



Dilcon Community School, Inc.

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

William M. Wachunas, Principal

Linda M. Yazzie, School Board President
Sophia Attakai, School Board Vice-President

SY2025 – 2026 **Pre-School ENROLLMENT CHECKLIST**

____ Enrollment Packet – **COMPLETED**

____ **UPDATED** Immunization Record (Computerized Copy) – Current Date of July 2025–**REQUIRED**

____ Birth Certificate

____ Certificate of Indian Blood

____ Social Security Card

____ Legal Guardianship Documentation

____ 2025-2026 Application for Free/Reduced School Meals

D-77A DAY STUDENT CHECKOUT AUTHORIZATION

SY2025-2026

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			

PARENT OR LEGAL GUARDIAN X: _____



PRE-SCHOOL APPLICATION SY2025-2026



REQUIREMENTS: Children must be (4) years old by October 1st of the year in which they enter Pre-School.

Child's Name: _____ Year Applying for: SY2025-2026

Age: _____ DOB: _____ Sex: Female/Male Nickname: _____

Address: _____

Physical Location of Home: _____

Mother's Name: _____ Work Place: _____

Contact Number: _____ Work Number: _____

Father's Name: _____ Work Place: _____

Contact Number: _____ Work Number: _____

Other Children in the Household (Names and Ages):

1. _____ 2. _____

3. _____ 4. _____

Has child had previous nursery school experience? Yes/No If yes, please explain: _____

I agree to support the Dilcon Community School, Inc.'s Pre-School Handbook while my child is a student at Dilcon Community School, Inc.

Parent Signature: _____ Date: _____

EMERGENCY CONTACTS & PHONE NUMBERS (OTHER THAN PARENTS/GUARDIANS):

1. _____

Name/Address/Phone Number of Emergency Contact

2. _____

Name/Address/Phone Number of Emergency Contact

PLEASE SUBMIT COMPLETED APPLICATION AND ALL REQUIRED DOCUMENTS TO:

DILCON COMMUNITY SCHOOL, INC.

HC 63 BOX G

WINSLOW, AZ 86047

(928) 657-2311

EMAIL: genevabegay@dilconeagles.com

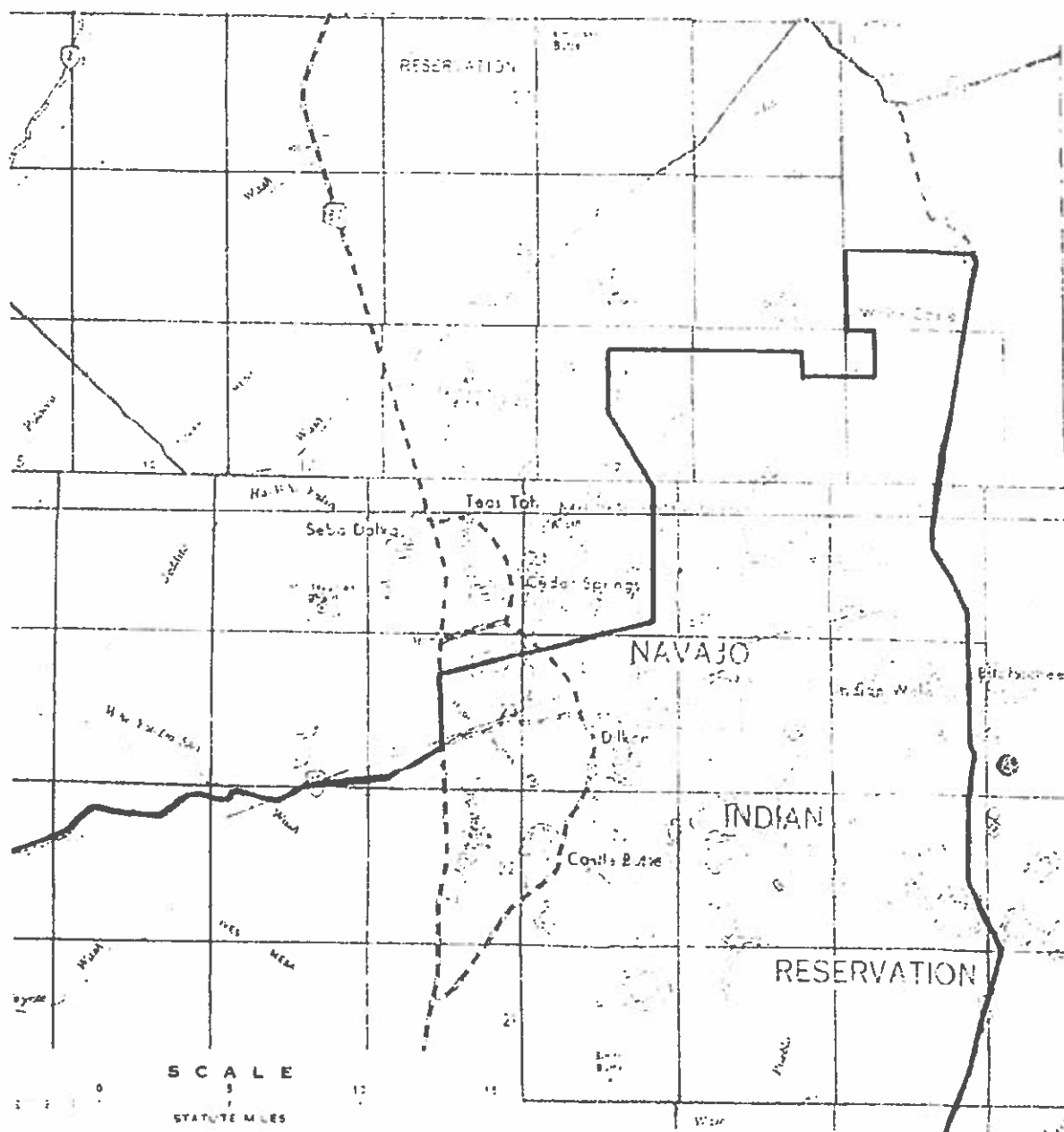
***ALL CHILDREN ENROLLED IN DILCON COMMUNITY SCHOOL, INC. PRE-SCHOOL MUST BE TOILET TRAINED.**

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 _____ School District _____

Tribal MembershipThe individual with Tribal membership is the (select only one): ☐ child ☐ child's parent ☐ child's grandparentIf 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 _____ Address _____

City _____ State _____ Zip Code _____

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 _____

For Parent/Guardians:

Definitions:

Indian means an individual who is (1) A member of an Indian Tribe or Band, as membership is defined by the Indian Tribe or Band, including any Tribe or Band terminated since 1940, and any Tribe or Band recognized by the State in which the Tribe or Band resides; (2) A descendant of a parent or grandparent who meets the requirements described in paragraph (1) of this definition; (3) Considered by the Secretary of the Interior to be an Indian for any purpose; (4) An Eskimo, Aleut, or other Alaska Native; or (5) A member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect on October 19, 1994.

Student Information: Write the name of the child, date of birth, grade level, name of school and school district. Only name one child per form.

Tribal Membership: Write the name of the individual with the tribal membership, if it is not the child listed. Only one name is needed for this section, even though multiple persons may have tribal membership. Select only one identifier: the child, child's parent or grandparent, for whom you can provide membership information.

Write the name and address of the organization that maintains updated and accurate membership data for such Tribe or Band of Indians. The name does not need to be the official name as it appears exactly on the Department of Interior's list of federally recognized Tribes, but the name must be recognizable and be of sufficient detail to permit verification of the eligibility of the Tribe. Check only one box indicated whether it is a Federally Recognized, State Recognized, Terminated Tribe or Organized Indian Group. Write the enrollment number establishing the membership for the child, parent or grandparent, if readily available, or other evidence of membership.

Attestation Statement: Provide the printed name of parent/guardian and signature, address, phone number and email of the parent or guardian of the child. The signature of the parent or guardian of the child verifies the accuracy of the information supplied.

Paperwork Burden Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1810-0021. The time required to complete this portion of the information collection per type of respondent is estimated to average: 15 minutes per Indian student certification (ED 506) form; including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Office of Indian Education, U.S. Department of Education, 400 Maryland Avenue, S.W., LBJ/Room 3W238, Washington, D.C. 20202-6335

Home Language Survey
2025-2026 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
2025-2026 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: _____



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DILCON COMMUNITY SCHOOL COMMUNITY COMPACT SCHOOL YEAR 2025-2026

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 through parent-teacher conferences, report cards and assessment data,
- Encourage parent participation through 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

5/13/25

Dilcon Community School Principal Signature

Date

Supported and approved through the Dilcon Community School Board on:

5/13/25

Dilcon Community School Board Signature

Date



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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.
HC 63 BOX G
WINSLOW, ARIZONA 86047
(928) 657-2311

Dilcon Community School Student Handbook SY2025-2026

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



DATABASE

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											
PHONE NUMBER HOME				CELL (CIRCLE ONE)				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	
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

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:



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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: 2025-2026

PLEASE RETURN THIS FORM TO THE SCHOOL



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Health History Form SY2025-2026

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. _____



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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. <u>Cream/Ointment</u> 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: _____



DILCON COMMUNITY SCHOOL

2025-2026 Academic School Calendar

- 1 Contract begins - 12 mo.
- 4 Independence Day
- 23 Contract begins - 10 mo.
- 23-29 Staff Orientation
- 29 Residential Opens
- 30 First Day of School

JULY 2025						
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, 7, 2]

- 14 Navajo Code Talker's Day
- TBA Benchmark 1

AUGUST 2025						
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						

[20, 20, 20]

- 1 Labor Day
- 19 Full PD Day
- TBA Pre-DLPA Assessment

SEPTEMBER 2025						
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				

[21, 21, 20]

- 3 1st Quarter ends (45 days)
- 6-10 Fall Break
- 13 Indigenous People's Day
- 16-17 Parent Teacher Conference

OCTOBER 2025						
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, 17, 17]

- 11 Veteran's Day
- 26 Thanksgiving Vacation
- 27 Thanksgiving Day
- 28 Navajo Nation Family Day

NOVEMBER 2025						
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						

[17, 16, 16]

- 19 2nd Quarter ends (45 days)
- 22-31 Winter Break
- 25 Christmas Day
- TBA Benchmark 2

DECEMBER 2025						
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, 15, 15]

JANUARY 2026						
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

[20, 19, 19]

- 1 New Year's Day
- 2 Winter Break Con't.
- 5 School Resumes
- 8-9 Parent Teacher Conference
- 19 Martin Luther King Day

FEBRUARY 2026						
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

[19, 19, 18]

- 16 President's Day
- 27 Full PD Day
- TBA ONLC Assessment

MARCH 2026						
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, 17, 17]

- 6 3rd Quarter ends (43 days)
- 9-13 Spring Break
- 19-20 Parent Teacher Conference

APRIL 2026						
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		

[21, 21, 21]

- 1-24 BIE Assessment
- TBA Benchmark 3
- TBA Post-DLPA Assessment
- 27 Navajo Sovereignty Day

MAY 2026						
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						

[19, 15, 15]

- 8 Snow Day *if unused
- 19 Preschool Promotion
- 20 Kindergarten Promotion
- 21 8th Grade Promotion
- 22 4th Quarter ends (48 days)
- 22 Last Day of School
- 22 SY Contract Ends (10 mo.)
- 25 Memorial Day

JUNE 2026						
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				

[20, 0, 0]

- 1 Navajo Nation Memorial Day Observed
- TBA Summer School
- 19 Juneteenth

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

Linda M. Nye
Dilcon Community School Board President

3/28/25
Approved 2025