



Dilcon Community School, Inc.

HC 63, Box G, Winslow, Arizona 86047 - Phone: (928) 657-3211 - Fax: (928) 657-3213

William M. Wachunas, *Principal*

Sophia Attakai-Francis; President
Genevieve Jackson, Vice-President
Hoskie Bryant; Secretary
Linda Youvella, Member

SY2024 – 2025 **NEW ENROLLMENT CHECKLIST**

- _____ Enrollment Packet – **COMPLETED**
- _____ **UPDATED** Immunization Record (Computerized Copy) – Current Date of July 2024–**REQUIRED**
- _____ Birth Certificate
- _____ Certificate of Indian Blood
- _____ Social Security Card
- _____ Legal Guardianship Documentation
- _____ Release/Transfer of Records
- _____ Withdrawal Form & Final Grades (Previous School)
- _____ 2024-2025 Application for Free/Reduced School Meals

Student's Name: _____

I, the undersigned herein authorize the persons named below to check my child out of Dilcon Community School, Inc. I understand that by this authorization, I do fully and completely relieve the School and School Officials of all responsibility regarding my child. It is further understood those parents listed below are authorized to check my child out of school.

Please list the **Name and Relation** of the people authorized to check out your student.

AUTHORIZED

RESTRICTED

1	_____
2	_____
3	_____
4	_____
5	_____
6	_____
7	_____
8	_____
9	_____
10	_____

1	_____
2	_____
3	_____
4	_____
5	_____

PARENT OR LEGAL GUARDIAN X: _____



Dilcon Community School, Inc.

HC 63, Box G, Winslow, Arizona 86047 - Phone: (928) 657-3211 - Fax: (928) 657-3213

RELEASE / TRANSFER OF RECORDS

Student: _____ Grade: _____ DOB: _____

Parent/Legal Guardian: _____

This is a request that the records of the above named student be released from your facility for the purpose of a routine school transfer, educational planning and placement.

Name of Previous School, Organization or Agency

Post Office or Street Address

City, State, Zip Code

The following records are authorized by the Parent/Legal Guardian to be released or transferred upon the receipt of this request:

- ____ Official Withdrawal Slip
- ____ Cumulative School Record
- ____ Progress Monitoring Records (WIDA, Galileo, Pearson Access, BIE Science Cognia, etc.)
- ____ Response to Intervention, Child Study Team Referrals and Records, if any
- ____ Psychological and Special Education Records
(If applicable to this student: Please include IEP, Consent for Evaluation, Placement, Summary Records.)
- ____ Medical and Health Records, if any (including Birth and developmental history records, vision & hearing records.)
- ____ Other: _____

I hereby authorize the release or transfer of the above records to:

Dilcon Community School
ATTN: ENROLLMENT OFFICE
 HC-63 Box G
 Winslow, AZ 86047
 (928) 657-2310 FAX: (928) 657-3213

Parent/Legal Guardian

Date

Grade Level: 4th

Boarding:

Day-Bus:

Entry Date:

Bureau of Indian Education

EXAMPLE

BIA Form 6248
OMB No. 1076-0122
mfls/rev. 08/10
Exp. 03/31/2012

Dilcon Community School, Inc.
Student Enrollment Application

Fill out the entire application. This is an example of how the
application needs to be done.

Withdrawal Date:

Native American Student Information System (NASIS) ID NO.

Student Name: LAST	First	Middle	Gender:	Date of Birth:	Enrollment Number:	Degree of Indian Blood:
Yazzie	Bob		Female: <input type="checkbox"/> Male: <input checked="" type="checkbox"/>	June 3, 2005	123,456	7/8
Student Address:	City:	State:	Zip Code:	Birth Place:	Tribal Affiliation:	Chapter Affiliation:
HC 63, Box 178	Winslow	AZ	86047	Salt Lake City, UT	Navajo	Dilcon
Home Location:	Language most Spoken at Home:					
4 miles East of Bashas (Blue house w/brown roof)	Language most Spoken by Student:					
Home Location:	Navajo: <input checked="" type="checkbox"/> English: <input type="checkbox"/>		Navajo: <input type="checkbox"/> English: <input checked="" type="checkbox"/>		Did student participate in Special Education?	
<i>With whom does the student live?</i>						
Both Parents	Father	Mother	Grandparents	Guardian	Other	No/Yes
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/pick up the student from school. Who has legal guardianship of the student?						
Father:	Leroy Yazzie	Tribal Affiliation:	Navajo	Mother:	Molly Yazzie	Tribal Affiliation:
Address (city, state, zip):	HC 63, Box 178 Winslow, AZ 86047			Address (city, state, zip): HC 63, Box 178 Winslow, AZ 86047		
Home Location:	4 miles East of Bashas (Blue house w/brown roof)			Home Location: 4 miles East of Bashas (Blue house w/brown roof)		
Home Phone:	N/A	Work Phone:	N/A	Home Phone:	N/A	Work Phone:
Email:	N/A	Cell/Pager:	(928) 555-9999	Email:	N/A	Cell/Pager:
Employer:	Unemployed		Census No:	987,654	Employer:	Unemployed
Contact Allowed:	No/Yes	Received student mailings?		No/Yes	Received student mailings?	
Guardian Name:	N/A			Contact Allowed:	N/A	Received student mailings?
Address (city, state, zip):	N/A			Home Location:	N/A	Received student mailings?
Home Phone:	N/A	Work Phone:	N/A	Cell/Pager:	N/A	Other: N/A
Employer:	N/A					
Emergency Information: (other than parent/guardian)						
Relationship to Student:	Grandmother	May Pick up Student?	Yes	Relationship to Student:	Uncle	May Pick up Student?
Home Phone:	N/A	Work Phone:	N/A	Home Phone:	N/A	Work Phone:
Cell/Pager:	(928) 444-7777	Other:		Cell/Pager:	(928) 111-2222	Other:
Emergency Information: (other than parent/guardian):						
Mary Yazzie			George Joe			
Relationship to Student:	Grandmother	May Pick up Student?	Yes	Relationship to Student:	Uncle	May Pick up Student?
Home Phone:	N/A	Work Phone:	N/A	Home Phone:	N/A	Work Phone:
Cell/Pager:	(928) 444-7777	Other:		Cell/Pager:	(928) 111-2222	Other:

Grade Level: **KG/1st/2nd/3rd/4th/5th/6th/7th/8th**

Boarding: _____
Day-Bus: _____

Bureau of Indian Education
DILCON COMMUNITY SCHOOL, INC.
Student Enrollment Application

SY2024-2025

Entry Date: _____

Withdrawal Date: _____

Native American Student Information System (NASIS) ID NO.

Student Name: LAST	First	Middle	Gender:	Date of Birth:	Enrollment Number:	Degree of Indian Blood:
			Female:	Male:		
Student Address:	City:	State:	Zip Code:	Birth Place:	Tribal Affiliation:	Chapter Affiliation:
Home Location:				Language most Spoken at Home:	Language most Spoken by Student:	
With whom does the student live?	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/pick up the student from school. Who has legal guardianship of the student?						
Father:	Tribal Affiliation:			Mother:	Tribal Affiliation:	
Address (city, state, zip):				Address (city, state, zip):		
Home Location:				Home Location:		
Home Phone:	Work Phone:			Home Phone:	Work Phone:	
Email:	Cell//Pager:			Email:	Cell//Pager:	
Employer:	Census No:			Employer:	Census No:	
Contact Allowed:	Y/N	Received student mailings?	Y/N	Contact Allowed:	Y/N	Received student mailings?
Guardian Name:				Contact Allowed:	Y/N	Received student mailings?
Address (city, state, zip):				Home Location:		
Home Phone:	Work Phone:			Cell//Pager:	Other:	
Employer:	Email:					
Emergency Information: (other than parent/guardian):				Emergency Information: (other than parent/guardian):		
Relationship to Student:	May Pick up Student?	Y/N	Relationship to Student:	May Pick up Student?	Y/N	
Home Phone:	Work Phone:			Home Phone:	Work Phone:	
Cell//Pager:	Other:			Cell//Pager:	Other:	

SCHOOL HISTORY:

For students whose last academic year was 8th grade:

Name of School: _____ Address: _____
 Phone Number: _____ Grade Completed: _____ Dates Attended: _____
List all schools you have attended:
 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? Yes/No (circle one) .
 I am legally responsible for this student and hereby apply for his/her admission to Dilcon Community School, Inc. 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. _____

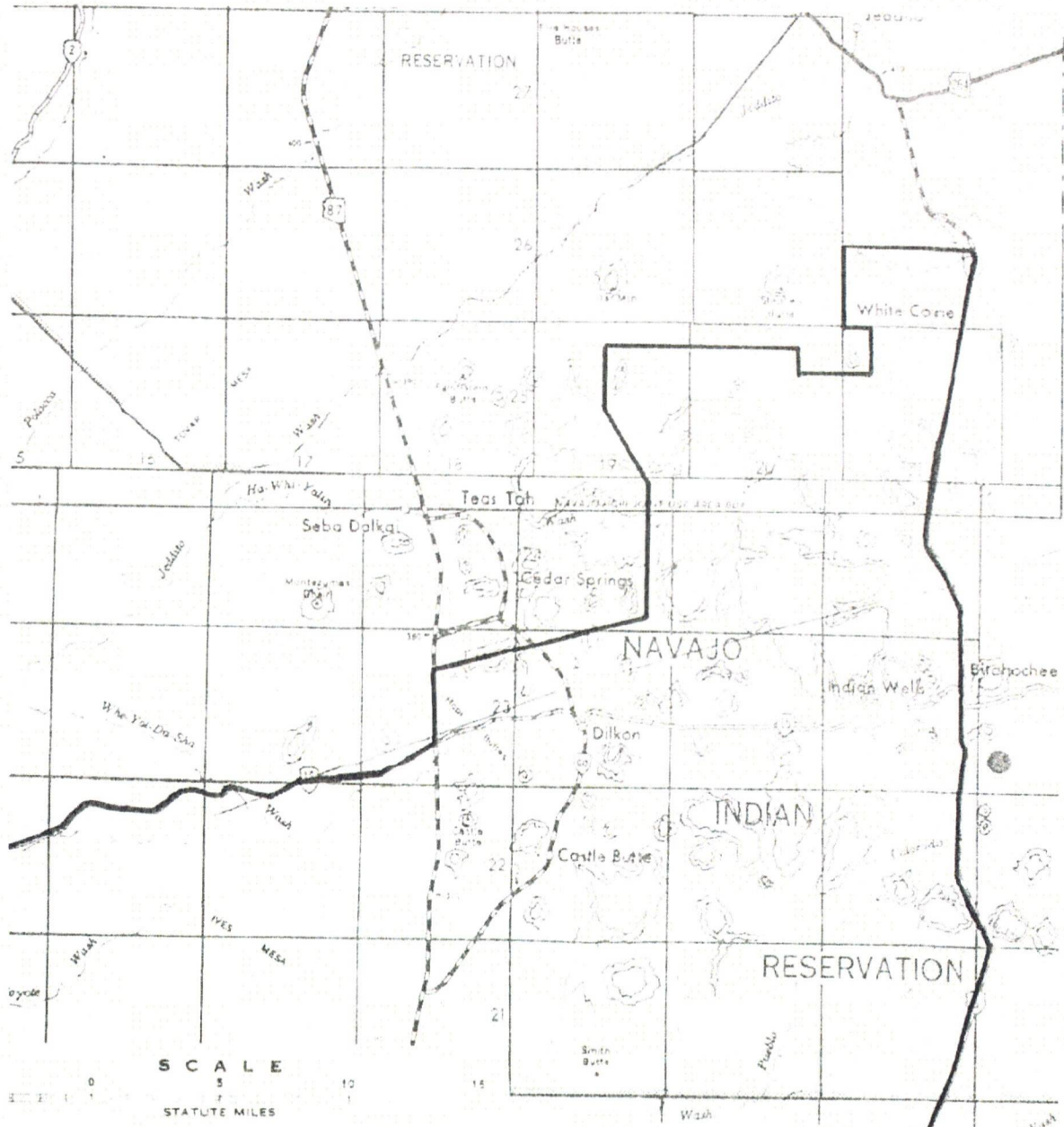
APPROVAL OF SCHOOL APPLICATION: _____ **Approved** _____ **Not Approved** _____

Signature of Principal or Registrar _____ Date _____ Signature of Programs Support Assistant _____ Date _____

I understand that all of the information is true and correct for _____
I understand that this information is being furnished for the receipt of Federal funds, that school officials may verify the information on the application, and that deliberate misrepresentation of this information may subject me to prosecution under applicable State and Federal laws.

SIGNATURE OF PARENT OR ADULT FAMILY MEMBER

DATE



Physical Location:

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

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

Student Information

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

Name of School Dilcon Community School Inc. School District Tribal Grant School

Tribal Membership

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

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

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

Name Navajo Vital Records Address PO Box 3240

City Window Rock State AZ Zip Code 86515

The Tribe or Band is (select only one):

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

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

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

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

Attestation Statement

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

Printed Name of Parent/Guardian _____ Signature _____

Address _____ City _____ State _____ Zip Code _____

Phone Number _____ Email _____ Date _____

Home Language Survey
2024-2025 Academic Year
DILCON COMMUNITY SCHOOL

Date: _____
Student's Name: _____
Parent Name: _____

Instructions

This Home Language Survey (HLS) is to be completed by the parent or legal guardian of the student enrolling in this school. The information on this form helps us identify students who may need support in increasing their English language skills necessary for success in school. Completion of the survey is optional, though indicating that English was **not** the child's first language may lead to additional resources or supports to assist in your child's development in the English language for academic achievement.

Process

If your child is identified as a possible English Language Learner through this Home Language Survey the student will go through a process to make a final determination. Your child will be screened to determine the child's English language status. If the student scores a 26 or lower on the Kindergarten W-APT or below a 4.5 on the 1st -12th WIDA Screener the child will be identified as an English Language Learner. You will receive a Parental Notification Letter of your child's score and the eligibility. If your child is identified as English Language Learner you will be notified of educational services he/she will receive and will be tested annually to determine if he/she becomes proficient in the English language. The letter will offer you the option to decline some or all services to your child. Your child's score will be entered into the Native American Student Information System (NASIS).

If you have any questions, please contact:

Place contact person here

Student Languages / Please check Yes or No

1. Was **English** the **first language** used by this student?
____ Yes: Go to Question 2
____ No: Go to Question 3

Home Language Survey
2024-2025 Academic Year
DILCON COMMUNITY SCHOOL

2. When at home, does this student hear or use a language **other than English** more than half of the time?

Yes: Go to Question 3

No: Student is not eligible for English Language Proficiency (ELP) Screening. HLS is complete.

3. When interacting with their parents, guardians, or caregivers, does this student hear or use a language **other than English** more than half of the time?

Yes: Administer ELP screener. Record other language(s). HLS is complete

HLS results: Screen / Do Not Screen (circle one)

Name the language used by the student or used more than half of the time at home.

Language: _____

*Place HLS in student's School Folder.

**McKinney-Vento Student Residency Questionnaire
Dilcon Community School, Inc.**

Student's Legal Name: _____

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

1. Presently, where is the student living? (Check one box in Section A or Section B)

SECTION A

The student lacks a fixed, regular and adequate nighttime residence and:

- Shares housing of other persons due to loss of housing, economic hardship, or a similar reason (*doubled-up with more than one family*)
- Lives in a motel, hotel, trailer park, camping grounds or similar setting
- Lives in an emergency or transitional shelter
- Lives with friends or family members (other than parent or guardian)
- Lives in car, hotel/motel, substandard housing (lacking running water or electricity or adequate heat) and abandoned buildings

CONTINUE: If you checked any box in SECTION A, complete #2 and the remainder of this form.

SECTION B

Choices in Section A *Do Not Apply*

STOP: If you checked this section, you do not need to complete the remainder of this form.

- 2. The student lives with:**
- 1 parent 2 parents 1 parent & another adult
 - a relative, non-guardian or another adult

Student Date of Birth: _____ Age: _____ Female Male

Name of Parent(s) or Legal Guardian(s): _____

Mailing Address: _____

Physical Address: _____

Home #: _____ Cell #: _____ Work #: _____

Parent/Legal Guardian Signature: _____ Date: _____

For any choices in Section A, this form must be completed and forward to the school liaison immediately. Form will be kept separately from the Student Permanent Record for Audit purposes during the school year.

SCHOOL OFFICIAL USE ONLY: Date forwarded to McK-Administrator: _____

DILCON COMMUNITY SCHOOL INC.

HC63 Box G

Winslow, Arizona 86047

PARENTAL CONSENT FOR ANNUAL ASSESSMENT/EVALUATION/EXAMINATION

This is to certify that I, _____, hereby agree to allow my child, _____ to receive assessment(s), examination(s), or evaluation(s), as deemed necessary during the school year in the interest of furthering my child's education or educational placement.

PRE-PRESENTATIVE EXAMPLE OF TESTING THAT MAYBE ADMINISTERED

TYPE:

- 1. WIDA Assessment for ELL (English Language Learners)
- 2. Galileo Assessment
- 3. Multi-State Alternative Assessment (MSAA)
- 4. Pearson Access Assessment ELA/Math 3rd – 8th
- 5. BIE Science Cognia 5th & 8th
- 6. Dine Language Proficiency Fall/Spring K, 4th & 8th
- 7. Oral Navajo Language & Culture Test –SBA Spring 4th & 8th
- 8. Vision, Hearing & Speech Screenings

AGENCY/PRACTITIONER:

- Counselor
- Teachers
- SPED Teachers/Counselor
- Counselor
- Counselor
- Culture Teachers
- Culture Teachers
- Health Technician/WIHCC

The above services have been fully defined and explained to me and I am satisfied with the explanation of why these services may be necessary as presented by:

Name: _____

Principal: _____

I hereby certify that I have been advised of my rights to inspect all relevant educational assessment records pertaining to my child, to question such records, and to obtain copies of them. I further understand that I have the right to obtain an independent evaluation of my child and to request an impartial due process regarding the evaluation in case of disagreement.

I further understand that neither my child's name nor my name will be used in any form that will violate our rights to privacy, confidentiality, or anonymity and that if the results of the assessment(s) are negative that all records be destroyed. I also understand that I will be advised of any assessment(s) given to my child and will be afforded the opportunity to review them and participate in the placement of my child as well as the development of the individual educational plan.

Signature: _____

Date: _____

Interpretation: Was
Was Not

Witnessed: _____

Date: _____

I, undersigned, have defined and fully explained the proposed assessment(s) and explained why assessment(s) is necessary.

Signature: _____

Date: _____



Dilcon Community School, Inc.

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William M. Wachunas, *Principal*

Sophia Attakai-Francis; **President**
Genevieve Jackson, **Vice-President**
Hoskie Bryant; **Secretary**
Linda Youvella, **Member**

This consent form is to both inform and request permission from you, the parent/guardian, to use your child's photo(s)/video(s) and personally identifiable information to be published on the school's internet website.

As you are aware, there are potential dangers associated with the postings of personally identifiable information on the website since global access to the internet does not allow us to control who may access such information. These dangers have always existed; however, we as a school do want to celebrate your child and his/her work. The law requires that we ask for your permission to use information about your child.

Pursuant to law, we will not release and personally identifiable information without prior written consent from you as a parent or guardian. Personally identifiable information includes student names, photo(s) or video(s), residential addresses, email address and phone numbers and locations/times of class trips.

If you, as the parent or guardian, wish to rescind this agreement, you may do so at any time in writing by sending a letter to the Principal of your child's school and such rescission will take effect upon receipt by the school.

Check on of the following choices:

- I/We **GRANT** permission for photo(s)/video(s), that may include this student without any other personal identifiers to be published on the school's internet website.
- I/We **GRANT** permission for this student's photo(s)/video(s) and name to be published on the school's internet website.
- I/We **GRANT** permission for this student's photo(s)/video(s) and all other personal identifiers listed above to be published on the school's internet website.
- I/We **DO NOT GRANT** permission for photo(s)/video(s) that includes this student to be published on the school's internet website.

Student's Name (print): _____ Grade: _____

Print Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: _____



Dilcon Community School, Inc.

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William Wachunas, *Principal*

Sophia Attakai-Francis, *Board President*
Genevieve Jackson, *Board Vice-President*
Hoskie Bryant, *Board Secretary*
Linda Youvella, *Member*

DILCON COMMUNITY SCHOOL COMMUNITY COMPACT SCHOOL YEAR 2024-2025

Dilcon Community School Inc. will:

- Will strengthen the family- school partnership by communicating regularly with families through newsletters, our school website and on social media,
- Provide high quality curriculum and learning opportunities based on the Arizona state standards.
- Provide a supportive and effective learning environment that is focused on the child,
- Support students and parents will clear communication regarding attendance and behavior expectations,
- Report student progress though parent-teacher conferences, report cards and assessment data,
- Encourage parent participation though volunteering, family events, and parent involvement meetings.

Parents will:

- Encourage their child to demonstrate respect for school personnel, classmates and school property,
- Ensure their child attends school regularly, is punctual and ready to learn,
- Talk with their child daily about the importance of school and classroom behavior expectations in family conversations,
- Create an atmosphere that supports student learning including homework and,
- Work with the school as partners in education and overall well-being of their child.

Students will:

- Attend school regularly on time and prepared to learn
- Respect of rights of others to learn without disruption
- Show respect and cooperate with all students and adults in the all learning settings,
- Take responsibility by completing classwork as well as homework, and
- Commit to learning by doing their best each day and asking for help when needed.

Please read, sign and return this compact to your child's teacher. We will refer to this compact during parent-teacher conferences and meetings that confirm our family-school partnership to enhance student learning.

Student Name **Grade**

Parent/Guardian Signature **Date**

Dilcon Community School Principal supports and encourages the efforts of all family-school partnerships in the school community.

William Wachunas 4/9/24
Dilcon Community School Principal Signature Date

Supported and approved through the Dilcon Community School Board on:

Sophia Attakai-Francis 4/9/24
Dilcon Community School Board Signature Date



DILCON COMMUNITY SCHOOL, INC.
HC 63 BOX G
WINSLOW, ARIZONA 86047
(928) 657-2311

Dilcon Community School Student Handbook SY2024-2025

PARENT ACKNOWLEDGEMENT FORM

The Student Handbook contains important information about expected student behavior and conduct, student enrollment, dress, school hours, academic expectations, parental involvement and many other areas of school operations.

Furthermore, I acknowledge that I have read the Student Handbook and I understand that it is my child's and my responsibility to read and comply with the policies contained in the Student Handbook.

Parent/Guardian Name (Printed)

Student Name Printed

Parent/Guardian Signature

Student Signature

Date

NAME (LAST, FIRST, MIDDLE)			OTHER NAMES USED(MAIDEN NAME)			WIHCC NO.		SEX M F		
BIRTH DATE		PLACE OF BIRTH (CITY, STATE)			SOCIAL-SECURITY NO.		MARITAL STATUS		INTERNET Y N Email Address:	
CURRENT COMMUNITY		DATE MOVED		LOCATION OF HOME (DIRECTIONS TO YOUR HOME, ETC. PLEASE BE SPECIFIC.)						
MAILING ADDRESS				CITY/STATE			ZIP CODE			
HOME PHONE NUMBER			MESSAGE PHONE NUMBER			WORK PHONE NUMBER				
INDIAN BLOOD QUANTUM		TRIBE		DEGREE		CENSUS NUMBER		CIB Y N		
		OTHER TRIBE		DEGREE		RELIGION				
FATHER'S NAME			CITY OF BIRTH		STATE OF BIRTH					
MOTHER'S MAIDEN NAME			CITY OF BIRTH		STATE OF BIRTH					
EMPLOYER(IF APPLICABLE)					SPOUSE'S EMPLOYER(IF APPLICABLE)					
EMPLOYER'S ADDRESS					SPOUSE'S EMPLOYER'S ADDRESS					
EMPLOYER PHONE NUMBER					SPOUSE'S EMPLOYER PHONE NUMBER					
IF YOU ARE UNEMPLOYED, PLEASE GIVE SOURCE OF INCOME										
UNEMPLOYMENT		RETIREMENT		SSI	SSB	WELFARE		OTHER		
NAME OF EMPLOYER (FATHER)18 & UNDER				EMPLOYER ADDRESS			EMPLOYER TELEPHONE NUMBER			
NAME OF EMPLOYER (MOTHER)18 & UNDER				EMPLOYER ADDRESS			EMPLOYER TELEPHONE NUMBER			
EMERGENCY CONTACT PERSON					NEXT OF KIN CONTACT PERSON					
RELATIONSHIP		PHONE NUMBER			RELATIONSHIP		PHONE NUMBER			
ADDRESS					ADDRESS					
HEALTH INSURANCE INFORMATION										
DO YOU HAVE MEDICARE COVERAGE?				YES	NO	DO YOU HAVE RAILROAD RETIREMENT COVERAGE?			YES	NO
DO YOU HAVE AHCCCS (MEDICAID)?				YES	NO	DO YOU HAVE PRIVATE INSURANCE COVERAGE?			YES	NO
MILITARY SERVICE?		YES	NO	BRANCH		CLAIM NUMBER		ENTRY DATE	SEPARATION DATE	
VIETNAM VETERAN?				YES	NO	SERVICE CONNECTED?			YES	NO
HOUSEHOLD INFORMATION: How many family members in your household - including children?										
PLEASE READ AND SIGN CAREFULLY										
I authorize Winslow Indian Health Care Center to release any medical information or records necessary to process my Medicare, Medicaid or other insurance claims. I authorize my insurance company to pay medical benefits directly to Winslow Indian Health Care Center. If I am a non-beneficiary, I understand co-payments and deductibles will be requested at the time of service. I understand that I will be responsible for all costs if my account should be turned over to collections.										
SIGNATURE OF PATIENT, PARENT OR GUARDIAN						DATE				

Patient Medical History- Mobile Dental Clinic

WIHCC | WINSLOW INDIAN HEALTH CARE CENTER

Name: (Last, First Middle) Please Print*		Date of Birth:	School Name:
Have you been a patient in the hospital within the last two years? If YES, please write specifics of visit / admittance.			
Please list any medications and/or substances / drugs that you are now taking, or have taken in the last year. Please be specific.			
PLEASE ANSWER EACH QUESTION WITH SPECIFIC STATEMENT			
YES	NO	Are you allergic to any medications? Please list items:	
YES	NO	Heart Murmur or other Heart condition	Date of Diagnosis:
YES	NO	Heart Valve Replacement Surgery or Heart Surgery	Date of Surgery:
YES	NO	Epilepsy or Seizures	
YES	NO	Do you have Diabetes?	Have you taken your medication(s) today?
YES	NO	Artificial Joint	Which joint?
YES	NO	Asthma	
YES	NO	Sinus Trouble	
YES	NO	Kidney Disease or Dialysis	
YES	NO	Cancer or Tumors	
YES	NO	Hepatitis or Liver Disease	
YES	NO	Blood Transfusions	
YES	NO	Have you ever had any severe or uncontrolled bleeding?	
YES	NO	Have you been exposed to the AIDS Virus?	
YES	NO	Do you use alcohol or tobacco?	
YES	NO	Do you have any concerns about receiving Dental treatment?	
Please list any other medical conditions that you may have:			

FEMALES ONLY		
YES	NO	Are you Pregnant?
YES	NO	Are you on Birth Control?
Date of last Menstrual Period:		

The Photo Release is for the use of Winslow Indian Health Care Center or for any other publication(s) or purposes uses by the WIHCC now or anytime in the future. WIHCC may also use and/or publish my name in conjunction with this/these photograph(s), or use my name in an accompanying article related to the photograph, or any article(s) for WIHCC publications.

I further attest I am the parent or legal guardian and give Permission. Accept (initial) Decline (initial)

WIHCC DENTAL CONSENT FORM

Preventative Restoration, Standard Restorations, Fluoride Varnish Program, Periodontal Programs and Emergency dental services are available as needed. If emergency treatment is necessary informal consent will also be obtained from the child's legal guardian (parent, school, representative, etc.)

We participate in School Externship/Residencies; Dental Students & Hygiene Students may see you.

The above answers are true to the best of my knowledge. I give my consent for myself or my child under the age of 18 to receive routine care such as examinations, x-rays, cleaning or fillings and for any other type of dental care as explained by the dentist.

Signature or Thumbprint, Parent or Legal Guardian:	Date:
Signature of Dentist:	Date:



Dilcon Community School, Inc.

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PARENTAL/GUARDIAN CONSENT FOR SCHOOL HEALTH SERVICES

Full Name of Student: _____ DOB: _____

Social Security #: _____ School: Dilcon Community School, Inc.

I, (We), _____

Authorize Dilcon Community School, Inc., to arrange for/or to provide the following health services for my child while he/she is attending school and/or the dormitory:

1. Health care including medical examination, routine laboratory studies, x-ray procedures, and skin tests.
2. Dental care including dental examinations, preventive use of fluorides and sealants necessary routine & emergency dental care.
3. Mental health services including evaluation and treatment as necessary.
4. Emergency health care for accidents or illnesses.
5. Transportation of the child and/or from another health care facility for these services.

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

_____ Exceptions or Special Instructions: _____

Print Name: _____

Signature: _____

Address: _____

Relationship: _____

For School Year: 2024-2025

PLEASE RETURN THIS FORM TO THE SCHOOL



Dilcon Community School, Inc.

HC 63, Box G, Winslow, Arizona 86047 - Phone: (928) 657-3211 - Fax: (928) 657-3213

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Health History Form SY2024-2025

Student's Name: _____ Date of Birth: _____

Parent/Guardian's Name: _____ Date: _____

Has the student been in the hospital this past year? _____

Is the student taking any medications? _____

If yes, what is the name of the medication? _____

What is the medication for? _____

Does the student have allergies to anything? _____ What? _____

Which hospital/clinic does the student usually go to? _____

In case of an emergency who do we need to contact? _____

Who does the student live with? _____

What are the directions to the home where the child lives? _____

Do you have any health concerns? _____

Did your child receive any immunizations over the summer? _____

If yes, please list the date and where the immunization was given. _____



Dilcon Community School, Inc.

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William M. Wachunas, *Principal*

Sophia Attakai-Francis; *President*
Genevieve Jackson, *Vice-President*
Hoskie Bryant; *Secretary*
Linda Youvella, *Member*

Student Name: _____ Grade: PreK/KG/1st/2nd/3rd/4th/5th/6th/7th/8th

Permission to Administer OTC Medications at School

Dilcon Community School has common “over the counter” OTC, medications in our Health Technician’s office. We use brand names and generic name medicines. If you would like DCS to offer your child these medicines, please CIRCLE “YES” or “NO” for the following OTC medications listed below:

- YES NO Aloe Vera Gel – (Burns)
- YES NO Advil/Ibuprofen – (Injury, pain and swelling)
- YES NO Bacitracin Zinc Ointment/Neosporin - (Anti-infection ointment)
- YES NO Lip Balm/Carmex – (Dry/chapped lips)
- YES NO Clear Eyes/Visine – (Dryness, burning irritation of the eyes. Medication will ONLY be administered to students after consulting with parents.)
- YES NO Benadryl/Diphenhydramine – (Oral medication given for suspected allergic reactions and seasonal allergic reactions and seasonal allergy symptoms, may cause drowsiness. Medication will ONLY be administered to students after consulting with parents. Cream/Ointment is used for itchy insect bites or rash.)
- YES NO Tylenol/Acetaminophen – (Fever, Pain)
- YES NO Claritin/Loratidine – (Oral medication given for suspected allergic reactions and seasonal allergy symptoms, does not induce sleep. Medication will ONLY be administered to students after consulting with parents.)
- YES NO Cortisone Cream/Anti-itch Cream – (Insect bites, itching and inflammation of skin)
- YES NO Menthol Cough Drops – (Cough)
- YES NO Pepto Bismol/Bismuth Subsalicylate – (Diarrhea, nausea and upset stomach)
- YES NO Tums/Calcium Carbonate – (Stomachache, heartburn)

I have circled “Yes” for medicines my child may be given at school and have circled “No” for medicines that should NOT be given to my child.

Parent/Guardian Signature: _____ Date: _____

For OFFICIAL USE ONLY

Received by Health Technician/Staff On: ___/___/___

Signature: _____



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Genevieve Jackson, Vice-President
Hoskie Bryant; Secretary
Linda Youvella, Member

Dilcon Community School Inc.

K-8 Counseling Services

Dear Parent/Guardian:

Your child has been referred to receive counseling services at the school. We appreciate any input you may give to this type of assistance for your child. If you like your child to receive counseling services, please complete, sign and return the enclosed papers to the school. **The school counselor may also refer your child to resources outside the school if there are additional needs.** These forms must be signed each year for your child to continue receiving counseling services.

The following are explanations of each form provided:

- PARENTAL INFORMED CONSENT: This form allows your child to participate in counseling.
- PROBLEM CHECKLIST: This is a form which helps us to identify what specific areas your child needs to work on in counseling. It also identifies your child's strengths. **I may need additional information from you as your child progresses in counseling.**

I always enjoy hearing from parents/guardians. Please come see me or call with any questions, concerns, or progress that you may wish to report or hear about. Parental involvement contributes greatly to student achievement and conduct.

Sincerely,

Frederika Meelhuysen
School Counselor
(928) 657-3211 ext. 2360



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DILCON COMMUNITY SCHOOL INC.

Parent/Guardian Informed Consent for K-8 Counseling Services

Child's Name: _____ Grade: _____ DOB: _____

Your permission is being requested for your child to participate in counseling (Group and/or 1 on 1) at Dilcon Community School with the school counselor.

Because counseling is based on a trusting relationship between counselor and client, the counselor will keep information shared by the client confidential except in certain situations in which ethical responsibility limits confidentiality. You will be notified under the following circumstances:

1. The student reveals information about hurting himself/herself or another person.
2. The students or another person may be in physical danger (i.e. sexual or physical abuse). Arizona State laws requires the school to report this.
3. If counseling records are court ordered. Must comply with the court.

By signing this form, I give my informed consent for my child to participate in counseling. I understand that anything that my child shares will be kept confidential except in the above-mentioned cases.

Parent/Guardian: _____ Date: _____

This consent will be on file throughout the time that your child attends Dilcon Community School. You may revoke this consent at any time. Please feel free to call me if you have any questions. I will be happy to talk with you. I can be reached at (928) 657-3211 ext. 2360.

CHECKLIST FOR PARENTS

(Please check those that apply to your child)

feels sad, often tearful
diminished pleasure in activities
weight loss/gain
difficulty sleeping
loss of energy
feelings of worthlessness
difficulty making decisions
thoughts or statements of wanting to die
makes careless mistakes
follows directions poorly
difficult maintaining attention
fails to finish tasks
often loses things
trouble remembering things
easily distracted difficulty sitting still
often "on the go"
difficulty waiting for a turn
wants to boss others
initiates fights, bullies others
has been physically cruel to people
has been physically cruel to animals
takes things that don't belong to him/her
starts fires
lies often
destroys property
swears and/or name calls
unpredictable behavior
loses temper easily
argues with adults
refuses to comply with rules
denies responsibility for actions
easily annoyed
often angry and resentful
birth of sibling

witnessed violent act
has been sexually abused
repetitive play
frequent nightmares
diminished interest in activities
sense of foreshortened future
has many fears
difficulty concentrating
irritability or anger outbursts
"walking on egg shells"
clings to parent
distress when separated from parent
refusal to go to school
need to sleep with parent
reluctant to be alone
repeated physical complaints
bedwetting
soiling
worries excessively
prefers to play by self
withdraws from group activity quickly
shyness
has difficulty expressing self
upset if makes mistakes
feeling easily hurt
talks bad about self
blames self if things go wrong
loss of parent
divorce
parent in jail
loss of family member
loss of animal
recent move
illness of family member

Please list at least two (2) strengths of your child. (What your child does best)

What is your view of the problem/concern?

What time are you available to talk with your child's counselor?

SY 2024-2024 Application for Free and Reduced-Price School Meals

Complete one application per household. Please use a pen (not a pencil).

STEP 1 List ALL infants, children, and students up to and including grade 12 in your household (if more spaces are required for additional names, attach another sheet of paper)

Definition of Household Member: Anyone who is living with you and shares income and expenses, even if not related.
Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals.

Child's First Name	MI	Child's Last Name	School Name	Homeless, Foster Migrant, Child Runaway
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDDPIR? Circle one: Yes / No

If you answered **NO** > Complete STEP 3. If you answered **YES** > Write a case number here then go to STEP 4 (Do not complete STEP 3) **Case Number:** _____

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

A. Child Income
 Sometimes children in the household earn income. Please include the TOTAL GROSS income earned by all Children Household Members listed in STEP 1 here.

Child GROSS income: \$ _____

How often?
 Weekly Bi-Weekly 2x Month Monthly

B. All Adult Household Members (including yourself)
 List only the Adult Household Members (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total GROSS income (amount before taxes and deductions) for each source in whole dollars only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	GROSS Earnings from Work	How often?			Public Assistance/ Child Support/Alimony	How often?			Pensions/Retirement/ All Other Income	How often?							
		Weekly	Bi-Weekly	2x Month		Monthly	Weekly	Bi-Weekly		2x Month	Monthly	Weekly	Bi-Weekly	2x Month	Monthly		
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

C. Total Household Members (Children and Adults) _____

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member: X X X X

Check if no SSN

STEP 4 Contact information and adult signature Mail Completed Form to: **Dilcon Community School Inc, HC 63 Box G Winslow, Arizona 86047**

OFFICE USE ONLY

Eligibility: Free Reduced Denied

Determining Official's Signature: _____ Date: _____

Case # Application Foster Application Directly Certified: Date of Disregard: _____

Income Application Homeless/Migrant/Runaway

Household Size: _____ Per: Week Bi-Weekly (Every 2 Weeks) 2x Month Monthly Annual

Total Income: _____

Selected For Verification: Confirming Official's Signature: _____ Date: _____

Follow-Up Official's Signature: _____ Date: _____

ERROR PRONE

Signature of adult completing the form _____ Today's date _____

Printed name of adult completing the form _____ Daytime Phone and Email (optional) _____

Street Address (if available) _____ Apt # _____ City _____ State _____ Zip _____

I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.

INSTRUCTIONS

Sources of Income

Sources of Income for Children	
Type of Income	Examples
Earnings from work	A child has a job where they earn a salary or wages.
Social Security -Disability payments	A child is blind or disabled and receives Social Security benefits.
-Survivor Benefits	A parent is disabled, retired, or deceased and their child receives social security benefits.
Income from persons <u>outside</u> the household	A friend or extended family member <u>regularly</u> gives a child spending money.
Income from any other source	A child receives income from a private pension fund, annuity or trust.

Sources of Income for Adults		
Earnings from Work	Public Assistance/ Alimony/Child Support	Pensions/Retirement/All Other Income
<ul style="list-style-type: none"> - Salary, wages, cash bonuses - Net income from self-employment (farm or business) 	<ul style="list-style-type: none"> - Unemployment benefits - Workers Compensation - Supplemental Security Income (SSI) - Cash Assistance from State or local government - Alimony payments - Child support payments - Veteran's benefits - Strike benefits 	<ul style="list-style-type: none"> - Social Security (including railroad retirement and black lung benefits) - Private Pensions or disability - Regular income from trusts or estates - Annuities - Investment Income - Earned Interest - Rental Income - Regular cash payments from outside household
<p>If you are in the U.S. Military: - Basic pay and cash bonuses (do not include combat pay, FSSA, or privatized housing allowances)</p> <ul style="list-style-type: none"> - Allowances for off-base housing, food and clothing 		

OPTIONAL

Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced-price meals.

Ethnicity (check one):

- Hispanic or Latino Not Hispanic or Latino

Race (check one or more):

- American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

The **Richard B. Russell National School Lunch Act** requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; or
 fax: (833) 256-1665 or (202) 690-7442;
 or email: Program.Intake@usda.gov

This institution is an equal opportunity provider.



Medical Statement for Students with Special Dietary Accommodations

This form is used to request Dietary Accommodations in the U.S. Department of Agriculture (USDA) Child Nutrition Programs such as the National School Lunch Program, School Breakfast Program, Afterschool Snack Program, and Summer Food Service Program. Send completed forms to **Virginia Chischillie, Food Service Manager at Dilcon Community School (928) 657-3211.**

Part 1: To be completed by a parent/guardian

Child's Name: _____ Birth Date: _____

School Name: _____ Child's Grade: _____

Student ID #: _____

Parent/Guardian Name: _____ Cell Phone: _____

Email: _____ Work Phone: _____

Parent/Guardian Signature: _____

Part 2: To be completed by state licensed healthcare professionals*

*For purposes of Child Nutrition Programs, only a "Licensed Healthcare Professional" is permitted to complete and sign a medical statement for meal accommodations in the Child Nutrition Programs. The seven medical professionals listed are permitted to complete and sign a medical statement for meal accommodations in the Child Nutrition Programs administered in Arizona. (HNS# 11-2015). Dentists, Homeopathic Physicians, Naturopathic Physicians, Nurse Practitioners, Osteopathic Physicians, Physician Assistants, and Physicians.

A. List of foods/ingredients to be omitted from the diet.

B. Provide a brief explanation of how exposure to the food affects the child.

C. List of foods/ingredients that can be substituted into the diet to accommodate the dietary restrictions.

This medical statement is **permanent**.
(This medical statement will remain in effect during the time the student is enrolled. A new medical statement will be required to change any aspect of information provided in this medical statement.)

This medical statement is **temporary**.
(This medical statement will remain in effect for the current school year. A new medical statement will be required annually.)

Licensed Healthcare Professional Name:

Office Phone Number:

Licensed Healthcare Professional Signature:

Date:

DILCON COMMUNITY SCHOOL 2024-2025 ACADEMIC CALENDAR

- 181 **Instructional Days 8:00-3:00**
1086 instructional hours (6H*181D=1086)
- 91 **1st Semester Days**
- 90 **2nd Semester Days**

No School Days - Students/10 month staff & All staff

No School Days - Staff PD/Work Day

Parent Teacher Conferences - 1st Qtr., 2nd Qtr., 3rd Qtr.

- 1/2 Days 8:00 - 12:30

1	Contract begins - 12 mo.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><th colspan="7">JULY 2024</th></tr> <tr><th>S</th><th>M</th><th>T</th><th>W</th><th>TH</th><th>F</th><th>S</th></tr> <tr><td></td><td>1</td><td>2</td><td>3</td><td style="background-color: #f44336;">4</td><td>5</td><td>6</td></tr> <tr><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td></tr> <tr><td>14</td><td>15</td><td>16</td><td>17</td><td>18</td><td>19</td><td>20</td></tr> <tr><td>21</td><td style="background-color: #f44336;">22</td><td>23</td><td>24</td><td>25</td><td>26</td><td>27</td></tr> <tr><td>28</td><td>29</td><td style="background-color: #f44336;">30</td><td style="background-color: #f44336;">31</td><td></td><td></td><td></td></tr> </table> <p style="font-size: small;">[22, 8, 1]</p>	JULY 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			
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22	Contract begins - 10 mo.																																																		
22-26	Staff Orientation																																																		
29-30	Staff Orientation (Con't.)																																																		
30	Residential Opens																																																		
31	First Day of School																																																		
14	Navajo Code Talker's Day																																																		
TBA	Galileo Benchmark 1																																																		
TBA	ODLA																																																		
2	Labor Day																																																		
20	Full PD Day																																																		
4	End of 1st Quarter																																																		
10-11	Parent Teacher Conference																																																		
14-18	Fall Break																																																		
11	Veteran's Day																																																		
27	Thanksgiving Vacation																																																		
28	Thanksgiving Day																																																		
29	Navajo Nation Family Day																																																		
TBA	Galileo Benchmark 2																																																		
20	End of 2nd Quarter																																																		
23-31	Winter Break																																																		
25	Christmas Day																																																		

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1	New Year's Day																																																		
2-3	Winter Break Con't.																																																		
6	School Resumes																																																		
9-10	Parent Teacher Conference																																																		
20	Martin Luther King Day																																																		
17	President's Day																																																		
14	Full PD Day																																																		
7	3rd Quarter Ends																																																		
12-13	Parent Teacher Conferences																																																		
14	Midnight Lunar Eclipse																																																		
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TBA	ODLA																																																		
1-25	BIE Assessment																																																		
TBA	Galileo Benchmark #3																																																		
28	Navajo Sovereignty Day																																																		
20	Preschool Promotion																																																		
21	Kindergarten Promotion																																																		
22	8th Grade Promotion																																																		
22	End of 4th Quarter																																																		
22	Last Day of School																																																		
23	SY Contract Ends (10 mos)																																																		
26	Memorial Day																																																		
2	Navajo Nation Memorial Day Observed																																																		
3-27	Summer School																																																		

1st Semester: Student Days - 91 days Teacher Days - 100 days

2nd Semester: Student Days - 90 days Teacher Days - 92 days

Sophia Attakai-Franco
Dilcon Community School Board President

Approved 4-9-2024