

ENROLLMENT CHECKLIST
PACKET MUST BE COMPLETE

NAME: _____

GRADE: _____ NEW STUDENT: _____

If you do not reside in the Bowlegs District you must apply for and have a transfer approved before enrollment.

New Student

- ☐ ORIGINAL BIRTH CERTIFICATE
- ☐ UPDATED IMMUNIZATION RECORD
- ☐ CDIB CARD/TRIBAL CARD
- ☐ COPY OF SOCIAL SECURITY CARD
- ☐ PROOF OF ADDRESS (electric or water bill with your name)
- ☐ EMERGENCY TELEPHONE NUMBERS
- ☐ COPY OF PARENT DRIVER LICENSE

Returning Student

- ☐ EMERGENCY TELEPHONE NUMBERS - UPDATED
- ☐ PROOF OF ADDRESS (electric or water bill with your name)
- ☐ COPY OF PARENT DRIVER LICENSE - UPDATED

All Athletes must have current physicals
on file with A.D.

Please request a physical packet.
All forms must be signed by parent or
guardian.

7th grade students must provide proof of Tdap vaccine booster before they will be allowed to begin classes. **NO EXCEPTIONS!**

GRADE: _____

_____ New Enrollment

_____ Re Entry/Update Information

STUDENT ENROLLMENT/INFORMATION FORM

Date of Enrollment: _____

*Is the student a resident of Bowlegs Public school District?

Yes _____ or No _____

If "No" what district do they live in? _____ Must provide proof of residency: Utility Bill or if residing with another a signed and approved affidavit (available in office)

Student's Name:

(Last) (First) Middle
DOB: ____/____/____ Place of Birth: _____
(City) (State)

Gender: M / F

Are you of Hispanic Origin? YES or NO

Race: (circle all that apply)

Black/ African American

American Indian/Alaskan Native

Asian

White

Native Hawaiian/Pacific Islander

*CDIB card must be on file for Native American students receiving JOM services

Resident Address (Physical): _____

City: _____

Mailing address: _____

City: _____

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

Last School attended: _____

City/State: _____

OFFICE USE ONLY

Student No: _____

Entry Code: _____

Birth Auth.: _____

Immun. Records: Y / N

Spec. Ed. Services: Y / N

HS Only

____ Core; ____ College

Parent/Legal Guardian With Whom student resides (Must be listed with valid phone number):

NAME	Relationship	Employment	Work Phone	Cell Phone
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1. _____

2. _____

Emergency Contacts: (Who to call if legal guardian is unavailable-must have valid phone numbers by providing names and numbers you are approving right to pick up only NOT right to educational records)

Name	Relationship	Phone	Alt. phone
------	--------------	-------	------------

1. _____

2. _____

Please List all parties authorized to pick up your student with valid phone number:

1. _____

2. _____

3. _____

4. _____

Primary transportation: By parent: _____ Bus: _____ Other: _____

Circle Appropriate Response:

YES - NO This is the first day your child has ever enrolled in school in Oklahoma OR my child is in first grade or below

YES - NO Is the custody of the student decreed by the courts? _____

If yes, who has primary custody? _____ Relationship: _____

Current Court documents declaring custody must be in this child's school file

YES - NO Is either parent/guardian in the military or a civilian working on government

property? If yes, who? _____ Where? _____

Government Properties that are

Parent Signature: _____ Date: _____

Please list other children living in household with student:

1. _____ Grade: _____
2. _____ Grade: _____
3. _____ Grade: _____
4. _____ Grade: _____
5. _____ Grade: _____
6. _____ Grade: _____
7. _____ Grade: _____

Has this student been retained? Yes No

Year retained: _____ Grade retained: _____

Bowlegs Public Schools
Authorization for Medical Care of a Minor

I, _____ the undersigned parent or person having legal custody or the legal guardian of _____.

DO HEREBY AUTHORIZE Bowlegs Public Schools Administration and/or Coaching Staff TO CONSENT TO any x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care to be rendered to the above named minor under general or special supervision and upon the advice of a physician, surgeon or dentist licensed under the law of the State of Oklahoma.

IN GIVING THE CONSENT I RECOGNIZE AND UNDERSTAND that in situations where the above named minor requires immediate medical or hospital care it may not be possible to contact me, and in such situation, I will not be able to knowledgeably evaluate and choose among the available alternate treatments or procedures if any, or to evaluate the risk attendant upon each, and the risks attendant to foregoing all treatment in such situations. I authorize a physician, surgeon, or dentist to exercise his/her professional judgement and assess the situation, choose the necessary treatment from any available alternatives, and to render such care deemed necessary for the health or safety of the above named minor. I further understand that I will be responsible for any and all medical and/or dental expense incurred, and that the person requesting treatment for the above named minor nor the school can be held liable for said expenses.

Date: _____ Signature: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Physical Address: _____
City: _____ State: _____ Zip: _____
Home #: _____ Cell #: _____ Work #: _____
Insurance Carrier: _____ Policy #: _____

Treatment Information

Minor's Birth Date: _____ Date of Minor's Last Tetanus Shot: _____
Minor's Doctor (Name and #): _____
Minor's Allergies: _____
Medication Minor is taking: _____
Minor's Medical History: _____

THIS FORM IS DESIGNED IN ACCORDANCE WITH THE OKLAHOMA LAW. GIVES PERMISSION FOR A PHYSICIAN OR DENTIST TO PROVIDE NECESSARY CARE TO A CHILD WHOSE PARENTS ARE NOT IMMEDIATELY AVAILABLE. ALL BLANKS SHOULD BE FILLED IN. THIS CONSENT IF THE CARE OF THE CHILD IS ENTRUSTED TO A PERSON UNDER 18 YEARS OF AGE. THE FORM SHOULD ALWAYS BE LEFT WITH AN ADULT. DO MAIL IT TO A HOSPITAL. *HOSPITAL EMERGENCY DEPARTMENT PREFERENCE (IF CIRCUMSTANCES ALLOW).

Student Health History

Student's Name: _____ Grade: _____

Parent/Guardian Signature: _____ Phone #: _____

Condition:	Yes	No	Comments:
Food Allergies:			
Bee Sting Allergy:			
Difficulty Breathing?			
Need emergency medication?			
Asthma:			
Asthma Treatment			
Triggers?			
Diagnosed by doctor:			
Ears:			
Tubes/Hearing Aid			
Earaches			
Diabetes:			
Insulin?			
Date Diagnosed?			
Headaches:			
Heart:			
Epilepsy/Seizures:			
Currently under doctor care?			
Kidney:			
Chickenpox:			
If yes, when?			
Bone/Joint Problems:			
If yes, please explain?			
Disabilities:			
Surgeries/Operations:			
Tonsillitis:			
Cancer:			
Special Diet:			
Other Health Concerns:			

Please circle your child's medical history:

Stomach	Lungs	Contacts	Lazy Eye/Crossed/Difficulty Seeing	Glasses: reading/distance
Eating	Blood Disorder	Pneumonia	Blood Pressure	Hearing Difficulty
Sleeping	Menstruation	Serious illness or injury: _____	Skin	Dental
Bladder	Requires Catheterization	Requires Diapers	Bedwetting	Arthritis
Neurologic (brain)	Bowel	Phobias	Nosebleeds	Was child's birth premature: _____

Bowlegs Public Schools
Parental Authorization to Administer Medications

Name of Student: _____ Grade: _____ Date: _____

Bowlegs Public Schools encourages parents to give medication at home and on a schedule other than during school hours. This form **must be completed** and is only good for the **current** school year. **Parents must provide all medications in original container except those listed below. Medication sent without written parent permission will not be given.** Complete a new form for each medication or for changes.

Prescription Medication

Medication: _____ Reason: _____

Dosage: _____ Time(s) to be given: _____

Dates to administer: From ____/____/____ To ____/____/____

If medication is PRN (as needed) Reason to give: _____

How often: _____

Over-The Counter Medication

Medication	Time of Day	Amount to be Taken	Reason for Taking	Side Effects	Duration

Allergies: _____

Over-The-Counter Medications available at school

For the treatment of minor injuries or discomfort, only the following over the counter medications are available for use with parent permission: **antibiotic ointment, aloe vera gel, anti-itch cream, hydrocortisone cream, Tylenol/ibuprofen.**

If you do not wish for your child to receive any of the above over the counter medication, please list: _____

To be completed by Parent/Guardian understand that all medication must be in original container with label intact. If medication is not properly labeled, it will not be given. I give permission for the school employee to administer medications according to Bowlegs policy. I understand that under State Law, The Board of Education, the school district or the employee of the district shall not be liable to the student which results from the act of omissions in administering the medicine I hereby authorize or from the self-administration of medication by the student. I also understand that any medication not picked up by the parent at the end of the school year will be destroyed according to the FDA guidelines. I have provided the most current and accurate health information for my child. I understand that any health information that is pertinent for the safety and education of my child may be shared with school personnel who have the need to know. Health information is considered confidential. My child may receive the above over the counter medication, unless otherwise noted.

Parent/Guardian Signature: _____ Phone #: _____

INTERNET ACCESS CONDUCT AGREEMENT

I, _____, understand and will abide by the District's Computer Use Regulations, Acceptable Use Policy, and Code of Conduct for Internet access (EFBCA; and EFBCA-R1). I further understand that any violation of these rules is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked and school disciplinary and/or appropriate legal action may be taken.

User's Signature: _____ Date: _____

Status: Student _____ Staff _____ Patron _____ Phone #: _____

Parent or Guardian (If applicant is under 18 years of age, a parent or guardian must also read and sign this agreement.) As the parent or guardian of this student, I have read the district's Computer Use Regulations, Acceptable Use Policy, and Code and Conduct for Internet access. I understand that the school district is providing the access for educational purposes only and hereby give my permission to grant access for my child.

Parent or Guardian (Please print): _____

Signature: _____ Date: _____

This agreement is valid for the _____ school year only.

Impact Aid Survey form

Student's Name: _____ DOB: _____

Name of School: Bowlegs Elementary Bowlegs High School Grade: _____

Mailing Address: _____ City _____ ST _____ Zip _____

Name: _____ Grade: _____ Name: _____ Grade: _____

Name: _____ Grade: _____ Name: _____ Grade: _____

1. Is the address of the above student located on Federal Property?
(Including Tribal low rent housing or Tribal Housing)
Yes _____ No _____ (If yes, complete "A" below)
If property is paid off, please check No
2. Is Parent/Guardian of the above student a civilian, employed on Federal Property?
Yes _____ No _____ (If yes, complete "B" below)
Examples: Carl Albert, BIA, Chickasaw Enterprises, TAFB, Seminole Gaming, Seminole Nation, etc...
3. Is the Parent/Guardian of the above student, a member of the Uniformed Services?
Yes _____ No _____ (If yes, complete "C" below)

A. FEDERAL PROPERTY:

In whose name is the property under? _____

Name of Federal Property: _____

Location: _____

B. CIVILIAN PROPERTY:

Name of Parent/Guardian who work on Federal Property: _____

Name of Federal Property: _____

Address of Federal Property: _____

C. UNIFORM SERVICES:

Information of Parent/Guardian who is on full time active duty:

Name: _____ Branch of Service _____

Rank/Rating _____ Serial Number: _____

THIS IS TO CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature of Parent/Guardian: _____

Initial Enrollment Prior Participation Form

Student Information

The following information should be completed by the parent or guardian of the student. This information is collected on a student's initial enrollment into a school district. Please print legibly.

Student Legal Name: _____
First Last

Student Date of Birth: ____/____/____

Student Gender: Male _____ Female _____

Did the student participate in any of the following programs? Please indicate by checking YES or NO for each statement.

Program	Yes	No
A childcare program that is licensed pursuant to the tiered licensing system established by the Department of Human Services (a DHS licensed childcare program)		
The sooner Start program operated by the State Department of Education.		
The Oklahoma Parents as Teachers (OPAT) program operated by the State Department of Education.		
The Children First program operated by the State Department of Health.		
Any child abuse prevention program operated by the State Department of Health.		
Any federally funded Head Start program.		

U.S. DEPARTMENT OF EDUCATION
OFFICE OF INDIAN EDUCATION
WASHINGTON, DC 20202

TITLE VI STUDENT ELIGIBILITY CERTIFICATION

Elementary and Secondary Education Act, Title VI, Part A, Subpart 1

In order to apply for a formula grant under the Indian Education Program, your child's school must determine the number of Indian children enrolled. Any child who meets the following definition may be counted for this purpose. You are not required to complete or submit this for to the school. However, if you choose not to submit a form, the school cannot count your child for funding under the program. **This form will become part of your child's school record and will not need to be completed every year.** This form will be maintained at the school and information on the form will not be released without your written approval.

Definition: Indian means any individual who is (1) a member (as defined by the Indian tribe or band) of an Indian tribe or band, including those Indian tribe or bands terminated since 1940, and those recognized by the State in which the tribe or band reside; or (2) a descendent in the first or second degree (parent or grandparent) as described in (1); or (3) considered by the Secretary of the Interior to be an Indian for any purpose; or (4) an Eskimo or Aleut or other Alaska Native; or (5) a member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.

NAME OF CHILD _____ Date of Birth _____
School Name _____ Grade _____
NAME OF TRIBE, BAND OR GROUP _____

Tribe, Band or Group is: (check one)

_____ Federally Recognized _____ State Recognized Terminated _____ Organized Indian Group (#5 above)

Name of individual with tribal membership: _____

Individual named is (check one): _____ Child _____ Child's Parent _____ Child's Grandparent

Proof of membership, as defined by tribe, band, or group is:

A. Membership or enrollment number (if available) _____ OR
Other (explain) _____

Name and address of organization maintaining membership data for the tribe, band, or group:

I verify that the information provided above is accurate:

PARENT SIGNATURE _____ DATE _____

Mailing Address _____ Phone # _____

JOM/INDIAN EDUCATION/TITLE I SURVEY NEEDS ASSESSMENT SURVEY

A. ☐ CDIB _____
☐ TRIBAL CARD _____ (tribe)

B. What do you feel are the most important needs of the Indian students in public school system?
(Please indicate by placing a check mark to the left of the number)

- ☐ 1. Tutoring: Elementary ☐ Secondary ☐
 - ☐ 2. Indian Cultural Programs
 - ☐ 3. Counseling: High School ☐ Jr. High ☐ Elementary ☐
 - ☐ 4. Math Improvement
 - ☐ 5. Classroom Aides
 - ☐ 6. Home/School Aide
 - ☐ 7. Reading Improvements
 - ☐ 8. Educational Support (list) _____
 - ☐ 9. India Studies Program in the Schools
 - ☐ 10. More Parental Participation in the Schools
 - ☐ 11. Career or Job Orientation and Information
 - ☐ 12. Other Suggestions
- _____
- _____
- _____

C. Rank the three most important needs (in order of priority):

- 1. _____
- 2. _____
- 3. _____

D. How do you think JOM funds could be used to meet the needs listed above:

E. Please check the category/categories that describe you:

- ☐ Parent/Guardian
- ☐ Principal
- ☐ Teacher
- ☐ JOM Staff
- ☐ Committee Member
- ☐ High School Student
- ☐ Jr. High Student
- ☐ Elementary Student
- ☐ Other

By signing below this gives us permission to send you automated calls through our School Messenger system.

I consent to receiving non-emergency School Messenger Calls from Bowlegs Public Schools at the telephone number(s) I have provided to the District.

Please contact us if you have any questions.
(405) 398-4321

Student Name(s): _____

Signature: _____

Date: _____

Permission form 2020-2021

Permission is hereby given for my child to go on the field trips: ☐ Yes ☐ No

Permission is hereby given for my child to have access to the Bowlegs Schools Network and the Internet under the regulations of Bowlegs Schools Policy: ☐ Yes ☐ No

I further understand that any violation of these rules is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked and school disciplinary and/or appropriate legal action may be taken.

User's Signature _____ Parent/Guardian Signature _____

I give my permission for my child's name; child's parent name(s); major field of study and class designation; extracurricular participation; achievement awards or honors; weight and height of a member of an athletic team or other team; student photograph; to be used in any local school publication, school yearbook, local newspaper, and/or local news release.

☐ No- I do NOT give my permission Parent Signature: _____

☐ Yes- I do give my permission Parent Signature: _____

I have received a copy of the student handbook: Yes No

I have received a copy of the Meningococcal Meningitis Information: Yes No

I have read and signed the Directory Information/FERPA: Yes No

I understand that I am responsible for my child's lunch bill: Yes No

I will make sure the lunch bill will be paid in full by the 15th of each month: Yes No
(Lunch bills will be mailed the 1st of every month)

I understand that cell phones/electronic device use is a privilege at Bowlegs Schools: Yes No
Cell phones/electronic devices may be used at only designated times. Any student having a cell phone out or in use at any unauthorized time will have said device confiscated. After having a device confiscated 2 times; the student will lose this privilege for the remainder of the quarter or semester depending upon administrator discretion. If the student brings a device to school after losing privileges lunch or in school detention will be used as consequence. Please see student handbook for further information.

I have given a copy of my photo ID to the staff for my child's file: Yes No
(the staff will need a copy of a photo ID of everyone on the contact list).

I have provided a copy of all documents such as guardianship papers, adoption papers, court orders, etc.: Yes No

I understand that if I withdraw my child from Bowlegs Schools at any time during this school year, then I will make Sure that all text books, library books and sports uniforms, etc. are returned and lunch bill is paid in full: Yes No

All accounts must be paid in full by the end of the school year: Yes No

Parent/Guardian Signature: _____ Date: _____
(My signature states that I understand what is proposed)



E-Rate Household Survey Spring/Fall 2020

Your Address: _____ City _____ ST _____ Zip _____

Circle your household size below, then answer the following questions:

Household size (circle one)	Est. Annual Income (As reported to IRS)	Monthly Income	If paid Two times per mo.	If paid every Two Weeks	Weekly Income
1	\$ 21,775	\$ 1,815	\$ 908	\$ 838	\$ 419
2	29,471	2,456	1,228	1,134	567
3	37,167	3,098	1,549	1,430	715
4	44,863	3,739	1,870	1,726	863
5	52,559	4,380	2,190	2,022	1,011
6	60,255	5,022	2,511	2,318	1,159
7	67,951	5,663	2,832	2,614	1,307
8	75,647	6,304	3,152	2,910	1,455
Each add'l family Member add:	7,696	642	321	296	148

Is your income equal to or less than any of the amounts listed
next to the number you circled?

Yes____ No____

Are your children eligible for free or reduced lunches, breakfasts
snacks or milk at their school(s)?

Yes____ No____

Is your family eligible for the Supplemental Nutrition
Assistance Program (SNAP)- food stamps?

Yes____ No____

Does your family qualify for medical assistance under Medicaid?

Yes____ No____

Is your family receiving Supplementary Security Income (SSI)?

Yes____ No____

Does your family receive housing assistance (section 8)?

Yes____ No____

Does your family receive home energy assistance (LIHEAP)?

Yes____ No____

2. Please list all students in your household that attend school. (Enter the grade they will be entering in Fall, 2020. Write on back to list more if needed.)

Name _____ Grade _____ School Attending _____
 Name _____ Grade _____ School Attending _____
 Name _____ Grade _____ School Attending _____
 Name _____ Grade _____ School Attending _____

3. Certification: I certify that the above information is, to the best of my knowledge, true and complete.

Signed: _____ Date: _____

20____ - 20____

HOME LANGUAGE SURVEY FOR PRE-K-12 SCHOOL DISTRICTS

OKLAHOMA STATE DEPARTMENT OF
EDUCATION
CHAMPION EXCELLENCE

STUDENT INFORMATION

Name of Student: _____ Grade: _____
Last Name First Name Middle NameDate of Birth: _____ School: _____ Student ID # _____ Gender: Male _____ Female _____
MM/DD/YYYY

Is the student of Hispanic or Latino culture or origin? Yes _____ No _____

Select one or more of the following races:

_____ African American/Black _____ American Indian/Alaskan Native _____ Asian
 _____ Native Hawaiian/Pacific Islander _____ Caucasian/White

- What is the dominant language most often spoken by the student? _____
- What is the language routinely spoken in the home, regardless of the language spoken by the student? _____
- What language was first learned by the student? _____
- Does the parent/guardian need interpretation services? Yes _____ No _____ If so, what language? _____
- Does the parent/guardian need translated materials? Yes _____ No _____ If so, what language? _____
- What was the date the student first enrolled in a school in the United States? _____
MM/YYYY

Date (MM/DD/YYYY)

Parent / Guardian Signature

SCHOOL USE ONLY

Please have test score documentation available for the Regional Accreditation Officer to review.

- ☐ Other language than English indicated TWO OR MORE times on questions 1 – 3 above. The student is classified as "more often" and automatically qualifies as bilingual on the accreditation report.
- ☐ Other language than English indicated ONLY ONCE on questions 1 – 3 above. The student is classified as "less often" and only qualifies as bilingual on the accreditation report if he or she meets one of the following (any selection below REQUIRES appropriate documentation):
- ☐ 1. Designated English Learner on one of the Oklahoma English language proficiency assessments: ACCESS for ELLs 2.0, Alternate ACCESS for ELLs, WIDA Screener, WIDA MODEL, K-WAPT, W-APT or Oklahoma Pre-K Language Screening Tool.
 - ☐ 2. Scored unsatisfactory or limited knowledge in Reading on the Oklahoma State Testing Program (OSTP).
 - ☐ 3. Scored at or below the 35th percentile (or equivalent) composite reading score from spring of the previous school year on a state approved norm-referenced test (NRT).

DOCUMENTATION OF A TEST RESULT FOR STUDENTS MARKED LESS OFTEN

Date(s) of Kindergarten ACCESS, ACCESS for ELLs 2.0, or Alternate ACCESS Test	Score(s) on Kindergarten ACCESS, ACCESS for ELLs 2.0, or Alternate ACCESS		Date(s) of WIDA Screener or K-WAPT/WAPT or WIDA MODEL	Score(s) on WIDA Screener or K-WAPT/WAPT or WIDA MODEL	
	Composite Score	Literacy Score		Composite Score	Literacy Score
	1.	2.		1.	2.
	1.	2.			

Date(s) of Reading OSTP	Score(s) on Reading OSTP			
	Unsatisfactory	Limited Knowledge	Satisfactory	Advanced
	Unsatisfactory	Limited Knowledge	Satisfactory	Advanced
	Unsatisfactory	Limited Knowledge	Satisfactory	Advanced

Date of the Oklahoma Pre-K Language Screening Tool	Score on Pre-K Language Screening Tool
	%

Date(s) Norm Reference Test (NRT)	Name of the NRT	Reading Total Composite Score(s) %

From Above:

Question 1: Reference WAVE code 1036

Question 2: Reference WAVE code 1037

Question 3: Reference WAVE code 1038



BOWLEGS PUBLIC SCHOOLS SUPPLY LIST

PRE-K

- | | | |
|---|---|------------------------------|
| 4- GLUE STICKS | 4 - COUNT EXPO MARKERS | 1 - ELMERS WHITE GLUE |
| 1- BACKPACK (NO ROLLERS) | 1 - PENCIL/CRAYON BOX | 1 - NAP MAT AND BLANKET |
| 1-CLOROX WIPES | 1-10 COUNT CLASSIC COLOR WASHABLE MARKERS | 2 - SETS OF WATERCOLOR PAINT |
| 1- 1" BINDER | 1- 4 PACK OF PLAY DOH | |
| 1-COMplete CHANGE OF CLOTHING INCLUDING SOCKS AND UNDERWEAR | | |
| GIRLS ONLY 1 - CONTAINER BABY WIPES | | |
| BOYS ONLY 1 - BOX QUART SIZE STORAGE BAGS | | |

KINDERGARTEN

- | | | |
|--|---|---------------------------|
| 2 - POCKET FOLDERS | 2 - 24 COUNT CRAYOLA BRAND CRAYONS | 1 - BIG ERASER |
| 1 - SET OF WATERCOLOR PAINT | 1 - PAIR ROUND TIP SCISSORS | 1 - BACKPACK (NO ROLLERS) |
| 24 - #2 PENCILS (NO DIXON BRAND) | 3 - GLUE STICKS | 1 - PENCIL/CRAYON BOX |
| 2 - BOXES TISSUE | 2 - 10 COUNT CLASSIC COLOR WASHABLE MARKERS | |
| 1 - COMPLETE CHANGE OF CLOTHES INCLUDING SOCKS AND UNDERWEAR | | |
| GIRLS ONLY: 1 CONTAINER OF BABY WIPES | | |
| BOYS ONLY: 1 CONTAINER OF DISINFECTANT WIPES | | |

FIRST GRADE

- | | | |
|------------------------|--|--------------------------------|
| 2 - BOXES 24 CRAYONS | 1 - PAIR ROUND TIP SCISSORS | 1 - BACKPACK (NO ROLLERS) |
| 2 - GLUE STICKS | 24 - #2 PENCILS (NO DIXON PENCILS, LEAD FALLS OUT) | 1- 10 COUNT CRAYOLA MARKERS |
| 2 - BOXES TISSUE | 1 - PENCIL/CRAYON BOX | 1-CONTAINER DISINFECTANT WIPES |
| 4 - LARGE PINK ERASERS | 1 - SET OF WATERCOLOR PAINTS | |

SECOND GRADE

- | | | |
|-------------------------------------|-------------------------------------|------------------------------------|
| 2 - 2 POCKET FOLDERS WITH BRADS | 2 - LARGE PINK ERASERS | 1 - PAIR ROUND TIP SCISSORS |
| 1 - BACKPACK (NO ROLLERS) | 24 - #2 PENCILS (NO SPECIAL DESIGN) | 2 - SPIRAL NOTEBOOKS |
| 3 - BOXES TISSUE | 2 - GLUE STICKS | 1- PKG. COLORED PENCILS |
| 1 - BOX OF CRAYONS | 1 - PENCIL BOX | 2- WIDE RULED COMP. NOTEBOOK |
| 1 - CONTAINER OF DISINFECTANT WIPES | 1 - PKG. COLOR WASHABLE MARKER | |

THIRD GRADE

- | | | |
|----------------------------------|-------------------------------------|--|
| 2-POCKET FOLDERS | 1 - PAIR ROUND TIP SCISSORS | 1 - BACKPACK (NO ROLLERS) |
| 2- BOX OF CRAYONS | 1 - PKG. HIGHLIGHTERS | 4 - PKG #2 PENCILS 48 COUNT (NO DIXON BRAND) |
| 1-WIDE RULED NOTEBOOK | 1 - PENCIL/CRAYON BOX | 3 - BOXES TISSUE |
| 4 - GLUE STICKS | 2 - DRY ERASE MARKERS BLACK | 4 - LARGE PINK ERASERS |
| 1 - CONTAINER DISINFECTANT WIPES | 1 - RULER W STANDARD & METRIC UNITS | 1 - PKG COLORED PENCILS |

FOURTH GRADE

- | | | |
|---|--------------------------|-----------------------------------|
| 1 - PENCIL/CRAYON BOX | 4 -LARGE PINK ERASERS | 1 - CONTAINERS DISINFECTANT WIPES |
| 24 - #2 PENCILS (NO DIXON BRAND) | 2- BOXES CRAYOLA CRAYONS | 2 - DRY ERASE MARKERS |
| 1 - SET COLORED PENCILS | 3 - BOXES TISSUE | 1 - PKG. HIGHLIGHTERS (4 COLOR) |
| PAIR OF GYM SHOES FOR P.E. | 2 - BOTTLES OF GLUE | 1 - BACKPACK (NO ROLLERS) |
| 5 - FOLDERS WITH BRADS (1 RED, 1 BLUE, 1 GREEN, 1 YELLOW, 1 PURPLE) | | 1- PAIR OF SCISSORS |

FIFTH GRADE

- | | | |
|----------------------------|--|----------------------------------|
| 1 - BACKPACK (NO ROLLERS) | 2- PKG. WIDE RULED PAPER | 80 - #2 PENCILS (NO DIXON BRAND) |
| 1 - PKG. DRY ERASE MARKERS | 1 - PKG. HIGHLIGHTERS (4 DIFFERENT COLORS) | 4 - ERASERS |
| 3 - BOXES TISSUE | 2 - 3-PRONG FOLDERS | 1 - COLORED PENCILS OR MARKERS |
| GYM SHOES FOR P.E. | 3 - SPIRAL NOTEBOOKS | 1 - CONTAINER OF CLOROX WIPES |
| 1 - BOTTLE OF GERM-X | | |

SIXTH GRADE

- | | | |
|-------------------------|----------------------------|-------------------------------|
| 2 - CLICK ERASERS | 4 - PKGS. WIDE RULED PAPER | 1- SPIRAL 1 SUBJECT NOTEBOOKS |
| 2 - PACKAGES #2 PENCILS | 3 - BOXES TISSUE | 1 - BACKPACK (NO ROLLERS) |
| 1 - SET COLORED PENCILS | | |
| 8 - POCKET FOLDERS | | |

7TH - 12TH STUDENTS

- | | | |
|--------------|-----------------|----------------|
| PENCILS/PENS | SPIRAL NOTEBOOK | 3 RING BINDER |
| ERASER | POCKET FOLDERS | NOTEBOOK PAPER |

7TH - 12TH STUDENTS ENROLLED IN ART

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|------------|-----------------|
| PENCILS | ERASER |
| SKETCHBOOK | COLORED PENCILS |