

**Mohave Valley  
Connections Academy**

2023-2024

## **ARIZONA REQUIREMENTS FOR SCHOOL ENROLLMENT**

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

**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: \_\_\_\_\_

Notes: \_\_\_\_\_

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 \_\_\_ Can your child be given cough drops? 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 \_\_\_\_\_



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
School _____	Camp Mohave Elementary

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 _____	
Fecha de nacimiento _____		Núm. de identificación _____	
Firma del padre o tutor _____		SSID _____	
Distrito o Charter _____		Fecha _____	
Escuela _____			

Please provide a copy of the Home Language Survey to the BL 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)

Office of English Language Acquisition Services

1535 West Jefferson Street • Phoenix, Arizona 85007 • (602) 542-0753 • [www.azed.gov/oclas](http://www.azed.gov/oclas)



Mohave Valley  
Connections Academy

## Mohave Valley Elementary School District STUDENT RECORDS REQUEST

RECORDS FOR THE FOLLOWING STUDENT ARE TO BE RELEASED TO:

Mohave Valley Connections Academy  
8450 S Olive Ave  
Mohave Valley, AZ 86440  
Phone: (928) 768-2507 Fax: (928) 768-2510  
School Secretary: Debbie Doolin doolind@mvdistrict.net

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

Parent/Guardian Name \_\_\_\_\_ Grade \_\_\_\_\_

**RECORDS TO BE RELEASED FROM:**

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

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

City, State & Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Please fax or email (copies only) the following information to the attention of the Registrar:

- ☐ *Birth Certificate*
- ☐ *Immunizations records*
- ☐ *Withdrawal form*
- ☐ *Withdrawal grades/Report Cards*
- ☐ *Attendance records*
- ☐ *Standardized test scores*
- ☐ *Discipline records*
- ☐ *Legal documents regarding custody*

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

**The Family Education Rights and Privacy Act (FERPA), 34 CFR § 99.31 (a)(2),** allows schools to send education records to a school where the student has enrolled or seeks to enroll without the parent's signature.

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

\_\_\_\_\_  
Date

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

**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

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



**Mohave Valley ESD #16**  
**Cuestionario de la Ley McKinney-Vento**

Este cuestionario tiene por objeto abordar la Ley McKinney-Vento. Sus respuestas ayudarán a la escuela a determinar los documentos de residencia necesarios para la inscripción de este estudiante.

1. Actualmente, ¿dónde vive este estudiante?

Marque la casilla que mejor describe el lugar donde vive el estudiante. Marque solo una casilla en la Sección A -O- Sección B:

Sección A	Sección B
<input type="checkbox"/> En un refugio	<input type="checkbox"/> Las opciones en la Sección A no se aplican. GRACIAS. No hay más información se requiere.
<input type="checkbox"/> Con más de una familia en una casa o apartamento	
<input type="checkbox"/> En un motel, automóvil o campamento	
<input type="checkbox"/> Con amigos o familiares	
Si no se aplica nada de lo anterior, continúe con la Sección B. Si marcó alguna casilla en la Sección A, por favor complete el resto de este formulario.	Si marcó la casilla anterior, NO complete el resto de este formulario. Deténgase aquí y entregue el formulario a la secretaria/registradora de la escuela.

Complete el resto de este formulario solo si completó la Sección A

2. El estudiante vive con (marque solo uno):

- |   |  |
|---|--|
| <input type="checkbox"/> Un padre               | <input type="checkbox"/> Un pariente, amigo(s) u otro adulto         |
| <input type="checkbox"/> Dos padres             | <input type="checkbox"/> Solo, sin adultos                           |
| <input type="checkbox"/> Un padre y otro adulto | <input type="checkbox"/> Un adulto que no es el padre/guardián legal |

3. Información Demográfica

Escuela: \_\_\_\_\_ ☐ Hombre ☐ Mujer

Nombre del Estudiante: \_\_\_\_\_

Fecha de Nacimiento: \_\_\_\_\_ Edad: \_\_\_\_\_ SS# \_\_\_\_\_

Dirección: \_\_\_\_\_

Teléfono o teléfono de contacto: \_\_\_\_\_

Firma del padre/Guardián: \_\_\_\_\_ Fecha: \_\_\_\_\_

De acuerdo con la Ley Federal y la Política del Departamento de Agricultura de los EE.UU., esta institución tiene prohibido discriminar por motivos de raza, color, origen nacional, sexo, edad, o discapacidad. Esta institución es un proveedor de igualdad de oportunidades.

*Solo Para Uso Escolar*

- ☐ No califica bajo la Ley McKinney-Vento para personas sin hogar  
☐ Califica bajo la Ley McKinney-Vento para personas sin hogar

Firma del Director \_\_\_\_\_

Fecha \_\_\_\_\_

-Carpeta de Originales a Personas Sin Hogar;

-Copia a Cafetería, Secretaría de Salud/Enfermera

## 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)
-------------------	------------------	----------------------------

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.

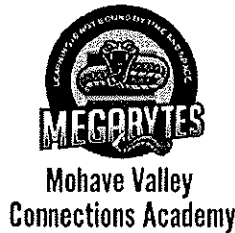
If you circled NO or Don't Recall, please take your child to their doctor or to the local health clinic to get the chickenpox shot, then take their immunization record to the school nurse so the date can be recorded in your child's health record.

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

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

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

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



## MVESD TECHNOLOGY DEVICE USER AGREEMENT

Mohave Valley Elementary School District will loan a Chromebook (device) to the student named below under the following conditions:

- The parent and student must sign this agreement.
- The parent and student understand that the device is only being loaned to the student and it remains the property of the district.
- The device must be returned to the district in working order with all accessories upon the earlier of : (I) withdrawal from the district or transfer to another school district, (II) a request from the school, or (III) the termination of the distance learning period.
- The student must use the device in compliance with the rules in Governing Board Policy JFCH – Student Technology Use (and its regulation), the Student Technology Agreement, and this agreement. The student and parent acknowledge that violation of the rules may result in the loss of use of the device and further disciplinary action.
- Accessing or downloading VPN's or other proxy-avoiding extensions with the intent of bypassing district security features and filtering is prohibited.
- The student will properly care for and use the device.
- Parents/guardians are financially responsible for the repair/replacement costs of the device if the device is damaged, lost or stolen.
- The student or parent must report any lost, stolen or damaged devices to the school immediately. If the device is stolen, the theft must be reported to MCSO and a copy of the deputy report must be delivered to the school.
- If the device is not returned when required by this agreement, after notice to the parent and student the district may report the loss to MCSO as willful failure to return loaned property in violation of A.R.S. 13-1802 or seek other legal remedies.
- The student must not alter the configuration of the device or accompanying software. Copying or installing software on the device is prohibited.
- The student must not physically alter the Chromebook or case in any way (i.e. adding or removing parts or stickers).
- Restoration and repair, as a result of non-compliance of above conditions, is the fiscal responsibility of the borrowing party.

**BY SIGNING THIS FORM, WE, THE UNDERSIGNED STUDENT AND PARENT, CONFIRM THAT WE UNDERSTAND AND AGREE TO COMPLY WITH THE TERMS.**

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

STUDENT SIGNATURE: \_\_\_\_\_

PARENT NAME: \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_

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

PARENT PHONE #: \_\_\_\_\_

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

STUDENT ID: \_\_\_\_\_

DEVICE MODEL: \_\_\_\_\_

DEVICE ID: \_\_\_\_\_

## **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**



**We are mobile!**



## Stay Connected with Mohave Valley School District!

All official school and district notices will be posted through the district's app, free in the Apple and Google Play Store by searching for **Mohave Valley ESD AZ**. In the event of an emergency, this will be our single point of posting notices and updates, which is then automatically distributed through the app as well as the district's social media platforms.

We also have a **district website** ([www.mvesd16.org](http://www.mvesd16.org)) linked to the app, our email newsletter (subscribe at district website above), **ParentVue** (contact school secretary for account information and access code- links found on

the Parent Information tab), and **Twitter** (@mvdistrict).

You can also follow the district and schools individually via Facebook found under:

- *Mohave Valley Elementary School District #16,*
  - *Camp Mohave Elementary School,*
  - *Fort Mojave Elem (FMES), and*
  - *Mohave Valley Junior High School*

**If you select only one way to follow the district, make it the Mohave Valley ESD App!**

# 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 12 Veteran Teachers 10 Students 110