining the language(s) spoken in the home of each student. BIE has contracted with WIDA (World Class Instructional Design and Assessment) to provide English Learner Assessments and Supports identified in this Home Language Survey.

**BIE Mission Statement:**

***“Provide quality education opportunities from early childhood through life in accordance with the Tribes’ needs for cultural and economic well-being...”***

**Purpose:** The responses to the home language survey will assist in determining if a student's proficiency in English should be tested. This information is essential in order that the school to provide adequate instructional programs and services. As parents or guardians your cooperation is requested in complying with these requirements.

**Please respond to each of the questions listed as accurately as possible.**

For each question, write the name(s) of the language(s) that apply in the space provided. Please do not leave any question unanswered.

If you have any questions you have the right to share them before your student's English proficiency is assessed.

- 1. Which language did your child learn when they first began to talk?**
- 2. Which language does your child most frequently speak at home?**
- 3. Which language do you (the parents/guardians) use more often when speaking with your child?**



**BIE Home Language Survey  
School Year 2023-2024**

4. Which language is spoken more often by other adults in the home?
5. Do you believe your child might need additional support learning the academic language for math, science, reading, or writing related to other languages within the home or school?

**Additional Information (Optional)**

Please sign and date this form in the spaces provided below, then return this form to your child's school.  
Thank you for your cooperation.

Signature of Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_

School Official Verification \_\_\_\_\_

**Criteria for Screening**

If a language other than English is identified for any of the primary language questions above, your child will be recommended for screening.



## 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?**

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

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

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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)  <b><i>CONTINUE:</i></b> if you checked a box in <b>Section A</b> , complete #2 and the remainder of this form	<input type="checkbox"/> Choices in Section A do not apply  <b><i>STOP:</i></b> If you checked this section, you do <b>not</b> need to complete the remainder of this form. Submit to school personnel

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, # \_\_\_\_\_

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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](http://www.shontoprep.org)

*Haleebbee Na 'nitin Binahji' Da 'ólta 'i Binitsekees 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



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**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