



**Fort Mojave Elementary**

**2023-2024**

**ARIZONA REQUIREMENTS FOR  
SCHOOL ENROLLMENT**

- **Certified Birth Certificate**
- **Original Immunization Record**
- **Proof of Residency (i.e. utility bill)**
- **Complete enrollment packet**

# Public Health Licensing



ARIZONA DEPARTMENT  
OF HEALTH SERVICES

azhealth.gov

Health and Wellness for All Arizonans

To whom it may concern,

The Arizona Department of Health Services, Bureau of Vital Records (Department) has implemented a new online ordering service for Vital Records. Parents and guardians enrolling children in school can now order the child's birth certificate online. Processing and mailing of the birth certificate is quick and convenient with this new service. The Department would greatly appreciate you sharing this information with parents and guardians. Please direct parents and guardians to the following website: [www.azhealth.gov/birthcertificate](http://www.azhealth.gov/birthcertificate)

Thank you for your partnership.

The Arizona Department of Health Services

**Arizona Department of Education  
Arizona Residency Documentation Form**

Student \_\_\_\_\_ School \_\_\_\_\_

School District or Charter Holder \_\_\_\_\_

Parent/Legal Guardian \_\_\_\_\_

As the Parent/Legal Guardian of the Student, I attest\* that I am a resident of the State of Arizona and submit in support of this attestation a copy of the following document that displays my name and residential address or physical description of the property where the student resides:

- \_\_\_\_\_ Valid Arizona driver's license, Arizona identification card or motor vehicle registration
- \_\_\_\_\_ Valid Arizona Address Confidentiality Program authorization card
- \_\_\_\_\_ Real estate deed or mortgage documents
- \_\_\_\_\_ Property tax bill
- \_\_\_\_\_ Residential lease or rental agreement
- \_\_\_\_\_ Water, electric, gas, cable, or phone bill
- \_\_\_\_\_ Bank or credit card statement
- \_\_\_\_\_ W-2 wage statement
- \_\_\_\_\_ Payroll stub
- \_\_\_\_\_ Certificate of tribal enrollment (506 Form) or other identification issued by a recognized Indian tribe in Arizona
- \_\_\_\_\_ Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)
- \_\_\_\_\_ Temporary on-base billeting facility (for military families)
  
- \_\_\_\_\_ I am currently unable to provide any of the foregoing documents. Therefore, I have provided an original affidavit signed and notarized by an Arizona resident who attests that I have established residence in Arizona with the person signing the affidavit.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

\*For members of the armed services, the provision of verifiable documentation does not serve as a declaration of official residency for income tax or other legal purposes. Armed service members may utilize a temporary on-base billeting facility as the address for proof of residency.



State of Arizona

## Affidavit of Shared Residence

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

Parent/Legal Guardian Name: \_\_\_\_\_

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

School District or Charter Holder: \_\_\_\_\_

Name of Arizona Resident: \_\_\_\_\_

I, (resident name) \_\_\_\_\_ swear or affirm that I am a resident of the State of Arizona and that the persons listed below reside with me at my residence, described as follows:

Persons who reside with me: \_\_\_\_\_

Location of my residence: \_\_\_\_\_

I submit in support of this attestation a copy of the following document that displays my name and current residence address or physical description of my property:

- \_\_\_\_\_ Valid Arizona driver's license, Arizona identification card or motor vehicle registration
- \_\_\_\_\_ Valid Arizona Address Confidentiality Program authorization card
- \_\_\_\_\_ Real estate deed or mortgage documents
- \_\_\_\_\_ Property tax bill
- \_\_\_\_\_ Residential lease or rental agreement
- \_\_\_\_\_ Water, electric, gas, cable, or phone bill
- \_\_\_\_\_ Bank or credit card statement
- \_\_\_\_\_ W-2 wage statement
- \_\_\_\_\_ Payroll stub
- \_\_\_\_\_ Certificate of tribal enrollment (506 Form) or other identification issued by a recognized Indian tribe in Arizona
- \_\_\_\_\_ Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)

Printed Name of Affiant: \_\_\_\_\_

Signature of Affiant: \_\_\_\_\_

### Acknowledgement

State of Arizona  
County of \_\_\_\_\_

The foregoing was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

By \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public

**Mohave Valley Elementary School District #16**

Grade \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_

Birthday: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Place of Birth: City \_\_\_\_\_ State \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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? \_\_\_\_\_

Ethnicity: Hispanic/Latino decent? Yes \_\_\_ No \_\_\_

White \_\_\_ Black/African Am. \_\_\_ Asian \_\_\_ Hawaiian/Pacific Islander \_\_\_ Am. Indian/Ak. Native \_\_\_ (Tribe): \_\_\_\_\_

Father/Stepfather/Legal Guardian (circle one): \_\_\_\_\_ Living w/Student: Yes No

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Dept. \_\_\_\_\_

Mother/Stepmother/Legal Guardian (circle one): \_\_\_\_\_ Living w/Student: Yes No

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Dept. \_\_\_\_\_

Siblings Enrolled in MVSD: Name: \_\_\_\_\_ Grade \_\_\_\_ Name: \_\_\_\_\_ Grade \_\_\_\_

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

Previous School: \_\_\_\_\_ Phone: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Has your child EVER been in a school in Arizona? Y or N.

Has your child ever been in Special Education? Y \_\_\_ N \_\_\_ Does the student have a current Individual Education Plan? Yes \_\_\_ No \_\_\_

Other programs your child has been in? ELL \_\_\_ 504 \_\_\_ Gifted \_\_\_ Title \_\_\_

Has your child ever been long-term suspended or expelled from a school district? Yes \_\_\_ No \_\_\_

If yes, when and from what school district: \_\_\_\_\_

Does your child have any discipline issues pending from his or her past school? Yes No

If yes, Please explain: \_\_\_\_\_

**PARENTAL STUDENT RELEASE DOCUMENTATION**

In most cases, students will only be released to individuals listed on a child's registration and/or emergency information form. By law, students must be released to either parent UNLESS the school office has court documentation on file denying custody to a specific parent(s), OR, declaring one parent the lone custodian/guardian.

Is there anyone in the family or otherwise the school cannot release your child to? Please attach court documentation if this is a parent.

Parent Name \_\_\_\_\_ Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

I certify that the information contained on these two pages is accurate to the best of my knowledge.

THERE ARE NO TEMPORARY BUS CHANGES

**FOR OFFICE USE ONLY: DO NOT WRITE IN THIS AREA**

Enrollment Date: \_\_\_\_\_ Verified \_\_\_ Enrollment Code: \_\_\_\_\_ Homeroom Teacher \_\_\_\_\_

B/C: \_\_\_\_\_ IMM: \_\_\_\_\_ RES: \_\_\_\_\_ SPED: Records Y \_\_\_ N \_\_\_

Rte #: \_\_\_\_\_ AM Bus Stop: \_\_\_\_\_ Rte# \_\_\_\_\_ PM Bus Stop: \_\_\_\_\_

Is the residence on tribal land? Y \_\_\_ N \_\_\_ If yes check Reservation box in Synergy.



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 _____	Mohave Valley Elementary School District # 16
School _____	Fort Mojave Elementary 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)



## Arizona Department of Education

### Office of English Language Acquisition Services

#### Encuesta sobre el Idioma en el Hogar

La escuela utiliza las respuestas a esta Encuesta del idioma del hogar (HLS) para proporcionar los programas y servicios educativos más apropiados para el estudiante. Las respuestas que aparezcan a continuación determinarán si un estudiante tomará la Evaluación de aprendices del idioma inglés de Arizona (AZELLA). Responda a cada una de las tres preguntas con la mayor precisión posible. Si necesita corregir alguna de sus respuestas, esto debe hacerse antes de que el estudiante tome el Examen AZELLA.

1. ¿Qué idioma hablan las personas en el hogar la mayoría del tiempo?

\_\_\_\_\_

2. ¿Qué idioma habla el estudiante la mayoría del tiempo?

\_\_\_\_\_

3. ¿Qué idioma habló o entendió el estudiante primero?

\_\_\_\_\_

Nombre del estudiante _____	Distrito Núm. de identificación _____
Fecha de nacimiento _____	SSID _____
Firma del padre o tutor _____	Fecha _____
Distrito o Charter _____ Mohave Valley Elementary School District # 16	
Escuela _____ Fort Mojave Elementary 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.

Preguntas en conformidad con (R7-2-306(B)(1),(2)(a-c) del Código Administrativo de Arizona. (Revised 01-2020)

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

### EMERGENCY/MEDICAL INFORMATION

In the event of an accident or serious illness, and if the school is unable to reach me, I hereby authorize the school to call the physician indicated below and follow his instructions. If it is impossible or not prudent to contact this physician, the school may make whatever arrangements are necessary.

Physician/Practice: \_\_\_\_\_ Phone: \_\_\_\_\_

Is your child currently under the care of a physician? Yes \_\_\_ No \_\_\_ Can your child be given acetaminophen? Yes \_\_\_ No \_\_\_

Does your child take medication daily? Yes \_\_\_ No \_\_\_

Please explain/other pertinent medical information: \_\_\_\_\_

Does the student have allergies and to what? \_\_\_\_\_

Please list the names and phone numbers of **at least** two nearby relatives/neighbors/friends that we may contact in the event of an emergency and who will have your permission to pick up your child from school. When no parent or emergency contact can be reached, the school will release custody to the proper law authorities. Please note that students will only be released to parents or those you list below. To make other arrangements, notify the school in writing.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Has your child ever had or now has:

Yes	No	Item	Yes	No	Item
		Allergy to Bee Sting			Measles
		Anemia			Menstrual Cramps (severe)
		Arthritis			Migraine Headaches
		Asthma			Mononucleosis
		Chicken Pox			Mumps
		Concussion			Pneumonia
		Diabetes			Polio
		Eczema			Rheumatic Fever
		Emotional Problems			Sinus Trouble (severe)
		Epilepsy			Sore Throats (chronic)
		Fainting (frequent)			Tuberculosis
		Heart Murmur			Whooping Cough
		Hepatitis			Other
		Hernia			Other
		Hives			Other
		Kidney Problems			Other

I certify that the information contained on these two pages is accurate to the best of my knowledge.

Parent Name \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_



## Documentation of Varicella (Chickenpox) Disease or Immunization

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Has your child ever had chickenpox (please circle one answer)?

Yes (go to #1)	No (go to #2)	Don't Recall (go to #1)
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1. Please answer the following questions (please circle one answer):

- |   |                           |    |              |
|---|---------------------------|----|--------------|
| a) Was your child in "face-to-face" contact with other children who had chickenpox? | Yes                       | No | Don't Recall |
| b) Did your child have a rash on his/her body?                                      | Yes                       | No | Don't Recall |
| c) Did the rash "itch"?   | Yes                       | No | Don't Recall |
| d) Were there blisters present?   | Yes                       | No | Don't Recall |
| e) Did "scabs" appear toward the end of the rash?                                   | Yes                       | No | Don't Recall |
| f) When did your child have chickenpox?<br>(approximate date)                       | _____/_____<br>Month Year |    |              |

2. If your child has not had chickenpox, has he/she had the chickenpox (varicella) shot (please circle one answer)?

Yes	No	Don't Recall
-----	----	--------------

If you circled YES, please take your child's immunization record to the school nurse so the date of the shot can be recorded in your child's health record.

If you circled NO or Don't Recall, please take your child to their doctor or to the local health clinic to get the chickenpox shot, then take their immunization record to the school nurse so the date can be recorded in your child's health record.

Parent/Guardian Name (please print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number (where you can be reached during the day): \_\_\_\_\_

Mohave Valley ESD #16  
McKinney-Vento Act Questionnaire

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

1. Presently, where is this student living?

*Please check a box that best describes where the student is living. Check only one box in either Section A -OR- Section B:*

Section A	Section B
<input type="checkbox"/> In a shelter	<input type="checkbox"/> Choices in Section A do not apply. THANK YOU. No further information is required.
<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	
If none of the above apply, proceed to Section B. If you checked any box in Section A, please complete the remainder of this form.	If you checked the box above, DO NOT complete the rest of this form. Stop here and give the form to the school secretary/registrar.

Complete the remainder of this form only if you completed Section A

2. The student lives with (check one only):

- |   |   |
|---|---|
| <input type="checkbox"/> One parent                   | <input type="checkbox"/> A relative, friend(s), or other adult          |
| <input type="checkbox"/> Two parents                  | <input type="checkbox"/> Alone, with no adults                          |
| <input type="checkbox"/> One parent and another adult | <input type="checkbox"/> An adult that is not the legal parent/guardian |

3. Demographic Information.

School: \_\_\_\_\_ ☐ Male ☐ Female

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

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ SS# \_\_\_\_\_

Address: \_\_\_\_\_

Phone or contact phone: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

In accordance with Federal Law and US Department of Agriculture Policy, this institution is prohibited from discriminating on the bases of race, color national origin, sex, age, or disability. This institution is an equal opportunity provider.

**School Use Only**

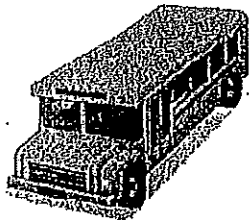
- ☐ Does not qualify under McKinney-Vento Homeless Act  
☐ Qualifies under McKinney-Vento Homeless Act

Principal Signature

Date

-Original to Homeless Folder;

-Copy to Cafeteria, Health Clerk/Nurse



## Fort Mojave Elementary

### DESTINATION SHEET

DATE: \_\_\_\_\_ TEACHER \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PARENT NAME: \_\_\_\_\_ CONTACT # \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ # \_\_\_\_\_

NEAREST CROSS STREET: \_\_\_\_\_

PLEASE MARK ONE:

BUS: \_\_\_\_\_ PARENT TRANSPORT: \_\_\_\_\_ DAY CARE \_\_\_\_\_

For office use:

AM: PICK UP: \_\_\_\_\_ RTE \_\_\_\_\_

PM DROP OFF: \_\_\_\_\_ RTE \_\_\_\_\_

\_\_\_\_\_  
Please Print Full Name

\_\_\_\_\_  
Please Sign

Please send a note if your child will not be riding the bus, (i.e. doctors appt.) If unplanned change occurs please contact the school at least 1 hour prior to dismissal time. Thank you!

IF ANY OF THE ABOVE INFORMATION CHANGES DURING THE SCHOOL YEAR PLEASE INFORM THE OFFICE  
TEMPORARY CHANGES ARE PROHIBITED



Fort Mojave Elementary

## Mohave Valley Elementary School Dist. #16 Request For Student Records

Fort Mohave Elementary

1760 Joy Lane

Fort Mohave, AZ 86426

Phone: 928-768-3986 Fax: 928-768-8075

brutonj@mvdistrict.net

\_\_\_\_\_  
Name of Previous School

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State and Zip

( ) ( )

School Phone

Fax

I hereby give permission for the above named school to release my child's:

- Cumulative Records including: School Tests – Grading – Attendance
- Health Records
- Any other information needed for making the appropriate educational placement to Mohave Valley Elementary School District.

Special education records will be requested through our Special Education Dept. 928-768-4538 or Email doolind@mvdistrict.net if you do not receive a request for records.

### SEND COPIES ONLY

\_\_\_\_\_  
Name of Student

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Present Grade

\_\_\_\_\_  
Name of Parent/Guardian

\_\_\_\_\_  
Signature Parent or School Representative

\_\_\_\_\_  
Date

1<sup>st</sup> Request \_\_\_\_\_ 2<sup>nd</sup> Request \_\_\_\_\_ 3<sup>rd</sup> Request \_\_\_\_\_ Received \_\_\_\_\_

## **IMMUNIZATIONS**

### **Mohave County Department of Public Health**

Nursing Division – Immunization Clinic

- Immunizations are provided to all children ages birth through 18 years of age.  
PLEASE BRING YOUR CHILD'S IMMUNIZATION RECORD AND INSURANCE CARD (if your child has insurance) WITH EVERY VISIT.

#### **BULLHEAD CITY**

1222 Hancock Road

Bullhead City, AZ

(928) 758 – 0703

Immunizations Every Thursday: 8:00am – 11:00pm & 1:00 pm – 4:00 pm

## **UNIFORM SHIRTS**

#### **Silly Cactus**

2550 Miracle Mile

Bullhead City, AZ 86442

(928) 758-9167

#### **Totally Awesome Printing**

1524 Drinda Way # 105

Fort Mohave, AZ 86426

(928) 704-2787

# Mohave Valley Elementary School District #16 | 2023-2024 School Calendar

JULY 2023						
S	M	T	W	Th	F	S
						1
2	3		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					

4 – Independence Day- DO Closed  
 12 – School Office Opens  
 19-21 New Teacher Induction  
 24 – New Teachers  
 24-25 Learning Academy  
 26 – Vet Teachers Return  
 31 – First Day of School

New Teachers: 6  
 Teachers: 4 Students: 1

JANUARY 2024						
S	M	T	W	Th	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

1 – New Year's Day – DO Closed  
 12 – Professional Day – No School  
 15 – MLK Day – DO Closed

Teacher: 17 Student: 16

AUGUST 2023						
S	M	T	W	Th	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

16 – Professional Day – No School

Teachers: 23 Students: 22

FEBRUARY 2024						
S	M	T	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29		

19 – President's Day – No School/D.O. Closed  
 14-15 – PT Conf.s Early Release  
 16 – Professional Day – No School

Teacher: 20 Student: 19

SEPTEMBER 2023						
S	M	T	W	Th	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

4 – Labor Day – DO Closed

Teacher: 20 Students: 20

MARCH 2024						
S	M	T	W	Th	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

8 – End of 3<sup>rd</sup> Quarter  
 11-15 – Spring Break

Teacher: 16 Student: 16

OCTOBER 2023						
S	M	T	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

6 – End of 1<sup>st</sup> Quarter

9-13 – Fall Break  
 25-26 – PT Conf.s Early Release  
 27 – PT Conf.s No School

Teacher: 17 Student: 16

APRIL 2024						
S	M	T	W	Th	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

Teacher: 22 Student: 22

NOVEMBER 2023						
S	M	T	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

10 – Veterans' Day Observed  
 20-24 – Thanksgiving Break

22-24 – DO Closed

Teacher: 16 Student: 16

MAY 2024						
S	M	T	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

27 – Memorial Day – DO Closed  
 22 – Students Last Day  
 22 – End of 4<sup>th</sup> Quarter  
 23- Professional Day  
 24 – Teachers' Last Day

Teacher: 18 Student: 16

DECEMBER 2023						
S	M	T	W	Th	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

22 – End of 2<sup>nd</sup> Quarter  
 25-1/5 Winter Break  
 25-26 DO Closed

Teacher: 16 Student: 16

JUNE 2024						
S	M	T	W	Th	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

New Teachers

Veteran Teachers

Students