

WINDOW ROCK UNIFIED SCHOOL DISTRICT NO. 8

WINDOW ROCK HIGH SCHOOL

Alberta Nozie, Principal
Email: albertan@wrschool.net

P.O. Box 559
Navajo Route 12
Fort Defiance, Arizona 86504

Office: 928-729-7001
www.wrschool.net

WINDOW ROCK HIGH SCHOOL Summer School Program

Dear Parents and Guardians.

WRHS would like to assure you that we will continue to do everything we can to assist your students in their education. Therefore, we will be having a summer school program that is geared and dedicated to credit recovery of courses that your student needs to complete. Please fill out the WRHS Summer School Permission Form, and have it turned in BEFORE June 5, 2023.

The WRHS Summer School Program will start on June 5th and end on June 29th and will run Monday-Thursday, 8:00am to 1:00pm. Transportation WILL BE provided by the school district. The program is open to ALL students, grades 9th-12th who need to complete or make-up courses.

If you need assistance, please contact:

Ms. Alberta Nozie, Principal	928-729-7001
Ms. Susan Clement, Vice Principal	928-729-7028
Mrs. L. Notah-Ashley, School Counselor	928-729-7030

Looking forward to seeing you at Summer School!

Alberta Nozie
Principal, WRHS

WRHS Summer School Permission Form

Date: _____

Student: _____

Grade: _____

WHEN: June 5th to June 29

DAYS: Monday to Thursday

TIME: 8:00am – 1:00pm

WHERE: Window Rock HS

Students, if you failed English, Math, Science and/or Social Studies 1st and/or 2nd Semesters, you are encouraged to attend Summer School. This is an opportunity for you to earn .50 to 1.0 credits needed towards meeting required graduation credit.

Transportation WILL BE provided by the school district.

Please indicate the class you will be working on during Summer School:

COURSE	SEM-1	SEM-2	<ul style="list-style-type: none">- A sign-in sheet will be available- Student/Staff will abide by CDC guidelines: Mask Required at all times social distancing, use of hand sanitizer will be available- Class will start at 8am and end at 1pm (Please BE ON TIME)- School/personnel/teachers will not be held responsible for injuries, illness that may occur

Please understand that this is an additional learning opportunity, and ultimately it is your child's responsibility to use their time wisely.

Please provide an updated phone number, in case we need to reach you for emergencies and sign below giving our child permission to attend Summer School at WRHS.

Student Signature: _____

Date: _____

Print Name: _____

Parent Signature: _____

Date: _____

Print Name: _____

Contact Number: _____

Administrator Signature: _____

Date: _____