

School District/Charter: _____

Bldg No.* _____

**2017-2018 SCHOOL CALENDAR
ALTERNATIVE SCHOOL
(Do not include Alternative Summer School)**

*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>

2017														
<u>JULY</u>					<u>NOVEMBER</u>					<u>MARCH</u>				
M	T	W	TH	F	M	T	W	TH	F	M	T	W	TH	F
3	4	5	6	7	6	7	8	9	10	5	6	7	8	9
10	11	12	13	14	13	14	15	16	17	12	13	14	15	16
17	18	19	20	21	20	21	22	23	24	19	20	21	22	23
24	25	26	27	28	27	28	29	30	26	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	4	5	6	7	8	2	3	4	5	6
7	8	9	10	11	11	12	13	14	15	9	10	11	12	13
14	15	16	17	18	18	19	20	21	22	16	17	18	19	20
21	22	23	24	25	25	26	27	28	29	23	24	25	26	27
28	29	30	31							30				
2018														
<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	1	2	3	4	5		1	2	3	4
4	5	6	7	8	8	9	10	11	12	7	8	9	10	11
11	12	13	14	15	15	16	17	18	19	14	15	16	17	18
18	19	20	21	22	22	23	24	25	26	21	22	23	24	25
25	26	27	28	29	29	30	31			28	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
2	3	4	5	6				1	2					1
9	10	11	12	13	5	6	7	8	9	4	5	6	7	8
16	17	18	19	20	12	13	14	15	16	11	12	13	14	15
23	24	25	26	27	19	20	21	22	23	18	19	20	21	22
30	31				26	27	28			25	26	27	28	29

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: _____ Hrs.
(Required: _____ Hours _____ Minutes)
2. Number of **regular** days of instruction planned: _____
3. Total number of **regular** hours of instruction: _____ Hrs.
(Line 1 x Line 2)
4. Number of hours of instruction for **shortened days**: _____ Hrs.
(Total from below)
5. Total hours of **staff development**: **(Total from below)** _____ Hrs.
(Up to 22 hours)
6. Total hours of instruction planned during 2017-2018: _____ Hrs.
(Lines 3 + 4 + 5)
7. State **minimum** hours required for **Alternative School**: 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 _____