

School District/Charter: _____

Bldg No.* _____

2018-2019 SCHOOL CALENDAR
ALTERNATIVE SCHOOLS (Grades 9-12)
(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>.

2018					NOVEMBER					MARCH				
JULY														
M	T	W	TH	F	M	T	W	TH	F	M	T	W	TH	F
2	3	4	5	6				1	2					
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	29	30	25	26	27	28	29
AUGUST					DECEMBER					APRIL				
M	T	W	TH	F	M	T	W	TH	F	M	T	W	TH	F
		1	2	3	3	4	5	6	7	1	2	3	4	5
6	7	8	9	10	10	11	12	13	14	8	9	10	11	12
13	14	15	16	17	17	18	19	20	21	15	16	17	18	19
20	21	22	23	24	24	25	26	27	28	22	23	24	25	26
27	28	29	30	31	31					29	30			
2019					JANUARY					MAY				
SEPTEMBER														
M	T	W	TH	F	M	T	W	TH	F	M	T	W	TH	F
						1	2	3	4			1	2	3
3	4	5	6	7	7	8	9	10	11	6	7	8	9	10
10	11	12	13	14	14	15	16	17	18	13	14	15	16	17
17	18	19	20	21	21	22	23	24	25	20	21	22	23	24
24	25	26	27	28	28	29	30	31		27	28	29	30	31
OCTOBER					FEBRUARY					JUNE				
M	T	W	TH	F	M	T	W	TH	F	M	T	W	TH	F
1	2	3	4	5					1	3	4	5	6	7
8	9	10	11	12	4	5	6	7	8	10	11	12	13	14
15	16	17	18	19	11	12	13	14	15	17	18	19	20	21
22	23	24	25	26	18	19	20	21	22	24	25	26	27	28
29	30	31			25	26	27	28						

Holiday/Vacation Day (Use this symbol to show all days not in session.)

Shortened Day

First & Last Days of School

Staff Development

Decimal Equivalent

- Number of hours of instruction per **regular** day: _____ Hrs.
(Required: _____ Hours _____ Minutes)
- Number of **regular** days of instruction planned: _____
- Total number of **regular** hours of instruction: _____ Hrs.
(Line 1 x Line 2)
- Number of hours of instruction for **shortened days**: _____ Hrs.
(Total from below)
- Total hours of **staff development**: (Total from below) _____ Hrs.
(Up to 22 hours)
- Total hours of instruction planned during 2018-2019: _____ Hrs.
(Lines 3 + 4 + 5)
- State **minimum** hours required for **Alternative Schools Grades 9-12**: 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