



UNITED STATES DEPARTMENT OF INTERIOR
 BUREAU OF INDIAN EDUCATION
DENNEHOTSO BOARDING SCHOOL
 EAST HIGHWAY 160 – PO BOX 2570
 DENNEHOTSO, AZ 86535
 TEL. (928) 658-3201/3202; FAX (928) 658-3221
 MR. OWEN HOLMES, ACTING-PRINCIPAL



Summer Intervention Program 2026

TO: DBS Parent / Guardian
FROM: Evangeline Bradley-Wilkinson / Acting-Principal
DATE: Thursday, May 14, 2026
SUBJECT: Summer Intervention Program 2026

This letter is to inform you that your child is required to attend the Dennehotso Boarding School summer program due to their academic performance during the 2025–2026 school year. We will conduct a Summer Intervention Program for students who did not meet the district’s passing standards.

Program Overview

This targeted summer intervention program provides intensive academic support for K–8 students identified as Tier 3 who need additional assistance in reading and mathematics. The program focuses on small-group instruction, adaptive digital practice, and proven curricular resources to accelerate learning and build confidence before the next school year.

Who is eligible

- Tier 3 students who require targeted remediation and individualized support.

Schedule

- Student hours: 8:00 AM – 12:30 PM (includes a 30-minute lunch).

Time	Activity / Place
7:30 am – 8:00 am	Breakfast (30 m) / AM Prep
8:00 am – 9:00 am	Session 1 (60 m)
9:00 am – 10:00 am	Session 2 (60 m)
10:00 am - 10:15 am	Break / Recess (15 m)
10:15 am 11:00 am	Session 3 (45 m)
11:00 am – 11:30 am	Lunch/Recess (30 m)
11:30 am – 12:15 pm	Session 4 (45 m)
12:15 pm – 12:30 pm	Load Buses / Student Depart (15 m)
12:30 pm - 1:30 pm	PM Prep.

- Teacher hours: 7:30 AM – 1:30 PM.
- Session days: Monday–Thursday. (4 days a week)
- Dates: June 1–18, 2026. (3 weeks)

Summer School Registration 2026

STUDENT INFORMATION	
Student Name: _____	Grade: _____
Home Address: _____	
Home Phone: _____	
Street Address: _____	
City: _____	State: _____
Zip: _____	Cell Phone: _____
Email _____	
(For Confirmation/Reminder)	
CONTACT INFORMATION	
Parent/Guardian Name: _____	
Home Phone: _____	Work/Cell Phone: _____
Relationship to Student: _____	Alternate Phone: _____
Emergency Contact Name: _____	
Emergency Phone: _____	
MEDICAL INFORMATION	
Does your child have a life-threatening health condition? (See Note below) YES / NO	
If yes, please explain: _____	
Does your child need medication at school? YES / NO	
If yes, please explain: _____	
Does your child have any other medical issues of which we need to be aware? YES / NO	
If yes, please explain: _____	
NOTE: Parent/Guardian are responsible for providing the required medication to designated program staff on the first day of summer school. Medication currently held at the school must be picked up prior to the end of the regular school year. Summer School Staff will not have access to medications from the regular school year. If registration is completed prior to end of school year, this information will be transferred for the student. If registration is completed after the school year has ended, the parent/guardian is responsible for providing a copy to designated program staff on or before the student's first day in summer school. A notification will be communicated to the summer school instructor.	