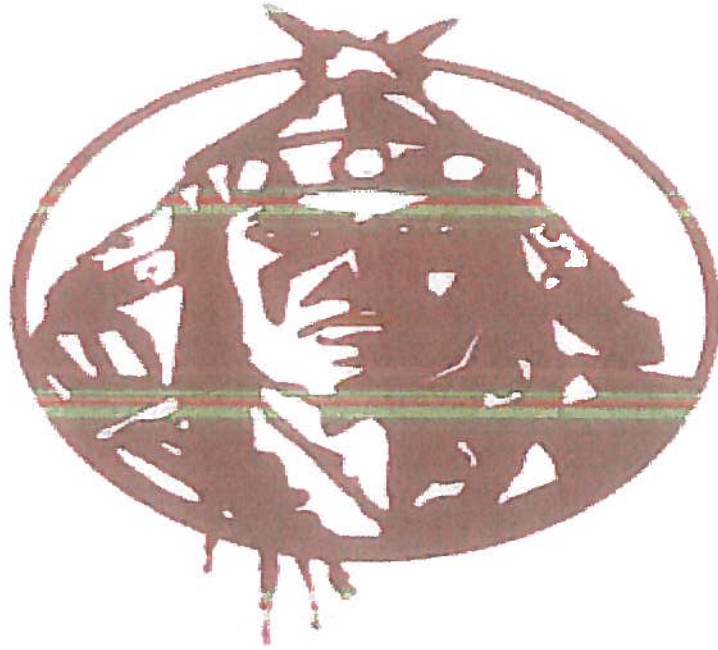


ENROLLMENT SY 2015-2016



Pinon Community School, Inc.

Enrolling 1st - 12th grade

Dorm Opens: August 2, 2015 @ 3:30 p.m.

Require Documents for Enrollment:

- Complete Application
- Birth Certificate
- Certification of Indian Blood
- Updated Immunization Record

More Information Contact: Homeliving Manager Ph# 925-725-3234



Pinon Community School Board, Inc.

CHECKLIST FOR HOMELIVING ENROLLMENT

Student's Name: _____ New Enrollment: _____

Grade: _____ SY: 2015-2016 Re-Enrollment: _____

The following documents and information has been completed with parents/guardian signature on file.

	Complete	Incomplete
1. Homeliving Applications with Map	_____	_____
2. Copy of Certificate of Indian Blood	_____	_____
3. Copy of Birth Certificate	_____	_____
4. Copy of Current Immunization(July 2014)	_____	_____
5. Copy of Guardianship Paper (if needed)	_____	_____
6. IHS Consent Form	_____	_____
7. Patient Registration Form	_____	_____
8. Student Health Assessment	_____	_____
9. Guidance Program	_____	_____
10. Student Check Out Card	_____	_____
11. Parent Permission Form	_____	_____

Notes: _____

Bureau of Indian Education
PINON COMMUNITY SCHOOL
 Student Enrollment Application

Grade Level _____
 Boarding: _____
 Day-Bus: _____

Withdrawal Date: _____

Native American Student Information System (NASIS) ID NO.

<i>Student Name:</i> LAST	<i>First</i>	<i>Middle:</i>	<i>Gender:</i>	<i>Date of Birth:</i>	<i>Enrollment Number:</i>	<i>Degree of Indian Blood:</i>
<i>Student Address:</i>	<i>City:</i>	<i>State:</i>	<i>Zip Code:</i>	<i>Female:</i>	<i>Male:</i>	<i>Chapter Affiliation:</i>
<i>Home Location:</i>	<i>Language most Spoken at Home:</i>	<i>Language most Spoken by Student:</i>	<i>Navajo:</i>	<i>English:</i>	<i>Navajo:</i>	<i>English:</i>
<i>With whom does the student live?</i>						
Both Parents Father Mother Grandparents Guardian Other						
Guardianship or Custodial issues must include proper notarized/court documentation, unless we receive copies that assigns custody to one parent, we must assume that both parents can visit/parents can visit/pick up the student from school. Who has legal guardianship of the student?						
<i>Father:</i>	<i>Tribal Affiliation:</i>	<i>Mother:</i>	<i>Tribal Affiliation:</i>			
<i>Address (city,state,zip):</i>	<i>Address (city,state,zip):</i>					
<i>Home Location:</i>	<i>Home Location:</i>					
<i>Home Phone:</i>	<i>Work Phone:</i>	<i>Home Phone:</i>				
<i>Email:</i>	<i>Cell/Pager:</i>	<i>Email:</i>				
<i>Employer:</i>	<i>Census No:</i>	<i>Employer:</i>				
<i>Contact Allowed:</i>	<i>Received student mailings?</i>	<i>Contact Allowed:</i>				
<i>Guardian Name:</i>	<i>Received student mailings?</i>	<i>Guardian Name:</i>				
<i>Address (city,state,zip):</i>	<i>Address (city,state,zip):</i>					
<i>Home Phone:</i>	<i>Work Phone:</i>	<i>Home Phone:</i>				
<i>Employer:</i>	<i>Email:</i>	<i>Employer:</i>				
<i>Emergency Information: (other than parent/guardian):</i>	<i>Emergency Information: (other than parent/guardian):</i>					
<i>Relationship to Student:</i>	<i>May Pick up Student?</i>	<i>Relationship to Student:</i>				
<i>Home Phone:</i>	<i>Work Phone:</i>	<i>Home Phone:</i>				
<i>Cell/Pager:</i>	<i>Other:</i>	<i>Cell/Pager:</i>				

SCHOOL HISTORY:

For students whose last academic year was 8th grade:

Name of School:	Address:	Grade Completed:	Dates Attended:
Phone Number:			
<u>List all schools you have attended:</u>			
Previous School Attended:	Address	Phone No.	
Reason for transferring:	Grade Completed:	Dates Attended:	
Previous School Attended:	Address	Phone No.	
Reason for transferring:	Grade Completed:	Dates Attended:	

Has the student ever been removed or is the student in the process of being removed from a previous school due to disciplinary action? _____ .
I am legally responsible for this student and hereby apply for his/her admission to Pinon Community School. I understand that additional may be required by the school before this student is officially enrolled.
I recognize that this is a public document and that falsification of information on this document may constitute violation of the criminal laws. I further hereby certify the information contained herein is true and correct. I understand that any legal update of the information on this enrollment form is my responsibility.

Print name of Parent/Legal Guardian _____ *Signature of Parent/Legal Guardian* _____ *Date* _____

OFFICIAL USE ONLY _____ **Verified by:** _____

I certify that the above named student is enrolled member with the Navajo Tribal Indian Census as being of: _____ Degree of Indian Blood. _____ Enrollment/Census Number. _____ Agency.

APPROVAL OF SCHOOL APPLICATION: _____ Approved _____ Not Approved

Signature of Principal or Registrar _____ *Date* _____ *Signature of Education Program Administrator* _____ *Date* _____



Pinon Community School Board, Inc.

MAP TO STUDENT'S RESIDENCE

Student's Name: _____ Grade: _____

Parent/Guardian's Name: _____

Location of Residence: _____

Description of House: _____

PLEASE HIGHLIGHT THE ROAD MARKERS TO THE LOCATION OF RESIDENCE.

N

W + E

S

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
INDIAN HEALTH SERVICE

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

Name of Student _____

Birth Date _____

I (We), _____

have read the Consent form for the Indian Health to arrange for or to provide the following health services for this child:

1. Health care including medical examinations, routine laboratory studies, x-ray procedures, and skin tests.
2. Mental health services including evaluation and treatment as necessary.
3. Emergency health care for accidents or illness.
4. Transportation of the child to and/or from another health facility for these services.

____ I hereby give consent for all of the above services.

____ Exceptions or Special Instructions: _____

Signed _____

Address _____

Relationship _____

Date _____

Valid Until _____

PINON FIELD CLNIC PATIENT REGISTRATION FORM

NAME (LAST, FIRST, MIDDLE)		SEX: (circle one) M f	DOB:
SSN #	CHART #	TRIBE of MEMBERSHIP	TRIBAL ENROLLMENT #
INDIAN BLOOD QUANTUM:	TRIBE QUANTUM	OTHER TRIBE	PRESENT COMMUNITY
DATE MOVED TO COMMUNITY "B" at BIRTH		CITY OF BIRTH	STATE of BIRTH
MAILING ADDRESS-STREET		CITY	STATE ZIP
HOME PHONE	OFFICE PHONE	OTHER NAMES USED	
INSURANCE			
MEDICARE _____		MEDICAID _____	
PRIVATE INSURANCE _____			
RELIGIOUS PREFERENCE		DO YOU HAVE GUARDIANSHIP OF PATIENT? Y/N	
FATHER'S NAME	FATHER'S CITY OF BIRTH	FATHER'S STATE OF BIRTH	
MOTHER'S MAIDEN NAME	MOTHER'S CITY OF BIRTH	MOTHER'S STATE OF BIRTH	
EMPLOYER (Company Name/address/phone)		* if patient is under 18, provide parent	
SPOUSE EMPLOYER (Company Name/address/phone)			
EMERGENCY CONTACT		EMERGENCY CONTACT RELATIONSHIP	
EMERGENCY CONTACT ADDRESS-STREET		CITY	STATE ZIP
PHONE:			
NEXT OF KIN		NEXT OF KIN RELATIONSHIP	
NEXT OF KIN ADDRESS-STREET		CITY	STATE ZIP
PHONE:			
LOCATION OF HOME		COLOR OF HOME	
VETERAN YES / NO	BRANCH	ENTRY	DISCHARGE
RETIREEE (28= YRS)			
SOURCE OF INCOME (TANF/General assistant, SSI)			
I certify that the information provided is true to the best of my knowledge.			
Signature: _____		Date: _____	

Pinon Community School Board, Inc.
2015-2016 Student Health Questionnaire

STUDENT NAME: _____ CLINIC/CHART#: _____ GRADE: _____ D.O.B: _____ SEX: _____
MAILING ADDRESS: _____ PHONE#: _____
HOME LOCATION: _____
LAST SCHOOL ATTENDED: _____
DOES STUDENT LIVE WITH: MOTHER ___ FATHER ___ BOTH PARENTS ___ COMMENT: _____
FATHER'S NAME: _____ PHONE#: _____ EMPLOYMENT & PHONE #: _____
MOTHER'S NAME: _____ PHONE#: _____ EMPLOYMENT & PHONE#: _____
LEGAL CUSTODY IF DIFFERENT FROM PARENT(S): _____
COPY OF LEGAL CUSTODY/COURT DOCUMENTS ON FILE WITH SCHOOL? ___ YES ___ NO *NO POWER OF ATTORNEY
CONTACT INFORMATION: _____
DOES YOUR CHILD HAVE HEALTH INSURANCE? ___ YES ___ NO
IF YES, INSURANCE NAME: _____ INSURANCE PHONE#: _____ POLICY#: _____
DOES YOUR CHILD HAVE AHCCCS COVERAGE? ___ YES ___ NO IF YES, AHCCCS ID#: _____
Where does your child go to for Health Care Services? _____
Do you have any health concerns you would like us to know? _____

In the event of your absence from the above location, please list the names of emergency contacts; that will be responsible for your child. It is very important that we are able to contact the child's parents or the emergency contact if he/she is hurt or becomes ill at school. Medical personnel require that all children be accompanied by a parent or legal guardian if she/he requires medical treatment. This information will minimize delays in providing medical treatment for your child.

EMERGENCY CONTACTS:

NAME: _____ PHONE: _____ LOCATION OF HOME: _____
NAME: _____ PHONE: _____ LOCATION OF HOME: _____

DEAR PARENT(S) OR GUARDIAN(S):

Each School Year, the School Nurse's Office requires a written Parental Permission to treat your child in the School Nurse's Office. This form is for the 2014-2015 School Year. Please sign this form and return with enrollment package. Health Services are provided by the Pinon Community School Board, Inc. and in cooperation with the Arizona Department of Health. Emergency First Aid Assistance is rendered for injury and illness occurring on school grounds during school hours. In case of extreme emergencies, during school hours, that require urgent medical attention the student will be taken to the Clinic immediately, and an attempt will be made to notify the parent(s) and/or legal guardian(s). **IMPORTANT NOTICE:** It is an Arizona State Health Requirement (A.R.S. 15-803) that all students enrolling in school have an UPDATED IMMUNIZATION RECORD on file. Admission will be refused if the student does not comply with the regulation.

PLEASE TURN OVER, OTHERSIDE MUST BE COMPLETED AND SIGNED

HEALTH SERVICES/MEDICATION/TREATMENT

Please list any recent illness, injuries or hospitalization: _____

Is your child presently receiving treatment for any Medical Problem(s)? _____

Is your child taking any medicine on a daily basis? __yes __no If yes, what kind and for what reason? _____

ALL PRESCRIBED MEDICATION SHOULD BE BROUGHT TO THE SCHOOL NURSE'S OFFICE IN THE CONTAINER DISPENSED BY THE CLINIC WITH DIRECTIONS ON THE LABEL AND A PATIENT COMPONENT CARE FORM MUST BE SIGNED AND ATTACHED FOR NURSE TO GIVE PRESCRIPTION MEDICINE AT SCHOOL.

MEDICAL HISTORY AND CURRENT HEALTH PROBLEM

HAS YOUR CHILD EVER HAD OR NOW HAVE?

- | | | |
|----------------------------------|-------------------------------|----------------------------------|
| Yes/No Allergies- to what? _____ | Yes/No Diabetes/Insulin | Yes/No Hepatitis/Liver Disease |
| Yes/No Anemia | Yes/No Eczema (skin problems) | Yes/No High Blood Pressure |
| Yes/No Heart Murmur/Surgery | Yes/No Fracture/broken bone | Yes/No Joint Pain/Problem |
| Yes/No Vision Problems | Yes/No Fainting | Yes/No Kidney Problem/Dialysis |
| Yes/No Hearing Problems/Surgery | Yes/No Frequent Ear Infection | Yes/No Migraine Headaches |
| Yes/No Asthma | Yes/No AIDS Exposure | Yes/No Tuberculosis |
| Yes/No Cancer or Tumor | Yes/No Epilepsy (seizures) | Yes/No Abnormal Menstrual Cramps |
| Yes/No Chicken Pox | Yes/No Eyeglasses | Yes/No Pregnant-due date: _____ |
| Yes/No Concussion-Head injury | Yes/No Hearing Aid | OTHER: _____ |

Do you have any health concerns/worries you would like us to know about? _____

CONSENT OF PARENT OR LEGAL GUARDIAN WHO HAS PRIMARY RESPONSIBILITY FOR THE CARE OF THE CHILD

IN CASE OF MINOR ACCIDENT OR ILLNESS, I GIVE PERMISSION FOR MY CHILD TO RECEIVE THE FOLLOWING MEDICATION, AT THE DISCRETION OF THE SCHOOL MEDICAL ASSISTANT. IT IS NOTED THAT ALTERNATE METHODS OF CARE WILL BE USED BEFORE ANY MEDICATION IS GIVEN, WITH THE EXCEPTION OF A DOCTOR'S PRESCRIPTION. PLEASE CHECK THOSE OVER THE COUNTER MEDICINES YOU WISH YOUR CHILD TO RECEIVE.

- | | |
|---|---|
| Yes/No Headaches/fever/pain (Acetaminophen) | Yes/No Upset stomach (Pep to) |
| Yes/No Cold Sore Ointment (Blistex) | Yes/No Sore Throat Pain (Chloraseptic) |
| Yes/No Topical Ointment (Neosporin) | Yes/No Allergy,sneezing,runny nose (Antihistamine-Benadryl) |
| Yes/No Muscle Soreness (Ben Gay) | Yes/No Anti-itch cream (Hydrocortisone) |
| Yes/No Antacid (Tums) | Yes/No Athlete's foot (Clotrimazole cream) |
| Yes/No Muscle aches/pain (Ibuprofen) | Yes/No Insect bites/sunburn (Benadryl gel) |
| Yes/No Headlice treatment (Nit Free) | Yes/No Dry chapped lips (Lip moisturizer) |
- Yes/No I give my permission for my child to use the shower if needed. If needed on a weekly basis, how often do you request:
 __ Monday __ Tuesday __ Wednesday __ Thursday __ Friday

Parent or Guardian's Signature

Date



Pinon Community School Board, Inc.

GUIDENCE PROGRAM

Student's Name	Age:	D.O.B	Gender () Male () Female
----------------	------	-------	----------------------------------

I/ We _____, Parent/Guardian Of _____
 Hereby give my consent and permission for my child to participate in any Homeliving Program activities of his/her choices listed below. Furthermore, I will not hold Pinon Community School, Inc. responsible for accidents or injuries to my child, provided the school has reasonable adequate supervision. I understand a chaperone will be with my child when my child is participating in all school sponsored extracurricular or athletic activities.

I also give and grant any doctor of any medical center consent and authorize them to render such aid, treatment or care to said student, as in the judgment of said doctor or any medical center, may be required, on an emergency basis in the event, said student be injured or stricken while participation in a school sponsored field trip.

Parent Signature:	Date:
Student Signature:	Date:
Parent Emergency Phone Number:	Secondary Emergency Phone Number:

Please circle Yes or No for the Following activities our child is interested in participating for School Year 2015-2016.

- | | |
|-------------------------------------|---------------------------------|
| Yes No Weaving Club | Yes No Recreation/Season Sports |
| Yes No Horsemanship | Yes No Student Council |
| Yes No Guidance Night | Yes No Arts and Craft |
| Yes No Prince/Princess Pageant | Yes No Tutoring |
| Yes No Line Dancing | Yes No Counseling |
| Yes No Culture Teaching/Sweat Lodge | Yes No Computer Lab |
| Yes No Hiking | Yes No Educational Field Trips |



Pinon Community School Board, Inc.

STUDENT CHECK OUT FORM

I, _____, give my permission to let the following name individuals to check out my child. _____.

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

I understand and acknowledge that if my child has missed ten (10) consecutive days from the dormitory, he or she will automatically be dropped.

I also understand and acknowledge that if my child returns to the dormitory I will have to re-sign the enrollment packet.

Parent/ Guardian Signature

Date

Homeliving Staff Signature

Date



Pinon Community School Board, Inc.

AUTHORIZATION FOR RELEASE OF RECORDS

ATTENDTION: Registrar

Date: _____

To: _____

Telephone Number: _____

Fax: _____

Student's Name: _____ Date of Birth: _____

has enrolled in Pinon Community School, Inc. Homeliving Program.

Please send all information regarding academic, special education and medical. This request is for proper placement to be made and continuity of record keeping is maintained.

Thank you for our assistance.

Parent/Guardian's Name	Relationship to child
------------------------	-----------------------

Requested by: _____
Homeliving Manager

Date: _____

1st Request: _____

2nd Request: _____

3rd Request: _____



Pinon Community School Board, Inc.

**HOMELIVING PROGRAM SY 2015-2016
PARENT PERMISSION FORM**

I _____, hereby give my permission and consent for my child _____ to participate in all educational field trips. I further understand and acknowledge that I will not hold Pinon Community School, Inc. and its staff, assistants, and/or club sponsor for accidents and/or injuries to my child, provided the school is providing reasonable supervision. I hereby waive all rights and by signing this parent permission form.

Parent/Guardian Print Name

Parent /Guardian Signature

Date

CONSENT FOR EMERGENCY CARE

STUDENT: _____, PINON COMMUNITY SCHOOL, INC.

Let it be known that I, the undersigned Parent/Guardian of the student named above do hereby give and grant any medical doctor or hospital consent and/or authorizing to render such aid treatment to my child if stricken ill while participating in any activities and/or event sponsored and/or entered by Pinon Community School, Inc..., its assistants, club sponsors and/or qualified Emergency Medical Technician to act on my behalf to admit my child to local Health Facility for Emergency exam, treatment, and/or perform any medical and/or surgical procedure if required.

By undersigning this Consent for Emergency Care Form, I hereby give permission for my child to receive medical treatment while participating in school's activities and /or event.

Parent/Guardian Signature

Date

Homeliving Assistant Signature

Date

Emergency Contact: _____

Phone Number

U.S. DEPARTMENT OF EDUCATION
OFFICE OF INDIAN EDUCATION
WASHINGTON, DC 20202
TITLE VII STUDENT ELIGIBILITY CERTIFICATION
Elementary and Secondary Education Act, Title VII, Part A, Subpart 1

Parents: Please return this completed form to your child's school. In order to apply for a formula grant under the Indian Education Program, your child's school must determine the number of Indian children enrolled. Any child who meets the following definition may be counted for this purpose. You are not required to complete or submit this form to the school. However, if you choose not to submit a form, the school cannot count your child for funding under the program. **This form will become part of your child's school record and will not need to be completed every year.** This form will be maintained at the school and information on the form will not be released without your written approval.

Definition: Indian means any individual who is (1) a member (as defined by the Indian tribe or band) of an Indian tribe or band, including those Indian tribe or bands terminated since 1940, and those recognized by the State in which the tribe or band reside; or (2) a descendent in the first or second degree (parent or grandparent) as described in (1); or (3) considered by the Secretary of the Interior to be an Indian for any purpose; or (4) an Eskimo or 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 October 19, 1994.

NAME OF CHILD _____ Date of Birth _____
(As shown on school enrollment records)

School Name _____ Grade _____

NAME OF TRIBE, BAND OR GROUP _____

Tribe, Band or Group is: (check one)

Federally Recognized, State Organized Indian Group
 Including Alaska Native Recognized Terminated Meeting #5 of the
Definition Above

Name of individual with tribal membership: _____

Individual named is (check one): Child Child's Parent Child's
Grandparent

Proof of membership, as defined by tribe, band, or group is:

A. Membership or enrollment number (if readily available) _____ **OR**

Other (explain) _____

Name and address of organization maintaining membership data for the tribe, band or group:

I verify that the information provided above is accurate:

PARENT'S SIGNATURE _____ DATE _____

Mailing Address _____ Telephone _____

Notice: Public Reporting Burden Notice on Reverse Side

KINDERGARTEN PINON COMMUNITY SCHOOL BOARD, INC CALENDAR - 2015-2016

FIRST SEMESTER	S	M	T	W	T	F	S	S	SECOND SEMESTER																																									
03-Independence Day	<table style="width: 100%; text-align: center;"> <tr><td colspan="7">JULY</td></tr> <tr><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td></tr> <tr><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td><td>17</td><td>18</td></tr> <tr><td>19</td><td>20</td><td>21</td><td>22</td><td>23</td><td>24</td><td>25</td></tr> <tr><td>26</td><td>27</td><td>28</td><td>29</td><td>30</td><td>31</td><td></td></tr> </table>							JULY							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		01 - New Years Day							
JULY																																																		
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																																													
28-All staff return-Orientation	<table style="width: 100%; text-align: center;"> <tr><td colspan="7">AUGUST</td></tr> <tr><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td></tr> <tr><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td></tr> <tr><td>16</td><td>17</td><td>18</td><td>19</td><td>20</td><td>21</td><td>22</td></tr> <tr><td>23/30</td><td>24/31</td><td>25</td><td>26</td><td>27</td><td>28</td><td>29</td></tr> </table>							AUGUST							2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23/30	24/31	25	26	27	28	29	12-Possible Makeup Day							
AUGUST																																																		
2	3	4	5	6	7	8																																												
9	10	11	12	13	14	15																																												
16	17	18	19	20	21	22																																												
23/30	24/31	25	26	27	28	29																																												
03-First day of School	<table style="width: 100%; text-align: center;"> <tr><td colspan="7">SEPTEMBER</td></tr> <tr><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td></tr> <tr><td>13</td><td>14</td><td>15</td><td>16</td><td>17</td><td>18</td><td>19</td></tr> <tr><td>20</td><td>21</td><td>22</td><td>23</td><td>24</td><td>25</td><td>26</td></tr> <tr><td>27</td><td>28</td><td>29</td><td>30</td><td></td><td></td><td></td></tr> </table>							SEPTEMBER							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				15-Parents' Day (No School)							
SEPTEMBER																																																		
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																																															
07-Labor Day	<table style="width: 100%; text-align: center;"> <tr><td colspan="7">OCTOBER</td></tr> <tr><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td></tr> <tr><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td><td>17</td></tr> <tr><td>18</td><td>19</td><td>20</td><td>21</td><td>22</td><td>23</td><td>24</td></tr> <tr><td>25</td><td>26</td><td>27</td><td>28</td><td>29</td><td>30</td><td>31</td></tr> </table>							OCTOBER							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	17-Parent/Teacher Conference							
OCTOBER																																																		
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																																												
9-Parent/Teacher Conference	<table style="width: 100%; text-align: center;"> <tr><td colspan="7">NOVEMBER</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td></tr> <tr><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td></tr> <tr><td>15</td><td>16</td><td>17</td><td>18</td><td>19</td><td>20</td><td>21</td></tr> <tr><td>22</td><td>23</td><td>24</td><td>25</td><td>26</td><td>27</td><td>28</td></tr> <tr><td>29</td><td>30</td><td></td><td></td><td></td><td></td><td></td></tr> </table>							NOVEMBER							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						26-No School/Good Friday
NOVEMBER																																																		
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																																																	
25-No School/Professional Development	<table style="width: 100%; text-align: center;"> <tr><td colspan="7">DECEMBER</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td></tr> <tr><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td></tr> <tr><td>15</td><td>16</td><td>17</td><td>18</td><td>19</td><td>20</td><td>21</td></tr> <tr><td>22</td><td>23</td><td>24</td><td>25</td><td>26</td><td>27</td><td>28</td></tr> <tr><td>29</td><td>30</td><td>31</td><td></td><td></td><td></td><td></td></tr> </table>							DECEMBER							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					30-Report Card Party
DECEMBER																																																		
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																																																
12-16 Fall Break	<table style="width: 100%; text-align: center;"> <tr><td colspan="7">JANUARY</td></tr> <tr><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td></tr> <tr><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td><td>17</td><td>18</td></tr> <tr><td>19</td><td>20</td><td>21</td><td>22</td><td>23</td><td>24</td><td>25</td></tr> <tr><td>26</td><td>27</td><td>28</td><td>29</td><td>30</td><td>31</td><td></td></tr> </table>							JANUARY							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		13-Parent/Teacher Conference							
JANUARY																																																		
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																																													
21-Report Card Party	<table style="width: 100%; text-align: center;"> <tr><td colspan="7">FEBRUARY</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td></tr> <tr><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td></tr> <tr><td>15</td><td>16</td><td>17</td><td>18</td><td>19</td><td>20</td><td>21</td></tr> <tr><td>22</td><td>23</td><td>24</td><td>25</td><td>26</td><td>27</td><td>28</td></tr> <tr><td>29</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>							FEBRUARY							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							26-No School/Professional Development
FEBRUARY																																																		
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-No School/Professional Day	<table style="width: 100%; text-align: center;"> <tr><td colspan="7">MARCH</td></tr> <tr><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td></tr> <tr><td>13</td><td>14</td><td>15</td><td>16</td><td>17</td><td>18</td><td>19</td></tr> <tr><td>20</td><td>21</td><td>22</td><td>23</td><td>24</td><td>25</td><td>26</td></tr> <tr><td>27</td><td>28</td><td>29</td><td>30</td><td>31</td><td></td><td></td></tr> </table>							MARCH							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			13-Parent/Teacher Conference							
MARCH																																																		
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																																														
01-Daylight Saving Time Ends	<table style="width: 100%; text-align: center;"> <tr><td colspan="7">APRIL</td></tr> <tr><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> <tr><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td></tr> <tr><td>17</td><td>18</td><td>19</td><td>20</td><td>21</td><td>22</td><td>23</td></tr> <tr><td>24</td><td>25</td><td>26</td><td>27</td><td>28</td><td>29</td><td>30</td></tr> </table>							APRIL							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	27-Parent/Teacher Conference							
APRIL																																																		
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																																												
11-Veterans' Day	<table style="width: 100%; text-align: center;"> <tr><td colspan="7">MAY</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td></tr> <tr><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td></tr> <tr><td>15</td><td>16</td><td>17</td><td>18</td><td>19</td><td>20</td><td>21</td></tr> <tr><td>22</td><td>23</td><td>24</td><td>25</td><td>26</td><td>27</td><td>28</td></tr> <tr><td>29</td><td>30</td><td>31</td><td></td><td></td><td></td><td></td></tr> </table>							MAY							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					26-Last Day of School
MAY																																																		
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																																																
25-27-Thanksgiving Break	<table style="width: 100%; text-align: center;"> <tr><td colspan="7">JUNE</td></tr> <tr><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td></tr> <tr><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td><td>17</td><td>18</td></tr> <tr><td>19</td><td>20</td><td>21</td><td>22</td><td>23</td><td>24</td><td>25</td></tr> <tr><td>26</td><td>27</td><td>28</td><td>29</td><td>30</td><td></td><td></td></tr> </table>							JUNE							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			27-Possible Makeup Day							
JUNE																																																		
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																																														
2-Parent/Teacher Conference	<table style="width: 100%; text-align: center;"> <tr><td colspan="7">JULY</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td></tr> <tr><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td></tr> <tr><td>15</td><td>16</td><td>17</td><td>18</td><td>19</td><td>20</td><td>21</td></tr> <tr><td>22</td><td>23</td><td>24</td><td>25</td><td>26</td><td>27</td><td>28</td></tr> <tr><td>29</td><td>30</td><td>31</td><td></td><td></td><td></td><td></td></tr> </table>							JULY							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					31-Possible Makeup Day
JULY																																																		
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																																																
21-31-Winter Break	<table style="width: 100%; text-align: center;"> <tr><td colspan="7">AUGUST</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td></tr> <tr><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td></tr> <tr><td>15</td><td>16</td><td>17</td><td>18</td><td>19</td><td>20</td><td>21</td></tr> <tr><td>22</td><td>23</td><td>24</td><td>25</td><td>26</td><td>27</td><td>28</td></tr> <tr><td>29</td><td>30</td><td>31</td><td></td><td></td><td></td><td></td></tr> </table>							AUGUST							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					2nd Semester = 93 days
AUGUST																																																		
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																																																
1st Semester = 87 days	<table style="width: 100%; text-align: center;"> <tr><td colspan="7">SEPTEMBER</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td></tr> <tr><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td></tr> <tr><td>15</td><td>16</td><td>17</td><td>18</td><td>19</td><td>20</td><td>21</td></tr> <tr><td>22</td><td>23</td><td>24</td><td>25</td><td>26</td><td>27</td><td>28</td></tr> <tr><td>29</td><td>30</td><td>31</td><td></td><td></td><td></td><td></td></tr> </table>							SEPTEMBER							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					1-3-Possible Makeup Day
SEPTEMBER																																																		
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																																																
<p>Holiday Paid for 10. month Employee</p> <p>Breaks</p> <p>Professional Development-No School</p> <p>Report Card Party/Parent/Teacher Conference</p> <p>Possible Makeup day</p> <p>1st semester 87 days</p> <p>2nd semester 93 days</p> <p>Total 180 days</p>								<p>Approved: _____</p> <p>Date: May 12, 2015</p>																																										