

**2016-2017 SCHOOL CALENDAR
GRADES 4 - 8**

*USE IF CALENDARS
VARY AMONG BUILDINGS

QUESTIONS? Call 332-6840 or see our calendar manual available online with the calendar forms at <http://www.sde.idaho.gov/finance/files/calendar/school/Calendar-Manual.pdf>.

2016														
<u>JULY</u>					<u>NOVEMBER</u>					<u>MARCH</u>				
M	T	W	TH	F	M	T	W	TH	F	M	T	W	TH	F
				1		1	2	3	4			1	2	3
4	5	6	7	8	7	8	9	10	11	6	7	8	9	10
11	12	13	14	15	14	15	16	17	18	13	14	15	16	17
18	19	20	21	22	21	22	23	24	25	20	21	22	23	24
25	26	27	28	29	28	29	30			27	28	29	30	31
<u>AUGUST</u>					<u>DECEMBER</u>					<u>APRIL</u>				
M	T	W	TH	F	M	T	W	TH	F	M	T	W	TH	F
1	2	3	4	5				1	2	3	4	5	6	7
8	9	10	11	12	5	6	7	8	9	10	11	12	13	14
15	16	17	18	19	12	13	14	15	16	17	18	19	20	21
22	23	24	25	26	19	20	21	22	23	24	25	26	27	28
29	30	31			26	27	28	29	30					
					2017									
<u>SEPTEMBER</u>					<u>JANUARY</u>					<u>MAY</u>				
M	T	W	TH	F	M	T	W	TH	F	M	T	W	TH	F
			1	2	2	3	4	5	6	1	2	3	4	5
5	6	7	8	9	9	10	11	12	13	8	9	10	11	12
12	13	14	15	16	16	17	18	19	20	15	16	17	18	19
19	20	21	22	23	23	24	25	26	27	22	23	24	25	26
26	27	28	29	30	30	31				29	30	31		
<u>OCTOBER</u>					<u>FEBRUARY</u>					<u>JUNE</u>				
M	T	W	TH	F	M	T	W	TH	F	M	T	W	TH	F
3	4	5	6	7			1	2	3				1	2
10	11	12	13	14	6	7	8	9	10	5	6	7	8	9
17	18	19	20	21	13	14	15	16	17	12	13	14	15	16
24	25	26	27	28	20	21	22	23	24	19	20	21	22	23
31					27	28				26	27	28	29	30

- Holiday/Vacation Day** (Use this symbol to show all days not in session.)
- First & Last Days of School**

- Shortened Day**
- Staff Development**

Decimal Equivalent

1. Number of hours of instruction per **regular** day:
(REQUIRED: _____ Hrs. _____ Min.) _____ Hrs.
2. Number of **regular** days of instruction planned: _____
3. Total number of **regular** hours of instruction:
(Line 1 x Line 2) _____ Hrs.
4. Number of hours of instruction for **shortened days**:
(Total from below) _____ Hrs.
5. Total hours of **staff development: (Total from below)**
(Up to 22 hours) _____ Hrs.
6. Total hours of instruction planned during 2016-2017:
(Lines 3 + 4 + 5) _____ Hrs.
7. State **minimum** hours required for **Grades 4 - 8**: **900** Hrs.

Shortened Days/Staff Development

Date	Shortened Days Instructed		Staff Development	
	Hours/Minutes	Decimal Equivalent	Hours/Minutes	Decimal Equivalent
Total				

(Line 4 Above)

(Line 5 Above)

Name of District Contact for Calendar _____

Phone Number _____