STUART ELEMENTARY ENROLLMENT FORM

Today's Date_____ **HOME PHONE**_____

Students Name _____
Last First Middle

Date of Birth_____ Age_____ Grade_____

Address_____
Rt./Box # (or) P.O. Box # City Zip

Email Address_____

City of Birth_____ State_____ SS#_____

_____
Guardian #1 Place of Employment Work Phone #

_____
Guardian #2 Place of Employment Work hone #

EMERGENCY
Give TWO LOCAL names and phone numbers (**other** than the ones listed above) where we may call if a medical emergency arises or if we are forced to turn out school early and we cannot find you.

_____
Name Phone # Relation (family, neighbor, friend)

_____
Name Phone # Relation (family, neighbor, friend)

_____ _____
PARENT'S SIGNATURE **DATE**

_____ I have received a copy of the Stuart School Handbook. Included in the handbook is information regarding Meningococcal Meningitis, Parents Right to Know and the Internet Policy.

I certify that I have read a copy of the guidelines for Concurrent Enrollment and the Requirements for Graduation and OHLAP for the 2018-2019 school year and that those guidelines and requirements were explained to me. (Signature) _____

SPECIAL INSTRUCTIONS (Allergies, *Pickup restrictions, etc.)*

_____

_____

_____

Resident School District
What school district does your child reside in? _____

Who does your child reside with: Please Check One:
_____Parent/Parents

_____Court Appointed Guardian

_____Relative

Information for The Records
1. Does this child participate in Therapeutic Foster Care? _____
2. Does this child participate in any other type of Foster Care? _____
3. Does this child participate in Special Education Classes? _____
4. Does this child have physical or emotional limitations which the school? staff needs to be aware of in order to better serve the student? _____ If the answer is "yes", please explain the situation on a separate piece of paper.

Ethnic Background:
_____Asian _____Black ____ American Indian
_____Hispanic _____White ___Pacific Islander

ADMINISTERING MEDICATION

Please answer **YES** or **NO** in the blank provided

_____Stuart School staff may administer "filled prescription" medication that only I send to school for my child to take. I understand the medicine must be sent in vial with a label which correctly states the name and address of the pharmacy, date of filling, name of patient, name of physician, prescription number, and directions for administrating.

_____Stuart School staff may administer Tylenol or Motrin to my child for minor discomfort.

_____I give permission for my child to have vision and hearing screening.

_____I give permission for my child to have speech screening.

Internet Waiver
___ I give Stuart Public School permission to publish pictures of my child on the School website and Facebook.
___ I do NOT give Stuart Public School permission to publish pictures of my child to the School website or Facebook.
Parent/Guardian Signature:_____

20___ - 20___ HOME LANGUAGE SURVEY FOR PRE-K-12 SCHOOL DISTRICTS

OKLAHOMA STATE DEPARTMENT OF EDUCATION

STUDENT INFORMATION

Name of Student: _____ Student ID # _____
Last Name First Name Middle Name

Gender: Male ____ Female ____ Date of Birth: _____ School: _____

Select one or more of the following races:

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

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

1. What is the primary language used in the home, regardless of the language spoken by the student? _____
2. What is the language most often spoken by the student? _____
3. What language did the student learn first? _____
4. Does the parent/guardian need interpretation services? Yes ____ No ____ If so, what language? _____
5. Does the parent/guardian need translated materials? Yes ____ No ____ If so, what language? _____

_____
Parent/Guardian Signature Date

SCHOOL USE ONLY

☐ 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:

- ☐ Scored 35% of below on norm-referenced test (NRT) on the composite reading score.
- ☐ Scored limited knowledge or unsatisfactory on Reading Oklahoma Core Curriculum Test (OCCTs).
- ☐ 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, WAPT or Oklahoma Pre-K Language Screening Tool.

DOCUMENTATION OF A TEST RESULT FOR STUDENTS MARKED LESS OFTEN

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

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

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

Date(s) of ACCESS for ELLs 2.0 or Alternate ACCESS Test	Score(s) on 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.		1.	2.
	1.	2.		1.	2.
	1.	2.		1.	2.

School Year 2020 - 2021
Economically Disadvantaged Form

This application should be completed even if your student attends a Community Eligibility Provision or Provision School.

School: STUART PUBLIC SCHOOL Grade: _____ Student Number: _____

Student Name: _____

Please select the income range that represents the total annual gross income:

- ☐ Less than $23,606
- ☐ Between $23,606 and $31,894
- ☐ Between $31,894 and $40,182
- ☐ Between $40,182 and $48,470
- ☐ Between $48,470 and $56,758
- ☐ Between $56,758 and $65,046
- ☐ Between $65,046 and $73,334
- ☐ Between $73,334 and $81,622
- ☐ Between $81,622 and $89,910
- ☐ Between $89,910 and $98,198
- ☐ Between $98,198 and $106,486
- ☐ Between $106,486 and $114,774

Please select the total number of people in your household:

- ☐ One (1)
- ☐ Two (2)
- ☐ Three (3)
- ☐ Four (4)
- ☐ Five (5)
- ☐ Six (6)
- ☐ Seven (7)
- ☐ Eight (8)
- ☐ Nine (9)
- ☐ Ten (10)
- ☐ Eleven (11)
- ☐ Twelve (12)

Signature: I certify that all information provided on this form is true to the best of my knowledge and that all household income is reported. I understand that this information will impact federal and state funding to the school.

Sign Here: _____ **Date:** _____

Print Name: _____

For Office use only:

- ○ Qualified
- ○ Not Qualified

Stuart Public School

School Year 2021/2022

Student Name_____

Date of Birth _____

Grade _____

Please circle yes or no for the following questions:

Does your student recieve Special Education services (IEP) yes no

Does your student recieve any of these services in school..

Speech yes no

Occupational Therapy yes no

Physical Therapy yes no

Is your student on a 504? yes no

Does your student recieve help from a

Reading Specialist yes no

Math Specialist yes no

Are there any other sevices that your child recieves in the school setting?

Please list any additional services

_____

_____

OSIIS - Authorization to Use or Share Protected Health Information to School or Day Care

Student Name:_____ OSIIS ID #:_____

Date of Birth:_____

I hereby authorize the Oklahoma Immunization Service to release my Immunization records and information located within the Oklahoma State Immunization Information System ("OSIIS") to: _____.
(Name of Person/Organization Receiving PHI)

The information may be disclosed for the following purpose(s):

☐ to ensure the student meets Oklahoma eligibility requirements for schools/day cares as outlined in Title 70 O.S. § 1210.191 and Oklahoma Administrative Code ("OAC") 310:535-1-2 and OAC 310: 535-1-3

☐ Other: _____

I understand that by voluntarily signing this authorization:

- I authorize the use or disclosure of my PHI as described above for the purpose(s) listed.
- I have the right to withdraw permission for the release of my information and revoke this authorization at any time in writing.
- I have the right to receive a copy of this authorization.
- I understand that unless the purpose of this authorization is to determine payment of a claim for benefits, signing this authorization will not affect my eligibility for benefits, treatment, enrollment, or payment of claims.
- I understand I may change this authorization at any time in writing. However, I understand I cannot restrict information that may have already been shared based on this authorization.
- Information used or disclosed pursuant to the authorization may be subject to redisclosure by the recipient and may no longer be protected by HIPAA Privacy Regulations.

Unless revoked or otherwise indicated, this authorization's automatic expiration date will be **one year** from the date of my signature or upon the occurrence of the following event [*e.g.*, child no longer enrolled in school/day care center] _____.

_____.

_____ _____

Signature of Student or Legal Representative Date

_____

Description of Legal Representative's Authority

Concussion and Head Injury Acknowledgment
Stuart Public Schools

In compliance with Oklahoma Statute Section 24-155 of Title 70, this acknowledgment form is to confirm that you have read and understand the **CONCUSSION FACT SHEET** provided to you by Stuart Public Schools related to potential concussions and head injuries occurring during participation in athletics.

I,_____, as a student athlete who participates in Stuart
(Print Student Name)

Public Schools athletics and I, _____
(Print Parent/Guardian Name)

as the parent/guardian, have read the information material provided to us by Stuart Public Schools related to concussions and head injuries occurring during participation in athletic programs and understand the content and warnings.

_____ _____
Signature of Student-Athlete Date

_____ _____
Signature of Parent/Guardian Date

This form must be completed annually, prior to the student-athlete's first competition and be kept on file for one year beyond the date of signature in the Principal's office or in a place as designated by the Principal.

*****Return this form and Physical forms to the office before 1st participation.*****

CONCUSSION/HEAD INJURY FACT SHEET PARENTS/GUARDIANS

WHAT IS A CONCUSSION?

A concussion is a brain injury. Concussions are caused by a bump or blow to the head. Even a "ding", "getting your bell rung" or what seems to be a mild bump or blow to the head can be serious. You cannot see a concussion. Signs and symptoms of a concussion can show up right after the injury or may not appear to be noticed until days or weeks after the injury. If your child reports any symptoms of a concussion or if you notice any symptoms yourself, seek medical attention right away.

WHAT ARE THE SYMPTOMS REPORTED BY ATHLETES?

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy or groggy
- Concentration or memory problems
- Confusion
- Does not "feel right"

WHAT ARE THE SIGNS OBSERVED BY PARENTS/GUARDIANS?

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Cannot recall events prior to hit or fall
- Cannot recall events after hit or fall

HOW CAN I HELP MY CHILD PREVENT A CONCUSSION?

- Ensure they follow their coach's rules for safety and the rules of the sport.
- Make sure they use the proper equipment, including personal protective equipment (such as helmets, padding, shin guards and eye and mouth guards—IN ORDER FOR EQUIPMENT TO PROTECT YOU, it must be the right equipment for the game, position and activity; it must be worn correctly and used every time you play.)
- Learn the signs and symptoms of a concussion.

FOR MORE INFORMATION VISIT:

- www.cdc.gov/TraumaticBraininjury/
- www.oata.net
- www.ossaa.com
- www.nfhslearn.com

IT'S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON!

Asthma Inhaler Self-Medication

Senate Bill 343, Self Administration of Medication", became law on April 28, 2003. The purpose of this law was to authorize self medication for asthma inhalers.
House Bill 2239 permits the self-administration of anaphylaxis medication by a student for treatment of anaphylaxis. Anaphylaxis medication includes but is not limited to Epinephrine injectors, prescribed by a physician and having an individual label. A student who is permitted to self-administer anaphylaxis medication shall be permitted to possess and use the anaphylaxis medication at all times for the school year in which permission for self-administration is effective. In order for a student to be allowed to administer an asthma inhaler or anaphylaxis medication, the following must be in place.

- The parent or guardian must provide authorization in writing for the student to self administer the inhaler or anaphylaxis medicine.

- The parent or guardian must provide a written statement from the physician treating the student that states the student has asthma and is capable of self administer the inhaler or anaphylaxis medicine.

- The parent/guardian must also provide the school with an emergency supply of the student's inhaler or anaphylaxis medication.

The school district and its employees shall incur no liability as a result of any injury arising from the self-administration of medication by the student.

If your child has asthma and uses an inhaler and you would like for your child to be allowed to self-administer the inhaler or anaphylaxis medication, please obtain the required documents and medication and bring those items to school.

I,_____, allow my child, _____, to self-administer his/her asthma inhaler or anaphylaxis medication in the doctor prescribed manner. I realize that I must not only sign this paper, but also provide the school with a letter from his/her doctor stating that my child is capable of self-administration of the asthma inhaler or anaphylaxis medication and provide the school with an emergency supply of the asthma or anaphylaxis medication.

_____
Parent/Guardian Signature

□ Check yes for asthma inhaler.
□ Check yes for anaphylaxis medication.

ONLY COMPLETE IF YOUR CHILD HAS ASTHMA AND NEEDS TO HAVE AN INHALER AT SCHOOL.

Athletic

WAIVER

I,_____,parent or guardian of_____ hereby waive, on behalf of myself and said minor, any claim I or said minor my have against Stuart Public Schools arising from any athletic injuries sustained by said minor during the _____school year. I do hereby assume full liability and responsibility for any expenses incurred in connection with said injuries. This is intended to fully release the Stuart Public School System from any liability whatsoever arising from any such injuries. In the event any claim is ever made against Stuart Public Schools by said minor or any other person on behalf of said minor, I agree to fully indemnify and hold the expenses incurred in defending that claim.

We understand that Stuart Public Schools does not assume any responsibility for injuries as a result o f students participating in curricular or extra curricular activities.

Stuart Public Schools officials have my permission to seek emergency medical assistance in case of injury, if in their judgement medical assistance is needed.

_____

Parent or Guardians Signature Date

_____

Students Signature Date

PRESENT SCHOOL BOARD POLICY

Stuart Public School does not require students to have health insurance to participate in extra-curricular activities. Parents are encouraged to obtain health insurance of their children. Stuart Public School does not accept responsibility for medical expenses for School injuries resulting in participation from extra-curricular activities. All students in grades 3 – 12 must show proof of health insurance, a welfare certificate number, or sign a waiver of responsibility form. Also, parents must sign a consent form for emergency medical treatment before the student may participate in practice or games.

Stuart Public School
8837 4th street
Stuart OK 74570
Distinguished Title I School

AUTHORITY TO TRANSFER EDUCATION RECORDS

I hereby give_____
(Former School)

_____
(City) **(State)**

Permission to release_____
(Child's Name) **(Date of Birth)**

Enrolling in grade_____

Please send:
- **Transcript of Grades**
- **Cumulative Records**
- **Health Records**
- **Test Results**
- **Special Education Records**

Please send records to:

Principal, Mr. Chance Chapman
Stuart Public Schools
8837 4th Street
Stuart Oklahoma 74570

Or
Email to: cmyskey@stuart.k12.ok.us

Office: (918)-546-2627 **Fax: (918)-546-2329**

_____
(Signature of Parent or Guardian) **(Date)**

Education records re maintained & released in accordance with Family Educational Rights and Privacy Act (FERPA). Parents or eligible students shall be provided a copy of records to be disclosed if requested. Further disclosure of the above will be in accordance with *34 cfr 99.31*.

ONLY COMPLETE IF YOUR CHILD IS A NEW STUDENT TO OUR DISTRICT.

Immunization Service
Oklahoma State Department of Health

Guide to Immunization Requirements in Oklahoma - 2012-13 School Year

	CHILDCARE	PRE-SCHOOL/PRE-KG	KG-6th	7th & 8th	9-12th
VACCINES	**PLEASE READ THE BULLETS BELOW FOR ESSENTIAL INFORMATION**				
DTaP (diphtheria, tetanus, pertussis)	4 DTaP	4 DTaP	5 DTP/DTaP★	5 DTP/DTaP★ & 1 Tdap booster	5 DTP/DTaP
PCV (pneumococcal conjugate vaccine)	1-4 PCV◆	Not required for school			
IPV/OPV (inactivated polio/oral polio)	3 IPV/OPV	3 IPV/OPV	4 IPV/OPV◀	4 IPV/OPV	4 IPV/OPV
MMR (measles, mumps, rubella)	1 MMR	1 MMR	2 MMR	2 MMR	2 MMR
Hib (*Haemophilus influenzae* type b)	1-4 Hib◆●	Not required for school			
Hep B (hepatitis B)	3 Hep B	3 Hep B	3 Hep B	3 Hep B ■	3 Hep B ■
Hep A (hepatitis A)	2 Hep A	2 Hep A	2 Hep A	2 Hep A	2 Hep A
Varicella (chickenpox)	1 Varicella	1 Varicella	1 Varicella	1 Varicella	1 Varicella

★ If the 4th dose of DTP/DTaP is administered on or after the child's 4th birthday, then the 5th dose of DTP/DTaP is not required.
◆ The number of doses of PCV and/or Hib may range from 1 to 4 depending on the age of the child when the first dose is received.
◀ If the 3rd dose of IPV/OPV is administered on or after the child's 4th birthday, then the 4th dose of IPV/OPV is not required.
● Children may be complete with 3 or 4 doses of Hib depending on the brand of vaccine used.
■ Previously unimmunized students 11 through 15 years of age may receive a 2 dose series of Merck® Adult Hepatitis B vaccine to comply with this requirement. All other children (younger or older) must receive 3 doses of hepatitis B vaccine.

- The table above lists the vaccines that are required for children to attend childcare, preschool, and kindergarten through twelfth grade in Oklahoma. Additional vaccines may be recommended, but are not required. For example, a 2nd dose of varicella vaccine is recommended before entering kindergarten, but not required by Oklahoma law.
- **Children attending licensed childcare facilities must be up-to-date for their age for the vaccines listed in the "Childcare" column.**
- **Hib and PCV vaccines are not required for students in pre-school, pre-kindergarten, or kindergarten programs operated by schools.**
- Doses administered 4 days or less, before the minimum intervals or ages, are counted as valid doses.
- All measles, mumps and rubella (MMR), varicella, and hepatitis A vaccine doses must be administered on or after the child's first birthday (or within 4 days before the birthday).
- For doses given on or after Jan. 1, 2003, the 5th dose of DTaP must be given on or after the 4th birthday (or within 4 days before the 4th birthday). This rule does not apply to doses given before 2003.
- If a parent reports that their child had chickenpox disease, the child is not required to receive varicella vaccine.
- It is not necessary to restart the series of any vaccine if the next dose due in the series has not been given on schedule; longer than recommended intervals between doses do not affect final immunity.
- **Children may be allowed to attend school and childcare if they have received at least one dose of all the required vaccines, but they must complete multi-dose series of vaccines on schedule. These children are "in the process" of receiving immunizations.**

If you have any questions, call the Immunization Service at 405-271-4073 or 800-234-6196 or visit our website at http://imm.health.ok.gov.

This publication is issued by the Oklahoma State Department of Health as authorized by Terry L. Cline, Ph.D., Commissioner of Health. 1000 copies have been printed at a cost of $150.00. Copies have been deposited with the Publications Clearinghouse of the Oklahoma Department of Libraries. 1-10-12 IMM 400

Facts About Meningococcal Meningitis and Immunization

What is meningococcal meningitis?

- Meningococcal meningitis is a rare but sometimes fatal disease that often strikes pre-adolescents, adolescents and young adults. The disease strikes quickly and has devastating complications, including hearing loss, brain damage, limb amputations and in some cases death.

Who is at risk for meningococcal meningitis?

- Adolescents and young adults are at increased risk for contracting meningococcal meningitis. In fact, adolescents and young adults account for nearly 30 percent of all cases of reported meningococcal infection in the U.S., and case fatality rates are up to five times higher among 15- to 24-year-olds compared with other age groups. Up to 83 percent of meningococcal disease cases among adolescents are potentially vaccine-preventable.

Why are adolescents and young adults at risk for meningococcal meningitis?

- Lifestyle factors common among adolescents and young adults seem to be linked to meningococcal meningitis. These include:
  - Crowded living situations, such as dormitories, boarding schools and sleep-away camps
  - Move to a new residence or attendance at a new school or camp with students from geographically diverse areas
  - Active or passive smoking
  - Irregular sleep habits
  - Sharing items that touch a person's mouth, like utensils or lip balm

How is meningococcal meningitis spread?

- The disease is spread through the exchange of respiratory droplets, which includes sharing a drink or utensils, kissing or coughing and sneezing.

What are the symptoms of meningococcal meningitis?

- Meningococcal meningitis is often misdiagnosed as something less serious, as the symptoms often resemble the flu. Symptoms may include sudden high fever, headache, stiff neck, nausea, vomiting and exhaustion. Some people also develop a rash after the disease has taken hold. Since symptoms progress quickly, it is very important that medical attention is sought immediately.

Can meningococcal meningitis be prevented? How can adolescents and young adults reduce their risk of getting meningococcal meningitis?

- Yes. Immunization can reduce one's risk against contracting four out of the five strains of the disease, which account for the majority of cases in adolescents and young adults.
- The Food and Drug Administration (FDA) has approved a meningococcal conjugate vaccine for use among 11- to 55-year-olds called Menactra, which is expected to provide longer duration of immunity. Before this new vaccine was approved, a polysaccharide vaccine called Menomune – that provides protection against four of the five disease strains for three to five years – had been quite effective in reducing rates of the disease among certain populations.
- Adolescents and young adults can reduce their risk by being vaccinated and by not sharing certain things, such as utensils and beverages. Additionally, they can maximize their body's own immune response by eating a balanced diet, getting enough sleep and exercise, as well as avoiding cigarettes and alcohol use.

NMA
www.nmaus.org
1-866-FONE-NMA

STUART SCHOOL SUPPLY LIST 2022/2023

PK

2- 24 COUNT CRAYONS
4- GLUE STICKS
1 BOX - SENSITIVE BABY WIPES
2- CLOROX WIPES
4-BOX KLEENEX
1- KINDER MAT- NAP MAT
1-GALLON ZIPLOCS (sliders) BOYS BRING
1- QUART ZIPLOC'S (sliders) GIRLS BRING
2- BOTTLES OF GERM X
1- WASHABLE MARKERS
1-COUNT OF 5 CONTAINER PLAYDOUGH
1-PKG TICONDEROGA PENCILS
1-GREEN PLASTIC FOLDER WITH BRADS/PKTS
1-PLASTIC SCHOOL BOX

KINDERGARDEN

1-PENCIL BOX
2-CONTAINERS OF CLOROX WIPES
1-PKG OG 25 PENCILS
1-PKG PENCIL TOP ERASERS
2-BOXEES OF 24 COUNT CRAYONS
2-PKGS OF STICK GLUE
2-BIG PINK ERASERS
2-CANS OF PLAY-DOH
1-BOX KLEENEX
1-PKG BABY WIPES
1-REFILLABLE WATER BOTTLE
1-EXTRA SET OF CLOTHES(OPTIONAL)

1ST GRADE

6-POCKET FOLDERS
4-PK MECHANICAL PENCILS
1- SCHOOL BOX (crayon box sz)
2- PK GLUE STICKS
1- CHEWABLE CHILDRENS IBUPROFEN
2- 24 COUNT BOX CRAYONS
1- GALLON ZIPLOC BAGS
1- HAND SANITIZERS
3- CLOROX WIPES
1- refillable water bottle

2ND GRADE

25- #2 DIXON TICONDEROGA PENCILS
1- PK LATEX FREE PENCIL CAP ERASERS
1- FOLDER WITH POCKETS AND FASTENERS
1- BOX OF SCOTTIES TISSUE
1- CONTAINER OF CLOROX WIPES
1-PK GLUE STICKS

3RD GRADE

1-1 SUBJECT WIDE RULE NOTEBOOK
1-PKG WIDE RULED LOSE LEAF PAPER
2-2 POCKET FOLDER
1- 24 PK OF CRAYONS
2- COLORATION STICK GLUE
1- COLORATION WASHABLE GLUE 4 OZ
1- CRAYOLA ULTRA CLEAN MARKERS THICK 8CNT
1- STANDARD PLASTIC RULER
1- REAM OF COPY PAPER
2- PINK BEVELED ERASERS
1- ASSORTED PLASTIC SUPPLY BOX
1- CLOROX WIPES
4- BOXES OF KLEENEX
36- #2 DIXON TICONDEROGA PENCILS
1- 5" SHARP SCISSORS

4TH GRADE

3-PKG #2 TICONDEROGA PENCILS
2-POLY POCKET FOLDER W/PRONGS
3-PKG WIDE RULE
3-PKG WIDE RULED LOOSE LEAF PAPER
2-1" ASST HARDBACK VINYL BINDER
2-CLOROX WIPES
4-PINK PEARL ERASERS
1-BOX OF MARKERS
1-SUPPLY BOX
1-KLEENEX TISSUE
2-2 BOTTLES OF GERM X
3-1 LYSOL
2-STICK GLUE
1-PK COLORED PENCILS

5TH GRADE

2- PKG # 2 PENCILS
2- PKG WIDE RULE PAPER
1- PK 7" PRESHARP COLOR PENCILS
1- BOTTLE GERM X
1- PINK BEVEL ERASER
3- BOXES KLEENEX
1- CLOROX HANDY WIPES
1-REUSABLE WATER BOTTLE
PENS
1-COMPOSITION NOTEBOOK

CONTINUED ON BACK.....

5TH MATH - ALGEBRA I

12- #2 PENCILS OR MECHANICAL PENCILS
1- WIDE RULE NOTEBOOK
12- PRESHARPENED "7 COLORED PENCILS
PROTRACTOR (CLEAR) 5-8 ONLY
1- LARGE BOOK COVER
(BOOKS WILL NOT BE ISSUED WITHOUT COVERS)
1- REAM OF (500 CT) COPY PAPER
6- RED PENS
3- BOXES KLEENEX
1- CLOROX WIPES
1- 5" SCISSORS
2- COMPOSITION NOTEBOOKS WIDE RULE
1- PINK BEVEL ERASER
1- GERM X SANITIZER
1- STANDARD PLASTIC RULER

MRS. HANEY'S HISTORY

1- PK #2 PENCILS
2-INEXPENSIVE PAIR(IN EAR) EARBUDS (NO SURROUND HEADPHONES, NO WIRELESS)
3 HOLE ZIPPERED PENCIL POUCH FOR BINDER
3 RING BINDER (2 OR 2 1/2 INCH)
5 DIVIDER SHEETS WITH TABS FOR BINDER
1- PK WIDE RULED NOTEBOOK PAPER
1- REAM OF WHITE COPY PAPER (500 CNT)
1-WIDE RULED COMPOSITION NOTEBOOK

COMPUTER TECHNOLOGY ONLY- FLASH DRIVE

1-PK CRAYONS
1-RULER IN AND CM (PLASTIC)
1-PENCIL TOP ERASERS

5TH-8TH ELA

12- #2 PENCIL/MECHANICAL PENCILS
4-WIDE RULE FILLER PAPER
6-RED GRADING PENS
1- ASSTD POCKET ONLY FOLDER
1-REAM OF COPY PAPER
12- PRESHARPENED COLORED PENCILS
1-5 SUBJECT SPIRAL NOTEBOOKS
1- COMPOSITION NOTEBOOK

JUNIOR HIGH & HICH SCHOOL SCIENCE

PENCILS
RED INK PENS
1- REAM OF PAPER
1-NOTEBOOK PER CLASS ENROLLED
COLORED PENCILS

Highschool ELA

PEN OR PENCILS
1- COMPOSITION NOTEBOOK

MUSIC

NOTEBOOK
PENCILS

7-8th Math

PENCILS
2-PK LOOSE LEAF PAPER
4-POCKET FOLDERS
1- PK 4 COLORED HIGHLIGHTERS
1-CLEAR RULER
1-PK RED PENS
1-BOX KLEENEX
1-DISINFECTANT WIPES
1-PK LOOSE LEAF GRAPH PAPER