

2019-2020 REGISTRATION & IMPORTANT DATES

Mascoutah Elementary School · 533 N. 6th Street · Mascoutah, Illinois · 62258 · (618)-566-2152

DISTRICT REGISTRATION INFORMATION

CENTRALIZED DISTRICT

REGISTRATION:

PreK, K, 1-12th grades

REGISTRATION REQUIREMENTS:

INSTRUCTIONAL FEE:

TRANSPORTATION/DISMISSAL

SCHEDULE:

(K-5)

IMPORTANT: Online Registration will be offered this year, please watch for email updates for more information and instructions. If you choose to register in person, registration will be Wednesday, July 30, 2019 & Thursday, July 31, 2019.



Parents or Legal Guardians are required to bring the following items:

1. A federal or military issued **PHOTO ID** of registering parent/guardian.
2. **2 PROOFS** of residency (dated within 30 days):
 - **First form:** must be the current month's utility bill (gas, water, sewer, electric or landline phone bill).
 - **Second form:** must be one of the following: another utility bill, occupancy permit, lease/rental agreement with last month's rent receipt, driver's license with current address or voter's registration card with current address, real estate tax bill with payment receipt.
 - **OR a notarized *Statement of Residence*** if you reside with a district resident. You are also required to provide the homeowner's proof of residency (2 from the list above) and a current occupancy permit. This form is available online or at the school office.
3. **\$70.00** payment for instructional fees for grades K-5 (cash, check or e funds).
4. **Be prepared to establish your child's dismissal schedule:**
 - Every student must have a **regular dismissal routine set up for Monday – Friday.**
 - Only home addresses farther than 1 ½ miles from school will have bus service.
 - Students are assigned bus stops based on their home address.
 - **One (1) alternate address** will be allowed for *child care only*.

NEW FAMILY TOURS & OPEN HOUSE SCHEDULE

NEW FAMILY TOURS:

Thursday, August 8 – New families are invited to tour the school from **6:00 pm to 7:00 pm**

KINDERGARTEN OPEN HOUSE:

Monday, August 12 – Parents and their kindergartener are invited to meet the teacher, visit the classroom and bring in school supplies.

5:00pm to 5:30pm for students with last names A-M

5:30pm to 6:00pm for students with last names N-Z

GRADES 1-2 OPEN HOUSE:

Monday, August 12 - Parents and students are invited to visit from **5:00pm- 6:30pm**

You'll have the opportunity to meet the teacher, see the classroom and bring in school supplies.

GRADES 3-5 OPEN HOUSE:

Tuesday, August 13 - Parents and students are invited to visit from **5:00pm- 6:30pm**

You'll have the opportunity to meet the teacher, see the classroom and bring in school supplies.

FIRST DAY OF SCHOOL

ALL GRADES K – 5TH

EARLY DISMISSAL FOR ALL

Wednesday, August 14

Grade K - 5..... 8:25am – 11:50am (Kindergarten parent pickups@11:35am)

Adopted 2/19/19

2019-2020 SCHOOL CALENDAR

MASCOUTAH COMMUNITY UNIT SCHOOL DISTRICT No. 19

421 West Harnett, Mascoutah, IL 62258 • Voice 618.566.7414 • Fax 618-448-0507



2019

August 12-13..... In-service Days
 August 14.....Classes Begin (1/2 Day Student Attendance)
 September 2.....Labor Day
 October 11.....Teacher In-service Day (No Student Attendance)
 October 14.....Columbus Day
 October 24-25.....No Student Attendance
 November 11.....Veterans Day
 November 27-29 (Inclusive).....Thanksgiving Break
 December 20.....SIP Day (½ Day Student Attendance)
 December 23-January 3 (Inclusive).....Winter Break

2020

January 6.....Classes Resume
 January 20.....Martin Luther King Day
 February 14.....Teacher In-service Day (No Student Attendance)
 February 17.....President's Day
 March 13.....SIP Day (½ Day Student Attendance)
 April 9-10 (Inclusive).....Spring Break
 May 17.....Mascoutah High School Graduation at 2:00 pm
 May 19.....School Ends (1/2 Day Student Attendance/No Snow Day Used)
 May 25.....Memorial Day
 May 20 - 29.....Make-up Days**

MONTH	ATTENDANCE DAYS	WORKSHOP IN-SERVICE
August	13	2
September	20	
October	19	1
November	17	
December	15	
January	19	
February	18	1
March	21	1
April	20	
May	13	

**Five inclement weather days are included in the calendar. School will end May 19 if no snow days are used. For each additional inclement weather day used, school will be extended as follows:

1. May 20
2. May 21
3. May 22
4. May 26
5. May 27

GRADING PERIODS					
1 st	October 11	42 days	3 rd	March 13	47 days
2 nd	December 20	43 days	4 th	May 19	45 days

PARENT/TEACHER CONFERENCE SCHEDULE

October 24, 5:00 pm – 8:00 pm
 October 25, 12:00 pm - 8:00 pm
 February 13, 5:00 pm – 8:00 pm

Mascoutah Community Unit School District #19

Student Fee Schedule 2019-2020

District Payment Methods: Check, cash, credit card (transaction fees apply)

FOOD SERVICES	
Item	School Year 2019-2020
Breakfast	Per meal
Milk	\$0.50
Grades K-5	\$1.50
Grades 6-12	\$1.60
Reduced	\$0.30
Adult	\$2.35
Lunch	Per meal
Milk	\$0.50
Grades K-5	\$2.45
Grades 6-12	\$2.55
Reduced	\$0.40
Adult	\$3.40

STUDENT FEES*	
Annual Instructional Costs: Textbooks & Educational Software (K-5 = \$50, 6-8 = \$65, 9-12 = \$75), Curriculum Materials (K-5 = \$15, 6-8 = \$30, 9-12 = \$40), Planners (K-8 = \$5), Chromebook rental (6-12 = \$60)	
Pre-K	\$0.00
Elementary School (K-5)	\$70.00
Middle School (6-8)	\$160.00
High School (9-12)	\$175.00

NON-WAIVABLE STUDENT FEES

Item	School Year 2019-2020
Technology (6-12)	
Student Use Charge (Chromebook Management Programs & Licenses)	\$20.00
High School (9-12)	
Athletics	\$55.00 per activity \$110.00 max per student \$220.00 max per family
Drivers Ed - Regular** & Summer	\$200.00
MHS Band/Show Choir/Color Guard (travel, instrument replacement, show creation, professional services)	\$50.00 per activity \$100.00 max per student \$200.00 max per family
PE Shirt/Shorts***	\$8.00/each
ROTC (paid one time during student's time in the program)	\$50.00
School Year Parking Permit	\$50.00
Summer School	\$125.00/class
Yearbook	\$65.00
Zero Hour****	\$125.00/class
Middle School (6-8)	
Athletics	\$30.00 per activity \$60.00 max per student \$120.00 max per family
PE Shirt/Shorts***	\$8.00/each
Elementary School (K-5)	
Extended Time Program - Before School Care*****	\$5/child per day
Extended Time Program - After School Care*****	\$10/child per day

**If you attend any days in a quarter, the quarter fees are not refundable.*

***Drivers Ed fee can be waived for students who qualify with a fee waiver.*

****One (1) set of PE Shirt/Shorts can be waived for students who qualify with a fee waiver.*

*****Only charged if the class the student is taking causes an overload for the teacher.*

******\$20 maximum charge per day for families.*

Health Requirements and Exclusions of Elementary School Students

- ✓ **All returning and new students entering Pre-Kindergarten, Kindergarten:** must meet the Physical Exam & Immunization requirements **on the first day of school**. Failure to provide these requirements will result in exclusion from school until appropriate health records are provided
- ✓ **Students transferring from an Illinois school:** Student's health records will be requested from the previous school. They will be verified by the nurse and parents/guardians will be notified if there are any questions or concerns. It is required that we receive copies of the health records within 30 days of enrollment. Failure to provide these requirements will result in exclusion from school until appropriate health records are provided
- ✓ **Students transferring from out of state or out of country (regardless of grade):** will have 30 days to provide the following requirements listed below (all exams must be completed on the Illinois forms):

Pre-Kindergarten:	Physical Exam	Immunization Record		
Kindergarten:	Physical Exam	Immunization Record	Vision Exam	Dental Exam
1st Grade:	Physical Exam	Immunization Record	Vision Exam	
2nd Grade:	Physical Exam	Immunization Record	Vision Exam	Dental Exam
3rd Grade:	Physical Exam	Immunization Record	Vision Exam	
4th Grade:	Physical Exam	Immunization Record	Vision Exam	
5th Grade:	Physical Exam	Immunization Record	Vision Exam	

- ✓ **All students who register after the start of the current school year:** will have 30 days following enrollment to comply with the health requirements listed above. Physical exams, immunization records, and vision exams must be returned to the nurse within **30 days of enrollment**.
- ✓ **All current Illinois students transferring into or entering Kindergarten and 2nd Grade** are required to submit a dental exam **no later than May 15th** of the current school year.

EXCLUSION POLICY: Unless an exemption or extension applies, failure to provide these requirements will result in exclusion from school until appropriate health records are provided.

Vision exams: for students new to Illinois a vision exam, on the Illinois form, must be completed by an optometrist or ophthalmologist and turned in to the nurse within 30 days of the start of school.

Dental exams: for students new to Illinois a dental exam, on the Illinois form, must be completed and turned in to the nurse any time throughout the year, but **no later than May 15th**.

Medications: If your child requires any medications while at school (prescription or over-the-counter) a Medication Form must be completed and signed by the doctor and a parent. Medications will be kept at school until the end of the year and must be picked up by a parent or will be appropriately discarded.

Allergies: If your child has any food allergies or special health needs, we request a form to be completed by the physician. Please contact the school nurse for the appropriate form.



State of Illinois Certificate of Child Health Examination

Student's Name				Birth Date	Sex	Race/Ethnicity	School /Grade Level/ID#
Last	First	Middle		Month/Day/Year			
Address				Parent/Guardian	Telephone # Home	Work	
Street	City	Zip Code					

IMMUNIZATIONS: To be completed by health care provider. The mo/da/yr for every dose administered is required. If a specific vaccine is medically contraindicated, a separate written statement must be attached by the health care provider responsible for completing the health examination explaining the medical reason for the contraindication.

REQUIRED Vaccine / Dose	DOSE 1			DOSE 2			DOSE 3			DOSE 4			DOSE 5			DOSE 6		
	MO	DA	YR	MO	DA	YR	MO	DA	YR	MO	DA	YR	MO	DA	YR	MO	DA	YR
DTP or DTaP																		
Tdap; Td or Pediatric DT (Check specific type)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Polio (Check specific type)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hib Haemophilus influenza type b																		
Pneumococcal Conjugate																		
Hepatitis B																		
MMR Measles Mumps. Rubella																		
Varicella (Chickenpox)																		
Meningococcal conjugate (MCV4)																		
RECOMMENDED, BUT NOT REQUIRED Vaccine / Dose																		
Hepatitis A																		
HPV																		
Influenza																		
Other: Specify Immunization Administered/Dates																		

Comments:

Health care provider (MD, DO, APN, PA, school health professional, health official) verifying above immunization history must sign below. If adding dates to the above immunization history section, put your initials by date(s) and sign here.

Signature	Title	Date
Signature	Title	Date

ALTERNATIVE PROOF OF IMMUNITY

- Clinical diagnosis (measles, mumps, hepatitis B) is allowed when verified by physician and supported with lab confirmation. Attach copy of lab result.
 *MEASLES (Rubeola) MO DA YR **MUMPS MO DA YR HEPATITIS B MO DA YR VARICELLA MO DA YR
- History of varicella (chickenpox) disease is acceptable if verified by health care provider, school health professional or health official. Person signing below verifies that the parent/guardian's description of varicella disease history is indicative of past infection and is accepting such history as documentation of disease.
 Date of Disease Signature Title
- Laboratory Evidence of Immunity (check one) Measles* Mumps** Rubella Varicella Attach copy of lab result.
 *All measles cases diagnosed on or after July 1, 2002, must be confirmed by laboratory evidence.
 **All mumps cases diagnosed on or after July 1, 2013, must be confirmed by laboratory evidence.

Completion of Alternatives 1 or 3 MUST be accompanied by Labs & Physician Signature: _____
 Physician Statements of Immunity MUST be submitted to IDPH for review.

Parent Section: Please Complete and Sign

Parent Section: Please Complete and Sign

Last			First			Middle			Birth Date Month/Day/ Year			Sex	School			Grade Level/ ID	
HEALTH HISTORY TO BE COMPLETED AND SIGNED BY PARENT/GUARDIAN AND VERIFIED BY HEALTH CARE PROVIDER																	
ALLERGIES (Food, drug, insect, other)			Yes	No	List:			MEDICATION (Prescribed or taken on a regular basis.)			Yes	No	List:				
Diagnosis of asthma?			Yes	No				Loss of function of one of paired organs? (eye/ear/kidney/testicle)			Yes	No					
Child wakes during night coughing?			Yes	No				Hospitalizations? When? What for?			Yes	No					
Birth defects?			Yes	No				Surgery? (List all.) When? What for?			Yes	No					
Developmental delay?			Yes	No				Serious injury or illness?			Yes	No					
Blood disorders? Hemophilia, Sickle Cell, Other? Explain.			Yes	No				TB skin test positive (past/present)?			Yes*	No	*If yes, refer to local health department.				
Diabetes?			Yes	No				TB disease (past or present)?			Yes*	No					
Head injury/Concussion/Passed out?			Yes	No				Tobacco use (type, frequency)?			Yes	No					
Seizures? What are they like?			Yes	No				Alcohol/Drug use?			Yes	No					
Heart problem/Shortness of breath?			Yes	No				Family history of sudden death before age 50? (Cause?)			Yes	No					
Heart murmur/High blood pressure?			Yes	No				Dental <input type="checkbox"/> Braces <input type="checkbox"/> Bridge <input type="checkbox"/> Plate <input type="checkbox"/> Other									
Dizziness or chest pain with exercise?			Yes	No				Information may be shared with appropriate personnel for health and educational purposes.									
Eye/Vision problems? _____ Glasses <input type="checkbox"/> Contacts <input type="checkbox"/> Last exam by eye doctor _____																	
Other concerns? (crossed eye, drooping lids, squinting, difficulty reading)																	
Ear/Hearing problems?			Yes	No				Parent/Guardian Signature			Date						
Bone/Joint problem/injury/scoliosis?			Yes	No													
PHYSICAL EXAMINATION REQUIREMENTS Entire section below to be completed by MD/DO/APN/PA																	
HEAD CIRCUMFERENCE if < 2-3 years old			HEIGHT			WEIGHT			BMI			B/P					
DIABETES SCREENING (NOT REQUIRED FOR DAY CARE) BMI > 85% age/sex Yes <input type="checkbox"/> No <input type="checkbox"/> And any two of the following: Family History Yes <input type="checkbox"/> No <input type="checkbox"/> Ethnic Minority Yes <input type="checkbox"/> No <input type="checkbox"/> Signs of Insulin Resistance (hypertension, dyslipidemia, polycystic ovarian syndrome, acanthosis nigricans) Yes <input type="checkbox"/> No <input type="checkbox"/> At Risk Yes <input type="checkbox"/> No <input type="checkbox"/>																	
LEAD RISK QUESTIONNAIRE: Required for children age 6 months through 6 years enrolled in licensed or public school operated day care, preschool, nursery school and/or kindergarten. (Blood test required if resides in Chicago or high risk zip code.) Questionnaire Administered? Yes <input type="checkbox"/> No <input type="checkbox"/> Blood Test Indicated? Yes <input type="checkbox"/> No <input type="checkbox"/> Blood Test Date _____ Result _____																	
TB SKIN OR BLOOD TEST Recommended only for children in high-risk groups including children immunosuppressed due to HIV infection or other conditions, frequent travel to or born in high prevalence countries or those exposed to adults in high-risk categories. See CDC guidelines. http://www.cdc.gov/tb/publications/factsheets/testing/TB_testing.htm . No test needed <input type="checkbox"/> Test performed <input type="checkbox"/> Skin Test: Date Read / / Result: Positive <input type="checkbox"/> Negative <input type="checkbox"/> mm _____ Blood Test: Date Reported / / Result: Positive <input type="checkbox"/> Negative <input type="checkbox"/> Value _____																	
LAB TESTS (Recommended)		Date		Results			Date		Results								
Hemoglobin or Hematocrit				Sickle Cell (when indicated)													
Urinalysis				Developmental Screening Tool													
SYSTEM REVIEW	Normal	Comments/Follow-up/Needs					Normal	Comments/Follow-up/Needs									
Skin							Endocrine										
Ears		Screening Result:					Gastrointestinal										
Eyes		Screening Result:					Genito-Urinary	LMP									
Nose							Neurological										
Throat							Musculoskeletal										
Mouth/Dental							Spinal Exam										
Cardiovascular/HTN							Nutritional status										
Respiratory		<input type="checkbox"/> Diagnosis of Asthma					Mental Health										
Currently Prescribed Asthma Medication:							Other										
<input type="checkbox"/> Quick-relief medication (e.g. Short Acting Beta Agonist)																	
<input type="checkbox"/> Controller medication (e.g. inhaled corticosteroid)																	
NEEDS/MODIFICATIONS required in the school setting						DIETARY Needs/Restrictions											
SPECIAL INSTRUCTIONS/DEVICES e.g. safety glasses, glass eye, chest protector for arrhythmia, pacemaker, prosthetic device, dental bridge, false teeth, athletic support/cup																	
MENTAL HEALTH/OTHER Is there anything else the school should know about this student? If you would like to discuss this student's health with school or school health personnel, check title: <input type="checkbox"/> Nurse <input type="checkbox"/> Teacher <input type="checkbox"/> Counselor <input type="checkbox"/> Principal																	
EMERGENCY ACTION needed while at school due to child's health condition (e.g., seizures, asthma, insect sting, food, peanut allergy, bleeding problem, diabetes, heart problem)? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe.																	
On the basis of the examination on this day, I approve this child's participation in _____ (If No or Modified please attach explanation.)																	
PHYSICAL EDUCATION Yes <input type="checkbox"/> No <input type="checkbox"/> Modified <input type="checkbox"/> INTERSCHOLASTIC SPORTS Yes <input type="checkbox"/> No <input type="checkbox"/> Modified <input type="checkbox"/>																	
Print Name			(MD, DO, APN, PA) Signature			Date											
Address						Phone											



PROOF OF SCHOOL DENTAL EXAMINATION FORM

To be completed by the parent (please print):

Student's Name:	Last	First	Middle	Birth Date: (Month/Day/Year)
				/ /
Address:	Street	City	ZIP Code	Telephone:
Name of School:	Grade Level:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Parent or Guardian:	Address (of parent/guardian):			

To be completed by dentist:

Oral Health Status (check all that apply)

- Yes No **Dental Sealants Present**

- Yes No **Caries Experience / Restoration History** — A filling (temporary/permanent) OR a tooth that is missing because it was extracted as a result of caries OR missing permanent 1st molars.

- Yes No **Untreated Caries** — At least 1/2 mm of tooth structure loss at the enamel surface. Brown to dark-brown coloration of the walls of the lesion. These criteria apply to pit and fissure cavitated lesions as well as those on smooth tooth surfaces. If retained root, assume that the whole tooth was destroyed by caries. Broken or chipped teeth, plus teeth with temporary fillings, are considered sound unless a cavitated lesion is also present.

- Yes No **Soft Tissue Pathology**

- Yes No **Malocclusion**

Treatment Needs (check all that apply)

- Urgent Treatment** — abscess, nerve exposure, advanced disease state, signs or symptoms that include pain, infection, or swelling

- Restorative Care** — amalgams, composites, crowns, etc.

- Preventive Care** — sealants, fluoride treatment, prophylaxis

- Other** — periodontal, orthodontic

Please note _____

Signature of Dentist _____

Date of Exam _____

Address _____
Street
City
ZIP Code

Telephone _____





DENTAL EXAMINATION WAIVER FORM

Please print:

Student's Name:	Last	First	Middle	Birth Date: (Month/Day/Year)
				/ /
Address:	Street	City	ZIP Code	Telephone:
Name of School:	Grade Level:		Gender:	
			<input type="checkbox"/> Male <input type="checkbox"/> Female	
Parent or Guardian:	Address (of parent/guardian):			

I am unable to obtain the required dental examination because:

- My child is enrolled in the free and reduced lunch program and is not covered by private or public dental insurance (Medicaid/All Kids).
- My child is enrolled in the free and reduced lunch program and is ineligible for public insurance (Medicaid/All Kids).
- My child is enrolled in Medicaid/All Kids, but we are unable to find a dentist or dental clinic in our community that is able to see my child and will accept Medicaid/All Kids.
- My child does not have any type of dental insurance, and there are no low-cost dental clinics in our community that will see my child.

Signature _____

Date _____



Illinois law requires that proof of an eye examination by an optometrist or physician (such as an ophthalmologist) who provides eye examinations be submitted to the school no later than October 15 of the year the child is first enrolled or as required by the school for other children. The examination must be completed within one year prior to the first day of the school year the child enters the Illinois school system for the first time. The parent of any child who is unable to obtain an examination must submit a waiver form to the school.

Student Name _____
(Last) (First) (Middle Initial)

Birth Date _____ Gender _____ Grade _____
(Month/Day/Year)

Parent or Guardian _____
(Last) (First)

Phone _____
(Area Code)

Address _____
(Number) (Street) (City) (ZIP Code)

County _____

To Be Completed By Examining Doctor

Case History

Date of exam _____

Ocular history: Normal or Positive for _____

Medical history: Normal or Positive for _____

Drug allergies: NKDA or Allergic to _____

Other information _____

Examination

	Distance			Near
	Right	Left	Both	Both
Uncorrected visual acuity	20/	20/	20/	20/
Best corrected visual acuity	20/	20/	20/	20/

Was refraction performed with dilation? Yes No

	Normal	Abnormal	Not Able to Assess	Comments
External exam (lids, lashes, cornea, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Internal exam (vitreous, lens, fundus, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Pupillary reflex (pupils)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Binocular function (stereopsis)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Accommodation and vergence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Color vision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Glaucoma evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Oculomotor assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

NOTE: "Not Able to Assess" refers to the inability of the child to complete the test, not the inability of the doctor to provide the test.

Diagnosis

Normal Myopia Hyperopia Astigmatism Strabismus Amblyopia

Other _____



Recommendations

1. Corrective lenses: No Yes, glasses or contacts should be worn for:
 Constant wear Near vision Far vision
 May be removed for physical education

2. Preferential seating recommended: No Yes

Comments _____

3. Recommend re-examination: 3 months 6 months 12 months

Other _____

4. _____

5. _____

Print name _____
 Optometrist or physician (such as an ophthalmologist)
 who provided the eye examination MD OD DO

License Number _____

Address _____

Phone _____

Consent of Parent or Guardian
 I agree to release the above information on my child
 or ward to appropriate school or health authorities.

 (Parent or Guardian's Signature)

 (Date)

Signature _____

Date _____

(Source: Amended at 32 Ill. Reg. _____, effective _____)

WELCOME TO MASCOUTAH ELEMENTARY SCHOOL

BUILDING INFORMATION

Mascoutah Elementary School
533 N 6th Street, Mascoutah, IL 62258

Phone# 618-566-2152

Fax# 618-566-8543

Office hours: 8:00 a.m. – 4:00 p.m.

Kim Enriquez, Principal

Sandra Litteken, Assistant Principal

Trevor Reed, Dean of Students

STUDENT SCHOOL TIMES

Kindergarten - Fifth Grade:

8:25 a.m. – 3:25 p.m.

TEACHER HOURS

8:00 a.m. – 3:50 p.m.

DISTRICT & SCHOOL WEBSITE

www.mascoutah19.k12.il.us

THE TYPICAL ELEMENTARY SCHOOL DAY AT MES

Elementary school begins at 8:25 a.m. It is important that your child be at school on time every day. Breakfast is offered daily in the cafeteria from 8:00 a.m. until 8:20 a.m. The cost for breakfast is \$1.50. This includes a hot meal with milk or juice. Yogurt or cereal is available as a substitute for the hot meal. Lunch begins at 11:00 a.m. and ends at 1:00 p.m. Lunch times are assigned by grade. The cost of lunch is \$2.45. Your child may select the hot lunch offered or a peanut butter and jelly sandwich. Lunch includes milk or a juice. Additional milk will cost \$0.50. If your child forgets his/her lunch, you can bring it to the school office.

Primary students will typically spend the day with their homeroom teacher and will change classrooms for computers, music and physical education. Students in the Intermediate grade levels may have different teachers for math, reading, social studies, and science. Most students change classrooms for computers, art, music, and physical education and are taught these subjects by teachers who specialize in these areas.

All elementary students have two 15 minute recesses each day where they can play and socialize. Weather permitting, recess is held outdoors. Students will stay inside if the temperature or the wind chill is 20 degrees or below.

At the end of the day, students are dismissed through an orderly process. Check with the school for information about specific dismissal procedures for bus riders, walkers, and students picked up by parents. Some homework is assigned in grades kindergarten through fifth. As a student progresses through the grades, the homework will increase. Mascoutah District #19 school personnel feel that homework is an integral part of the educational process. The practices of homework strengthen study skills, enrich learning, and develop organizational and time management skills.

CURRICULUM

Illinois adopted the Common Core in 2010 and teachers and administrators across the state began fully implementing the new standards during the 2013-14 school year. The Common Core State Standards establish clear expectations for what students should learn in English language arts and mathematics at each grade level. You can read detailed information about Common Core on the Illinois State Board of Education website. Here are links to learn about Common Core and Illinois Standards:

<https://www.engageny.org/>

<https://www.isbe.net/Pages/Learning-Standards.aspx>

WELCOME TO MASCOUTAH ELEMENTARY SCHOOL

EXTRACURRICULAR ACTIVITIES

Elementary school offers a variety of activities to students in the 5th grade (during and after school), such as Band, Environmental Club, and Read Right & Run. School also may partner with outside organizations to provide other opportunities throughout the year for all students to participate in (i.e. Brickz for Kidz, Mad Science, etc.).

EXTENDED TIME PROGRAM

Mascoutah School District Extended Time (E.T.) is a Before School Care and After School Care program providing safe, reliable care for children.

Extended Time is a tuition-based childcare program. Students enrolled in Kindergarten through fifth grade at *Mascoutah Elementary*, are eligible to register for E.T. The program will operate only on days when school is in session. For information about our E.T. Program, please contact the school office.

IMMUNIZATIONS AND HEALTH REQUIREMENTS

Illinois State Law requires all students to have proof of a current physical exam, immunization record, eye exam and dental exam on file with the school nurse. Detailed information about immunization and health requirements are on the school website and in your new student packet.

FREE OR REDUCED LUNCH PROGRAM

Your children may qualify for free milk/meals or for reduced price meals. Applications will be available at the district registration or throughout the year in the school office. If you have any questions, please contact the Food Service department at 618-448-0800 extension 3702.

TRANSPORTATION

Bus service is available for all those living more than 1 1/2 miles from the school. In our efforts to continue efficiency in our bus routing we request the following from the parents;

- Every student should have a regular dismissal routine for all days of the week, established at registration.
- Please contact the school office or bus garage for busing eligibility questions.

TEACHER PLACEMENT

Teacher placement shall be the responsibility of the principal. Parents will be notified of their student's teacher at the district registration in July.

FIRST DAY INFORMATIONAL PACKET

At the end of the first school day your child will bring home a parent informational packet. This First Day Packet contains important information for you, your child and the school. Several items need to be read, signed and returned to the school. Please do so at your earliest convenience.

SKYWARD FAMILY ACCESS

Through Skyward Family Access parents/guardians have access, via the Internet, to their child's schedule, grades, assignments, attendance, demographics, cafeteria balances and payments.

EFUNDS

Efunds allows parents to check lunch account balances online, and make secure payments using their checking account, debit or credit cards. Payments can also be made for school and student fees.

SCHOOL VOLUNTEERS

MES welcomes volunteers in our school. All volunteers must complete an application process before volunteering. Please contact the school office for more information.

CUSTODY GUIDELINES

Unless otherwise informed, the School District, will presume that there are no restrictions regarding the non-custodial parent's rights. If restrictions exist, the custodial parent or guardian is responsible for submitting the appropriate legal documents. Only a legal document can prevent a parent from participating in school activities or removing the child from school property. Please submit legal documents pertaining to custody or guardianship to the school office.

SPECIAL EDUCATION

For more information, please contact the Special Education department at 566-7414 extension 3117.

**WE LOOK FORWARD TO A WONDERFUL
SCHOOL YEAR WITH YOU.**

Mascoutah School District

New School & District Websites

Starting March 1st, 2019, our school district moved to a new website provider: *Apptegy*. We will be using this new website for building pages in conjunction with *Google Sites* for our faculty and staff pages.

Download the new mobile app through your app store.



It's everything Mascoutah 19,
in your pocket.

Cafeteria Menus · Events · Staff Directory · Alerts · Athletics



Stay well-informed. Find up to date information in all these easy to access places:

- **MCUSD19 Website** <http://msd19.org>
- **MES Website** <http://mes.msd19.org>
- **Twitter** @m19_MES
- **Digital Backpack:** an informational page on our website where school and community fliers can be accessed in one spot.
http://mes.msd19.org/for_parents/digital_backpack
- **Information Center:** paper handouts are kept on the wall in the front office & lobby
- **Mascoutah School District** mobile apps, downloadable through your app store
- **Facebook:** Mascoutah School District 19, the official Facebook page
- **MES Newsletter:** added to the website each month

Dismissal & Transportation Procedure

To Parents/Guardians:

Efficient bus service is available for all those living more than 1½ miles from the school. Bus service is provided from home to school and the return trip home.

In our efforts to continue providing efficient bus service and a safe dismissal process for our students, we have established these guidelines:

- Every student must have a **REGULAR dismissal routine** set up in advance for each day of the week.
- Students are assigned bus stops based on their home address.
- Students will be allowed **ONE alternate address for child care purposes only**.
- For your child's safety, no change of dismissal will be made unless the teacher or office has received **ADVANCED WRITTEN NOTIFICATION in the morning** from the parent/guardian (with detailed information and a parent/guardian's signature).
- We will not take transportation changes over the phone.
- Parents of Kindergarten students are expected to be at the bus stop at the drop-off time.
- No Shows: Students who are not picked up promptly at dismissal time or from the bus stop, will be sent to the after school care program and billed accordingly. (E.T. Program - After School Care—\$20.00 registration fee plus a \$10.00 daily fee).

IMPORTANT: WE DO NOT ACCEPT END OF THE DAY DISMISSAL CHANGES OVER THE PHONE, UNLESS IT IS A TRUE EMERGENCY. We realize that some changes might happen throughout the day. In these situations, **we ask that you make arrangements that will not disrupt your child's regular routine (i.e. have a friend or relative pick up your child at their bus stop, have an emergency contact pick them up from school).** *Changes in parent work schedules, doctor appointments, or the scheduling of play dates are not considered emergencies. It is very important to adhere to a consistent dismissal routine. If you do have an emergency please try to call before 1:00 p.m.

If your child's dismissal schedule and transportation should need to change permanently, due to a change in employment, childcare or home address, please notify the school office in writing at once.

Overcrowding:

To avoid school bus over-crowding, it is necessary to limit the riders to only those students assigned to that particular bus route. **Please do not send a note with your child asking to ride a different bus with a friend or to bring a friend home.** This procedure will be applied to all students and to all buses.

Thank you for your cooperation

MES Student Arrival & Drop off

Mascoutah is committed to providing a safe and enjoyable learning environment. This information highlights procedures that will allow us to provide maximum safety for students as they arrive to and leave school daily. We recognize the importance of the school and community working together and request that you read this information carefully and share this information with others that will drop off and pick up your children. Adherence to these procedures and to the staffs' directions is required of all MES students and families.

MORNING ARRIVAL & DROP OFF PROCEDURES:

8:00 a.m. - 8:20 a.m.

(Students not in their seats at 8:25 am will be marked tardy.)

Designated doors are unlocked at 8:00am for students to enter. **Please do not drop off before 8:00 am.** MES Extended Time-Before School Care, a tuition-based childcare program, is available for those needing an earlier drop off (7:00am-8:00am). Please see the office for registration information. **Students dropped off to early and left unsupervised will be brought to Before School Care and a fee will be charged.** ALL Students arriving after 8:25am must enter through the front doors and be signed in at

IMPORTANT: Only students who walk or ride their bikes, may enter the building through the back **DOOR #10 & DOOR #22** from 8:00am-8:20am. **DO NOT drop students off in the back lot off Poplar Street.** This parking lot is a designated **SAFE ZONE** for our students that walk and bike to school, staff parking, and Special Ed. busing. **Most importantly, students that bike and walk to school pass through the back lot each morning.** Our priority must be placed on making student's arrival as safe as possible and to do so we must reduce the amount of unnecessary traffic in the back lot. Safety is a shared responsibility, please drop off in the front drive only.

the office by a parent. Parents and visitors must enter only through the main front doors.

BUS RIDER - Buses for all students will enter the busing lane (behind the school) from the south and pull to the north. Three buses at a time will unload students. The students will walk together into the building at a designated door. NO parents or cars are permitted in the bus lane at any time.

CAR RIDER – All students will be dropped off in the **FRONT CIRCLE DRIVE ONLY.** Drivers will line up single file in the **CARPOOL LANE (the RIGHT SIDE)** to drop off car riders in the morning. PLEASE PULL all the way FORWARD in the yellow zone as far as you can. Please follow staffs' directions. Students must exit the car on the RIGHT side only, away from merging traffic. Parents will remain in their cars and be prepare to move quickly once students exit the car. Depending on how far a parent is asked to pull up in the carpool lane, a student may enter the building at **DOOR #7** or the front **DOOR #1.** Staff supervision is provided in the carpool lane and throughout the building to help with the arrival process.

PARKING PARENTS - Parking is limited, please be patient. We strongly encourage using the carpool option. If you need to park to help your child from the car, hug them good-bye, etc. please pull to the **LEFT SIDE** of the front circle. **Pull forward to one of the farthest available parking spots.** Students must exit the car on the LEFT side only, away from merging traffic. Parents must walk with the child on the sidewalk to the marked crosswalk located across from **DOOR #7** or the front **DOOR #1** and deliver the child safely to the sidewalk in front of school. Parents will use the crosswalk to return to the car and wait patiently to pull away using the middle merge lane.

MES Student Pick Up & Bus Riders

AFTERNOON PICK UP PROCEDURE:

3:10 p.m - 3:25 p.m.

(Students not picked up by 3:30 will be brought to the office and parents will be called. At 3:35 students will be sent to *Extended Time and parents will be charge a fee).

All students will be dismissed according to their dismissal schedule and their dismissal status:
"WALKER/BIKE RIDER" or "CAR RIDER/PICK UP" or "BUS RIDER"

WALKER/BIKE RIDER (unescorted) - Students given written consent to walk or bike home will be dismissed from their teachers, exit designated doors in the rear of the building and have the opportunity to be off school property before the buses pull away from the bus lane.

CAR RIDER/PICK UP - Students will be supervised by staff and exit the building through designated doors. To assist with parent pickup, parents with multiple students (K-5) will only need to pick up in one location. Older siblings will travel in the building, prior to dismissal, to the younger siblings classroom. Parents will pick up at the youngest child's location only. ONLY parents of kindergarten students should be in the front drive at 3:10. ALL other parents should wait to arrive when kindergarten dismissal is over (apx. 3:20).

BUS RIDER - students will be escorted to the designated door to await the arrival of busses. Once busses have arrived students will exit the building together and board their assigned buses.

IMPORTANT: There will be no last minute student pick ups allowed after 3:00. If your student is a bus rider or a walker and written notice was not sent in advance they will proceed to their dismissal location and follow their regular procedure. If you need to pick up your child early and you did not write a note you must arrive **before 3:00pm** and sign them out in the office.

Dismissal Times & Locations by Grade:

- 3:10 - ALL Kindergarten** students (and older siblings) will exit the front door, cross the circle drive with their teachers, and wait for parents in the grassy area (look for the "Kindergarten" sign). *All parents must **PARK** on the left side in the front drive, pull forward to one the farthest available spot and pick up your child(ren) from the teacher. ONLY kindergarten parents should be in the front drive at this time.*
- 3:20 - ALL 1st Grade** students (and older siblings) will exit the back door under the covered walkway at **DOOR# 22**. *Parents must **PARK** in the north staff parking lot or on Harnett St., walk up and wait near the primary playground. Your child(ren) will come to you.*
- 3:25 - 2nd Grade** students (and older siblings) will exit the front of the building. Mrs. Ferguson and the new 2nd grade teacher's students will exit north of the little gym at **DOOR# 25**. Mrs. Bean, Mrs. Porter and Mrs. Suedmeyer's students will exit through the main doors at **DOOR# 01**. *Parents should pull into the right side of the circle drive, stay in your car and your child(ren) will be delivered to you by the teacher.*
- 3:25 - 3rd Grade** students (and older siblings) will exit the front of the building south of the Big Gym at **DOOR# 07**. *Parents should pull into the right side of the circle drive, stay in your car and your child(ren) will be delivered to you by their teacher.*
- 3:25 - 4th Grade** students will exit the BACK door leading to the south staff parking lot at **DOOR# 10**. *Parents will form a single file line in the staff parking lot, stay in your car and your child(ren) will come to you.*
- 3:25 - 5th Grade** students will exit the BACK door leading to the south staff parking lot at **DOOR# 10**. *Parents will form a single file line in the staff parking lot, stay in your car and your child(ren) will come to you.*
- 3:25 - 5th Grade BAND** students ONLY will exit from the Annex building on Harnett St. *Parents will form a single file line on Harnett in alongside the building, stay in your car and your child(ren) will come to you. Please pick up your other students at their designated location FIRST before coming to the Annex building.*

CARPOOL LANE (the RIGHT SIDE)

While waiting in the carpool lane parents must remain inside the car to wait for their student.

PARKING (the LEFT SIDE) Parents wanting to meet with a teacher or come to the office can park on the left side of the

2019-2020 Mascoutah Elementary School Supply List

PRIMARY GRADES

	KINDERGARTEN	FIRST GRADE	SECOND GRADE	MRS FANOUS Homeroom
1	Backpack-no wheels, <u>labeled</u>	1 Back pack-no wheels, <u>labeled</u>	1 Back pack-no wheels, <u>labeled</u>	1 Back pack-no wheels, <u>labeled</u>
1	Rest Towel- Bath or Beach ONLY , <u>labeled</u>	1 Rest Towel- Bath or Beach <u>Only</u> , <u>labeled</u>	1 Binder-3 ring, 1in, flexible (no zippers)	1 Change of clothes- in a Zip-lock bag, <u>labeled</u>
1	Change of clothes- in a Zip-lock bag, <u>labeled</u>	1 Change of clothes- in a Zip-lock bag, <u>labeled</u>	1 Change of clothes- in a Zip-lock bag, <u>labeled</u>	4pks Crayons-Crayola (24ct)
1pk	Crayons-Crayola Triangular Crayons-(8ct)	2 Coloring Books or Activity Books	1pk Crayons-Crayola (24ct)	1 Eraser - large
2	Erasers-large, pink (girls only)	2pk Crayons-Crayola (24ct)	2 Erasers-large	12 Glue-Elmers Sticks-washable, no gel
12	Glue- Elmers Sticks-washable, no gel	1 Eraser - large	3 Folders-2 pocket, 3 hole punched	1 Headphones, in a <u>labeled</u> Zip-lock bag (no ear buds)
1	Hand Sanitizer, 8oz bottle (boys only)	1 Folder-2 pocket, plain (no pictures)	to fit in binder, no prongs.	1pk Markers-Crayola classic-washable (8ct)
2	Highlighters-(Yellow)	1 Glue-Elmers bottle-washable, 4oz	Colors: 1 BLUE, 1 RED and 1 YELLOW	1pk Markers- Expo Dry Erase-low odor (Blk-fine point)
1pk	Markers-Crayola Classic Broad Line (10ct)	4 Glue-Elmers Sticks-washable, no gel	1 Glue-Elmers bottle-washable, no gel*	1 Notebook-Spiral, 1 subject, wide ruled
4	Markers- Expo Dry Erase-low odor (Black)	1 Headphones, in a <u>labeled</u> Zip-lock bag (no ear buds)	10 Glue-Elmers Sticks-washable, no gel*	1 Paint Shirt-oversized to wear over clothes
1	Paint Shirt-adult size to wear over clothes	2pk Markers-Crayola classic-washable (8ct)	1 Headphones, in a <u>labeled</u> Zip-lock bag (no ear buds)	2 Paper Towel Rolls
1	Paper towel roll (boys only)	2pk Markers-Expo Dry Erase-low odor (Blk-fine point)	1 Hand Sanitizer, 8oz bottle (girls only)*	24 Pencils #2-Ticonderoga brand
8	Pencils #2-Ticonderoga My First Tri-Write	1 Notebook-Spiral, 1 subject, wide ruled	2 Highlighters-2 different colors	4 Play-Doh cans, 3oz
1pr	Tennis Shoes-VELCRO for PE, <u>labeled</u>	1 Paint Shirt-oversized to wear over clothes	1pk Markers-Crayola classic-washable (8ct)	1 Scissors - Fiskar brand
2	Tissue Boxes	1 Paper Towel Roll (girls only)	8 Markers- Expo Dry Erase-low odor*	1pr Tennis Shoes for PE, <u>labeled</u>
1	Wipes-Clorox Disinfecting	2pk Pencils Colored-sharpened (12ct)	1 Notebook-Spiral, 1 subject, wide ruled	2 Tissue Boxes*
1	Zip-lock Bags-quart size (girls only)	48 Pencils #2-sharpened.	1 Paint Shirt-oversized to wear over clothes	1 Wipes-Clorox Disinfecting*
***	Please only purchase the BRAND NAMES for items in BOLD PRINT listed above.	2 Play-Doh cans (3oz)	1 Paper Towel roll (boys only)*	1 Wipes-Baby*
***	Kindergarten: label ONLY the backpack, PE shoes, rest towel, ALL clothing items and outer garments. DO NOT label ANYTHING ELSE ***	2 Scissors-Fiskar brand	1 Pencil Box-small plastic	1 Zip-lock Bags-1 quart*
	It is suggested that you also have the following supplies on hand at home: Crayons, Pencils, Unlined Paper, Washable Markers, Scissors, Glue	1 Supply Box, 5x8	1pk Pencils Colored-sharpened (12ct)	1 Zip-lock Bags-1 gallon*
		1pr Tennis Shoes for PE, <u>labeled</u>	48 Pencils #2-sharpened*	
		2 Tissue Boxes	1pk Post-it Notes-3x3 square	
		1pk Watercolor Paint w/brush	2 Scissors - Fiskar brand	
		1 Wipes-Clorox Disinfecting	1pr Tennis Shoes for PE, <u>labeled</u>	
		1 Zip-lock Bags-sandwich or gallon	2 Tissue Boxes*	
		1st Grade: label ONLY the items marked <u>labeled</u>	1 Wipes-Clorox Disinfecting	
		*** DO NOT label ANYTHING ELSE ***	1 Zip-lock Bags-sandwich*	
			1 Zip-lock Bags-1gallon*	

Parents: Items marked with an asterisk (*) will be collected as a class set and shared in the classroom. Please do not label these shared* items.

Please put your child's name on all other supplies, as well as backpack, lunchbox, eyeglass case, coats, jackets, hats, etc.

Please only purchase the **BRAND NAMES** for the items in **BOLD PRINT** listed above.

If your child has special needs and should not share certain items, please let the teacher know.

2019-2020 Mascoutah Elementary School Supply List

INTERMEDIATE GRADES

THIRD GRADE	FOURTH GRADE	FIFTH GRADE
1 Back pack-no wheels, <u>labeled</u> 1 Change of clothes- in a Zip-lock bag, <u>labeled</u> 1pk Colored Pencils- <u>sharpened</u> (12ct) 1pk Crayons-Crayola (24ct) 1 Ear buds or Headphones, in a <u>labeled</u> Zip-lock bag 2 Eraser-large 2 Folders-2 pocket with 3 prong fasteners* Colors: 1 RED, 1 YELLOW 4 Glue-Elmers Sticks-washable, no gel 1 Hand Sanitizer, 8oz bottle (girls only)* 2 Highlighters-yellow* 1pk Markers-Crayola classic, washable (8ct) 2 Markers- Expo Dry Erase, low odor 3 Notebook-Spiral, 1 subject, wide ruled 1 Paint Shirt-oversized to wear over clothes 1 Paper Towel roll (boys only)* 48 Pencils #2-sharpened* 1pk Pencil Top Erasers 2 Scissors - Fiskar brand* 1 Supply Box, 5x8 1pr Tennis Shoes for PE, labeled 2 Tissue Boxes* 1 Wipes-Clorox Disinfecting* 1 Zip-lock Bags-1Gallon (boys only)* 1 Zip-lock Bags-Sandwich (girls only)*	1 Back pack-no wheels, <u>labeled</u> 1 Book Cover-stretchable 1 Change of clothes- in a Zip-lock bag, <u>labeled</u> 1pk Colored Pencils- <u>sharpened</u> (12ct) 1pk Crayons-Crayola (24ct) 1 Computer Mouse-mini size (optional) 1 Ear buds or Headphones, in a <u>labeled</u> Zip-lock bag 2 Eraser-large 1 Glue-Elmers bottle-washable, 4oz 8 Glue-Elmers Sticks-washable, no gel 1 Hand Sanitizer, 8oz bottle* 2 Highlighter-yellow 2 Ink Pens-Red 4pk Magic Eraser (boys only)* 1pk Markers-Crayola classic, washable (8ct) 4 Markers- Expo Dry Erase, low odor (Blk-Chisel tip) 3 Notebook-Spiral, 1 subject, wide ruled 1 Paint Shirt-oversized to wear over clothes 1pk Paper- Loose-Leaf, wide ruled* 1 Paper Towel roll* 24 Pencils #2-Ticonderoga sharpened 4pk Post-it Notes (girls only)* 1 Scissors - Fiskar brand 1 Supply Box, 5x8 1pr Tennis Shoes for PE, <u>labeled</u> 2 Tissue Boxes* 1 Wipes-Clorox Disinfecting* 1 Zip-lock Bags-1gallon (girls only)* 1 Zip-lock Bags-1quart (boys only)*	1 Back pack-no wheels, <u>labeled</u> 1 Binder-3 ring, 1in w/add-clear front pocket (Mrs. Warner only) 1 Change of clothes- in a Zip-lock bag, <u>labeled</u> 1pk Colored Pencils- <u>sharpened</u> (12ct) 1pk Crayons-Crayola (24ct) 1 Ear buds or Headphones, in a <u>labeled</u> Zip-lock bag 1 Eraser-large 1 Glue-Elmers bottle-washable, 4oz 8 Glue-Elmers Sticks-washable, no gel 2 Highlighter-yellow 2 Ink Pens-Red 1pk Markers-Crayola classic, washable (8ct) 4 Markers- Expo Dry Erase-low odor (Blk) 1 Notebook-Composition 2 Notebooks-Spiral, 3 subject, wide ruled 1 Paint Shirt-oversized to wear over clothes 1 Paper Towel roll (girls only)* 1 Pencil Pouch-large zippered 24 Pencils #2- <u>sharpened</u> 2pk Post-it Notes (boys only) 1 Ruler-standard/metric 2 Scissors - Fiskar brand 1pr Tennis Shoes for PE, <u>labeled</u> 2 Tissue Boxes* 1 Wipes-Clorox Disinfecting 1 Zip-lock Bags-1gal (boys only)* 1 Zip-lock Bags-1quart (girls only)*

Parents: Items marked with an asterisk (*) will be collected as a class set and shared in the classroom. Please do not label these shared* items.
 Please put your child's name on all other supplies, as well as backpack, lunchbox, eyeglass case, coats, jackets, hats, etc.
 Please only purchase the **BRAND NAMES** for the items in **BOLD PRINT** listed above.
 Teachers may request that certain items be replenished mid-year
 If your child has special needs and should not share certain items, please let the teacher know.