

2021-2022

HODGEN ENROLLMENT

Grade _____

Date: _____

Name (AS ON BIRTH CERTIFICATE) _____
FIRST M LAST

Birth Date _____ () _____ Social Security No. _____ - ____ - ____
Month-Date-Year AGE Birth Place State

Race-Circle one **Hispanic - Black - Asian or Pacific Islander -White or Other - Native American** SEX: M F

All siblings and grade that attend Hodgen: _____

School district in which student resides _____

Mailing Address _____
Address City Zip Phone

911 Address _____
Address City Zip

Last School Attended _____
IS AN IEP IN PLACE? School Address City State & Zip

PARENT/GUARDIAN INFORMATION (LIVING IN THE HOME)

Circle one: **Mother, Stepmother, Grandparent, Guardian** Employer Work Telephone

Home Telephone Cell No. Alternate No.

Circle one: **Father, Stepfather, Grandparent, Guardian** Employer Work Telephone

Home Telephone Cell No. Alternate No.

PARENT'S EMAIL ADDRESS _____

EMERGENCY CONTACTS (SOMEONE WHO WILL TAKE RESPONSIBILITY FOR STUDENT) (LIVES LOCALLY)

Emergency Contact _____
Adult NOT living in your home Relationship Telephone No.

Emergency Contact _____
Adult NOT living in your home Relationship Telephone No.

Is student in Foster care? YES NO Does this student and/or family receive Indian Commodities? _____

Does this student and/or family have a SNAP (access)CARD? _____ Sooner Care? YES NO _____
Medicaid Number

Transportation from school: Bus driver _____ Parent _____ Daycare _____ phone number _____

Oklahoma Educational Indicators Program: The social security number will be used to determine student enrollment, attendance, and for the allocation of State Aid. I approve the above enrollment to be true and accurate to the best of my knowledge.

2021-2022 HODGEN STUDENT ENROLLMENT INFORMATION Date: _____

STUDENT'S NAME _____

GRADE _____

PLEASE LIST ANY PERSON(S) **NOT** ALLOWED TO PICK UP YOUR CHILD:

PLEASE NOTE: THIS WILL BE STRICTLY ENFORCED AS WELL AS ANY LEGAL COURT PAPERS UNTIL THE COURT DATE EXPIRES OR A NEW ORDER IS BROUGHT TO THE SCHOOL.

IS THERE GUARDIANSHIP OR DIVORCED CUSTODY PAPERS THAT NEED TO BE ON FILE:

YES _____

NO _____

SIGNATURE _____

DATE: _____

AUTHORIZATION FORM

STUDENT NAME _____

PHOTO RELEASE: I GIVE MY CONSENT FOR HODGEN PUBLIC SCHOOL TO USE MY CHILD'S PHOTOGRAPH FOR PUBLIC RELATIONS AND PROMOTIONAL PURPOSES. THIS MAY BE DONE THROUGH THE SCHOOL'S WEBSITE, NEWSLETTERS, MEDIA COVERAGE (SUCH AS: THE HEAVENER LEDGER AND/OR OTHER LOCAL PAPERS) AND OTHER PUBLICAITONS, INCLUDING THE HODGEN YEARBOOK.

PARENT/GUARDIAN SIGNATURE

EDUCATIONAL SCREENING CONSENT: I GIVE MY CONSENT TO HAVE MY CHILD SCREENED FOR HEARING AND VISION FOR ACADEMIC PURPOSES, WHEN DEEMED NECESSARY, AND I WILL BE INFORMED OF THE RESULTS AND RECOMMENDATIONS FROM THE SCREENER.

PARENT/GUARDIAN SIGNATURE

OFF-CAMPUS TRIP CONSENT: I AUTHORIZE HODGEN PUBLIC SCHOOL TO TAKE MY CHILD ON ALL OFF-CAMPUS TRIP SONSORED BY THE SCHOOL, WHICH INCLUDE: PICNICS, FIELD TRIPS, AND ANY OTHER TRIPS SCHEDULED THROUGHOUT THE SCHOOL YEAR.

PARENT/GUARDIAN SIGNATURE

HODGEN SCHOOL WILL BE MONITORING STUDENT ATTENDANCE VERY CLOSELY THIS YEAR AND STUDENTS WHO ARE IN VIOLATION OF STATE STATUTE AND SCHOOL DISTRICT POLICY WILL BE SUBJECT TO PROSECUTION IN DISTRICT COURT IN ACCORDANCE WITH OKLAHOMA STATUTE 21 CHAPTER 31A, SEC. 858.1. OKLAHOMA STATUTE 70-10-105 DEFINES TRUANCY AS "FOUR (4) ABSENCES, WITHOUT VALID EXCUSE, IN 30 DAYS, OR TEN (10) ABSENCES, WITHOUT VALID EXCUSE, IN A SEMESTER. THE LOCAL SCHOOL BOARD IS CHARGED WITH DEFINING WHAT IS ACCEPTABLE AS A "VALID EXCUSE." AS A PARENT, IT IS EXTREMELY IMPORTANT THAT YOU KNOW AND FOLLOW THE POLICY AS STATED IN YOUR SCHOOL'S STUDENT HANDBOOK. PATRONS AND PARENTS WHO FAIL TO ADHERE TO DISTRICT POLICY PUT THEMSELVES AT CERTAIN RISK OF PROSECUTION BEFORE THE DISTRICT JUDGE OF LEFLORE COUNTY. PATRONS OR PARENTS APPEARING BEFORE THE JUDGE WILL BE CHAGED UNDER OKLAHOMA STATUTE 21 CHAPTER 31A "CAUSING A CHILD TO BE DEPRIVED OR IN NEED OF SUPERVISION" OR "CONTRIBUTING TO THE DELINQUENCY OF A MINOR," PUNISHABLE BY FINES OF NOT MORE THAN \$1,000 OR IMPRISONMENT IN THE COUNTY JAIL FOR ONE YEAR, OR BOTH. SIGN BELOW IF YOU UNDERSTAND THE TRUANCY PROGRAM IN WHICH HODGEN SCHOOL IS PARTICIPATING.

PARENT/GUARDIAN SIGNATURE

2021-2022 HODGEN STUDENT ENROLLMENT INFORMATION

Date: _____

STUDENT'S NAME _____ DATE OF BIRTH _____ GRADE _____

MY CHILD HAS THE FOLLOWING MEDICAL ISSUES _____

MY CHILD IS ALLERGIC TO THE FOLLOWING _____

MY CHILD TAKES THE FOLLOWING MEDICATION DAILY _____

MY CHILD HAS HAD CHICKEN POX? YES _____ NO _____ IF YES AGE/DATE _____

PARENT/GUARDIAN SIGNATURE

DATE

HODGEN SCHOOL -----DOES NOT --- PROVIDE ANY OVER THE
COUNTER MEDICATIONS

PHONE NUMBERS FOR MEDICAL AND/OR EMERGENCY CONTACTS
THAT IS ALLOWED TO PICK UP YOUR CHILD.

PARENTS DAYTIME PHONE _____

NAME _____ NUMBER _____ RELATION TO CHILD _____

NAME _____ NUMBER _____ RELATION TO CHILD _____

**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: _____
Month Day Year

Student Gender - Please check one: 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 | | |

ATTENDANCE INFORMATION

Hodgen Public School would like to inform parents and students alike of the state regulation on absenteeism. The State Dept. of Education requires EACH student to miss no more than 10% of the school year. Our school year is 161 instruction days; therefore each student may be absent no more than 16.1 days per school year, which is 8 days per semester. If a student misses more than the allowed time, he/she will have a high **probability of retention**. It does not matter what the absence is for (sickness, funeral, extra-curricular, etc.), the absence will be counted. While doctor notes help toward incentive days, they do not cancel the absence. To give an example: Your student is sick for a week of school (5 days) during the first nine weeks, has to miss for a funeral (2 days) during the second nine weeks and is sick again (2 days), is sick during the third nine weeks (4 days) and throughout the year has missed for doctor appointments, etc. (7 half days). The total amount absent is 16.5 days! In essence, there is usually not much room for being absent for most kids other than when necessary.

Attendance is very important to the success of a student and we enjoy our students being here! The younger students benefit from a routine and it is understandable that they have a greater chance to be sick than the older students. This is why it is important for these students to not miss occasionally just because they want to. Save those days for when they are sick! Being absent is tough on the older students because they have to make up the work that was missed in class. Not only is this hard for most students due to the extra work on top of what they do in class when they return, but the instruction for the work is missed and much of the work is finished in class with the teacher. Please keep this in mind for these students. Don't allow them to miss "just because!"

CAFETERIA

Federal lunch guidelines require that food cannot be brought into the cafeteria with outside logos on it. For example: A sonic bag or cup is not allowed, but it is permissible to take the food out of the bag and bring it in without the label.

PARKING

For student safety and other concerns, the fire lane alley on the north side of the school is reserved for dropping off/picking up only those students with a handicap. Please use the south side of the school for this. Feel free to contact us if you have a special need here.

SIGNATURE _____

DATE: _____

ED 506 Form Indian Student Eligibility Certification Form for Title VI Indian Education Formula Grant Program

Parent/Guardian: This form serves as the official record of the eligibility determination for each individual child included in the student count for the Title VI Indian Education Formula Grant Program. If you choose to submit a form, your child could be counted for funding under the program. The grantee receives the grant funds based on the number of eligible forms counted during the established count period. You are not required to complete or submit this form unless you wish for your child(ren) to be included in the Indian student count. This form should be kept on file with the grant applicant and will not need to be completed every year. Where applicable, the information contained in this form may be released with your prior written consent or the prior written consent of an eligible student (aged 18 or over), or if otherwise authorized by law, if doing so would be permissible under the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, and any applicable state or local confidentiality requirements.

Student Information

Name of the Child _____ Date of Birth _____ Grade level _____

Name of School Hodgen School District Hodgen

Tribal Membership

The individual with Tribal membership is the (select only one): child child's parent child's grandparent

If the individual with Tribal membership is **not** the child listed above, name the individual (parent/grandparent) with tribal membership: _____

Name and address of Tribe or Band that maintains updated and accurate membership data for the individual listed above:

Name _____ Address _____

City _____ State _____ Zip Code _____

The Tribe or Band is (select only one):

- Federally Recognized Tribe
- State Recognized Tribe
- Terminated Tribe
- Alaska Native
- 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.

Proof of membership in Tribe or Band listed above, as defined by Tribe or Band is:

- Membership or enrollment number establishing membership (if readily available) or
- Other evidence establishing membership in the Tribe listed above (describe and attach)

Membership or enrollment number establishing membership (if readily available) or other evidence establishing membership in the Tribe listed above (describe and attach). _____

Attestation Statement

I verify that the information provided above is true and correct to the best of my knowledge and belief.

Printed Name of Parent/Guardian _____ Signature _____

Address _____ City _____ State _____ Zip Code _____

Phone Number _____ Email _____ Date _____

STUDENT INFORMATION

Name of Student: _____ Grade: _____
 Last Name First Name Middle Name
 Date of Birth: _____ School: Hodgen 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

1. What is the dominant language **most often** spoken by the student? _____
2. What is the language **routinely** spoken in the home, regardless of the language spoken by the student? _____
3. What language was **first** learned by the student? _____
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? _____
6. 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 |
| | | | | |
| | | | | |
| | | | | |

| 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

DATOS DEL ALUMNO

Nombre del alumno: _____ Grado: _____
 Apellido(s) Nombre Segundo nombre
 Fecha de nacimiento: _____ Escuela: Hodgen No. de carnet estudiantil: _____ Género: M F
 MM/DD/AAAA

¿Es el alumno de cultura u origen hispano o latino? Sí No

Seleccione una o más de las siguientes razas:

- afroamericana/negra amerindia o nativa de Alaska asiática
 hawaiana o isleña del Pacífico caucásica/blanca

- ¿Cuál es el idioma predominante que **con mayor frecuencia** habla el alumno? _____
- ¿Cuál es el idioma que **normalmente** se habla en el hogar, independientemente del idioma que habla el alumno? _____
- ¿Cuál fue el idioma que el alumno aprendió **por primera vez**? _____
- ¿Requiere el padre/tutor servicios de **interpretación**? Sí No En su caso, ¿para qué idioma? _____
- ¿Requiere el padre/tutor materiales **traducidos**? Sí No En su caso, ¿a qué idioma? _____
- ¿En qué fecha se inscribió el alumno por primera vez en una escuela en Estados Unidos? _____
 MM/AAAA

Fecha (MM/DD/YYYY)

Firma del padre/tutor

SOLO PARA USO INTERNO

Favor de facilitar al Oficial Regional de Acreditación documentación que avale las calificaciones en el examen para su revisión.

- 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 (PKST).
 - 2. Scored Basic or Below Basic in ELA 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 slate 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 of WIDA Screener or K-WAPT/WAPT or WIDA MODEL | Score(s) on WIDA Screener or K-WAPT/WAPT or WIDA MODEL |
|---|---|--|--|
| | Composite / Overall Score | | Composite / Overall Score |
| | 1. | | 1. |
| | 1. | | |
| | 1. | | |

| Date(s) of ELA OSTP | Score(s) on ELA OSTP | | | |
|---------------------|----------------------|-------|------------|----------|
| | Below Basic | Basic | Proficient | Advanced |
| | Below Basic | Basic | Proficient | Advanced |
| | Below Basic | Basic | Proficient | 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 | Composite / Percentile Score(s) |
|-----------------------------------|-----------------|---------------------------------|
| | | |
| | | |

Question 1: Reference WAVE code 1036
 Question 2: Reference WAVE code 1037
 Question 3: Reference WAVE code 1038



CHOCTAW NATION OF OKLAHOMA
Johnson O'Malley Program

******FILL OUT ONLY IF YOUR FAMILY HAS A CDIB CARD******

SCHOOL DISTRICT: HODGEN

County: LeFlore

Head of Household Name: _____

1. Tribe, Band or Group is: (check one)

State Recognized? Yes No

Federally Recognized? Yes No

2. Who is the CDIB card holder, if NOT the child(ren):

Name on Card:(Print) _____

CDIB card holder: Child's Parent Child's Grandparent

| | Name of Student | CDIB holder? Y / N | Date of Birth | Gender | Grade | Tribe |
|----|-----------------|-----------------------|---------------|--------|-------|-------|
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. | | | | | | |
| 6. | | | | | | |
| 7. | | | | | | |
| 8. | | | | | | |
| 9. | | | | | | |

School Year 2021-2022 Economically Disadvantaged Application

This application should be completed even if you are a CEP or Provision school. ***Please remember economic disadvantaged is not the same as the lunch status for a student.*** A student could be at a CEP or Provision site or district but not be considered economically disadvantaged and vice versa.

School: Hodgen Grade: _____ Student Number: _____

Student Name: _____

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

- | | | |
|--|--|---|
| <input type="checkbox"/> Less than \$22,311 | <input type="checkbox"/> Between \$45,510 and \$53,243 | <input type="checkbox"/> Between \$76,442 and \$84,175 |
| <input type="checkbox"/> Between \$22,311 and \$30,044 | <input type="checkbox"/> Between \$53,243 and \$60,976 | <input type="checkbox"/> Between \$84,175 and \$91,908 |
| <input type="checkbox"/> Between \$30,044 and \$37,777 | <input type="checkbox"/> Between \$60,976 and \$68,709 | <input type="checkbox"/> Between \$91,908 and \$99,641 |
| <input type="checkbox"/> Between \$37,777 and \$45,510 | <input type="checkbox"/> Between \$68,709 and \$76,442 | <input type="checkbox"/> Between \$99,641 and \$107,374 |

Please select the total number of people in your household:

- | | | |
|------------------------------------|------------------------------------|--------------------------------------|
| <input type="checkbox"/> One (1) | <input type="checkbox"/> Five (5) | <input type="checkbox"/> Nine (9) |
| <input type="checkbox"/> Two (2) | <input type="checkbox"/> Six (6) | <input type="checkbox"/> Ten (10) |
| <input type="checkbox"/> Three (3) | <input type="checkbox"/> Seven (7) | <input type="checkbox"/> Eleven (11) |
| <input type="checkbox"/> Four (4) | <input type="checkbox"/> Eight (8) | <input type="checkbox"/> 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

HODGEN PUBLIC SCHOOL 2021-2022 SCHOOL YEAR

FIRST SEMESTER

| | |
|---------------------|--|
| August 9 | Professional Day #1 |
| August 10 | Professional Day #2 |
| August 10 | Welcome Back Night 5:30-7:00 |
| August 11 | Professional Day #3 |
| August 12 | First Day of Class |
| September 6 | Labor Day <i>No School</i> |
| September 8 | Progress Reports |
| September 9 | Parent/Teacher Conference 3:00-6:00pm |
| October 9 | End of First Nine Weeks |
| October 13 | Report Cards |
| October 14, 15 & 18 | Fall Break <i>No School</i> |
| November 17 | Progress Reports |
| November 18 | Parent/Teacher Conference 3:00-6:00pm |
| November 19 | <i>No School</i> |
| November 22-26 | Thanksgiving Break <i>No School</i> |
| December 17 | End of First Semester |
| December 20-31 | Christmas Break <i>No School</i> |

SECOND SEMESTER

| | |
|--|--|
| January 3 | First Day of Second Semester |
| January 5 | Report Cards |
| January 17 | Professional Day #4 <i>No School</i> |
| February 2 | Progress Reports |
| February 3 | Parent/Teacher Conference 3:00-6:00pm |
| February 11 | <i>No School</i> |
| February 21 | President's Day <i>No School</i> |
| March 4 | End of Third Nine Weeks |
| March 9 | Report Cards |
| March 14-18 | Spring Break <i>No School</i> |
| March 25 | Snow Day #1 <i>No School</i> |
| Mandated State Testing-Tentative Schedule Grades 3 thru 8 Month of April | |
| April 1 | Snow Day #2 <i>No School</i> |
| April 6 | Progress Reports |
| April 7 | Parent/Teacher Conference 3:00-6:00pm |
| April 8 | Snow Day #3 <i>No School</i> |
| April 15 | Good Friday <i>No School</i> |
| April 22 | <i>No School</i> |
| April 29 | <i>No School</i> |
| May 6 | <i>No School</i> |
| May 9 | Kindergarten & 8th Graduation |
| May 11 | Last Day of School |
| May 12 | Professional Day #5 |

HODGEN SCHOOL SUPPLY LIST

2021-2022 School Year

PK3 & Pre-Kindergarten

Pencil box
(3) 24 count box of crayons
2 glue sticks
1 package baby wipes
Small blanket
Backpack
Sleep mat

Kindergarten

Pencil box
(1) 24 count box of crayons
1 package washable markers
1 package pencils
1 package glue sticks
2 large erasers
2 folders w/ inside pockets
3-inch, 3 ring binder
Backpack
Sleep mat
Optional-*small* blanket or pillow for rest time

1st grade

Pencil box
(2) 24 count box of crayons
2 packages pencils
1 pack of colored pencils
1 package of markers
2 large erasers
4 glue sticks
Blunt tip scissors
Backpack
1 box of Kleenex

2nd grade

Pencil box
2 packages No. 2 plain pencils
(2) 24 count box of crayons
Washable markers
2 Large erasers
Scissors
4 Glue sticks
2 pocket folders
1 wide ruled notebook
2 boxes of Kleenex

3rd grade

2 packages plain pencils
2 large erasers
(2) 24 count box of crayons
2 packs of colored pencils
2 glue sticks
1 pocket folder
Washable markers
2 yellow highlighters
2-inch, 3 ring binder

4th grade

Pencil box
Wide ruled notebooks
No. 2 plain pencils
Package of erasers
2 pocket folders
1 package of colored pencils

5th-8th grades

No. 2 pencils
Notebooks
Erasers

