

**CENTRAL SCHOOL
DISTRICT #104
2011-12**

**NEW
STUDENT
REGISTRATION
PACKET**

CENTRAL SCHOOL DISTRICT #104

School Calendar 2011 – 2012

(Revised)

August 15 - 16, 2011.....	Teacher Institute
August 18, 2011.....	First Day of Classes Early Dismissal
August 19, 2011.....	First Full Day of Classes
September 5, 2011.....	Labor Day – NO SCHOOL
October 7, 2011.....	County Institute - NO SCHOOL
October 10, 2011.....	Columbus Day – NO SCHOOL
October 19, 2011.....	Parent Teacher Conf. 4 – 8pm
October 20, 2011.....	Parent/Teacher Conferences 1 – 8pm Early Dismissal
October 21, 2011.....	Parent/Teacher – Conferences NO SCHOOL
October 31, 2011.....	School Improvement – Early Dismissal
November 11, 2011.....	Veterans Day – NO SCHOOL
November 23 - 25, 2011.....	Thanksgiving Break – NO SCHOOL
December 20, 2011.....	School Improvement Day Early Dismissal
December 21 – January 3, 2012.....	Winter Break – NO SCHOOL
January 3, 2012.....	Teacher Institute - NO SCHOOL
January 4, 2012.....	School Resumes
January 16, 2012.....	Martin Luther King Day – NO SCHOOL
February 17, 2012.....	School Improvement Day Early Dismissal
February 20, 2012.....	President's Day – NO SCHOOL
March 22, 2012.....	Parent/Teacher Conferences Early Dismissal
March 23, 2012.....	Teacher Institute – NO SCHOOL
April 4, 2012.....	School Improvement - Early Dismissal
April 5 – 9, 2012.....	Spring Break – NO SCHOOL
May 18, 2012.....	School Improvement Day Early Dismissal
May 28, 2012.....	Memorial Day – NO SCHOOL
June 6, 2012.....	Last Day of School

(May be earlier depending upon the number of emergency days used during the school year)

Central Elementary (EO/PK-4)

Joseph Arthur M.S. (5-9)

Central School District #104
Registration for School Year 2011-2012

2011-2012

Grade _____

Male Female

Student Last Name First Name Middle Name Date of Birth (MM-DD-YYYY)

Is student hispanic? Yes No

Birth Place (City, State, Country)

Race: White African American Am. Indian/Alaskan Native Asian Pacific Islander Hispanic Multiracial

Other languages spoken at home

New to district Yes No

Family 1 (where student resides):

Parent/Guardian 1 Full Name Primary Contact Number Work Number Cell Number

Relationship to Student Email Address

Address (where student resides) City, State, ZIP

Parent/Guardian 2 Full Name Primary Contact Number Work Number Cell Number

Relationship to Student Email Address

Family 2 (if applicable):

Parent/Guardian 1 Full Name Primary Contact Number Work Number Cell Number

Relationship to Student Email Address

Address City, State, ZIP

Parent/Guardian 2 Full Name Primary Contact Number Work Number Cell Number

Relationship to Student Email Address

Emergency Contacts (please list in preferred order):

Name Phone Numbers Relationship to Student

Name Phone Numbers Relationship to Student

Name Phone Numbers Relationship to Student

Name Phone Numbers Relationship to Student

Central Elementary (EC/PK-4)

Central School District #104
Registration for School Year 2011-2012

2011-2012

Joseph Arthur M.S. (6-8)

Grade _____

Physician: _____ Phone Number: _____

Dentist: _____ Phone Number: _____

Hospital: _____ Phone Number: _____

Before/after school care and phone number: _____

Please circle the special services your child receives: _____ Date of last IEP Meeting: _____

None Speech OT PT Special Education Rtl/Title Other _____

Other useful information:

By signing below, I state that the above student resides within the boundaries of Central School District #104. Guardianship for the sole purpose of education will not be accepted. Any person who knowingly or willfully presents to any school district false information regarding residency of a pupil for the sole purpose of enabling that pupil to attend any school in that district without the payment on a non-resident tuition charge shall be guilty of a Class C misdemeanor, punishable by up to 30 days incarceration and/or a fine up to \$1500. (730 ILCS/5-9-1).

Parent/Guardian Signature

Date

Central School District 104 Authorization Form

STUDENT'S NAME _____ DATE _____ GRADE _____

Student Handbook

Central School students will receive a copy of the Central School Parent-Student Handbook. The handbook will be included in the student agenda book. I understand this handbook outlines the policies and procedures used to govern Central School and that my student and I are responsible for reading and understanding this material.

X _____

Parent/Guardian Signature

.....
Bus Rules and Guidelines

I have received a copy of the Central School Bus Rules and Guidelines. I will discuss these rules with my son/daughter. If I have questions about the information I have been provided I will contact Central School. I understand the Bus Rules and Guidelines apply to daily transportation and all school related trips.

X _____

Parent/Guardian Signature

.....
Acceptable Use Policy for Electronic Networks - AUP

The use of Central School's electronic networks will be consistent with the curriculum adopted by Central School District. The Internet will be used throughout the curriculum. All users of the District's electronic networks must agree to follow the Central School District's Acceptable Use Policy. I have received a copy of the Acceptable Use Policy and will discuss acceptable use with my son/daughter.
(Board Policy 6:235)

X _____

Parent/Guardian Signature

.....
Photographic Permission

Students will be photographed for various reasons in educational settings at Central School. Newspapers may run feature articles on students' activities. Students could be featured on our home web page engaging in school activities and sport competitions. Students will be pictured in our annual yearbook and monthly newsletter. Your permission is necessary to include your child's name and photograph.

Central School has permission to use my child's name and photograph in school related media.

X _____

Parent/Guardian Signature

.....
Central School Field Trip Permission

Throughout the school year your child may be on several field trips, all of which will have educational value. We are asking you to fill out this permission form that is good for all trips throughout the 2011-2012 school year. Each trip will include careful planning, teacher chaperones, and meaningful follow-up. The teacher will send a note home with your child prior to any field trip his/her class takes.

X _____

Parent/Guardian Signature

CENTRAL SCHOOL DISTRICT #104
VERIFICATION OF RESIDENCY AND ENROLLMENT

Student's Name: _____ Date of Birth: _____

I, _____, live at _____
Parent/Guardian

which is located within the boundaries of Central School District #104.

Does the above student currently live in a house or apartment rented or owned by the parent or legal guardian listed above? YES ___ NO ___ If you answered "NO" please skip to STEP 2.

STEP 1: Residency Verification (Part A)

Do you: Own your own home: _____ Rent: _____ Other: _____

You must provide documentation showing you live at the address listed above. Please bring current documentation with you on the day you register your student(s). If you cannot produce all three (3) documents, skip to residency (Part B).

All documents must be current and show your name and address.

Category A

Home Ownership Title, Deed or Mortgage Statement
Current Lease Agreement/Current Receipt of Monthly Rent
Current Real Estate Tax Bill

Category B

Current Utility Bill
Occupancy Permit
Homeowner or Renter Insurance Bill

Category C

Current Paycheck Stub with address in District
Documentation of SNAP/TANF Approval of Current Benefits
Drivers License with address in District

If you have all proofs of residency, please skip to Part 3.

STEP 2: Residency Verification (Part B)

I am unable to provide three (3) of the above documents because: (check all that apply)
_____ Our family has not had a permanent residence since: _____ (mm/dd/yy)

Address of last permanent residence: _____
Last School Attended: _____

- Living in a shelter
 Sharing a house with others due to economic hardship, or similar reason
 Living at a train station or bus station, park or in a car
 Living in a hotel/motel, campground or similar situation
 Abandoned apartment building _____ Disaster victim _____ Unaccompanied youth
 The child is temporarily housed, awaiting DCFS permanent foster care placement
 Other _____

Your child may qualify for additional services - please ask the registration staff for more information or contact the school Homeless Liaison at 618.632.6336.

Please indicate any social service agency with who you are currently working.

Step 3: Relationship to student

You must provide a certified original birth certificate. A copy will be made and the original returned to you. If the birth certificate is not available at the time of registration, other proof of the child's identity and birth is required.

Check one below:

I am the natural or adoptive parent listed on the birth certificate. Please provide custody agreement if applicable.

I was granted court ordered guardianship (provide a copy of court document).

I receive public aid on behalf of the student (provide copy of document showing receipt of aid).

I have assumed and exercise responsibility for the child and provide him/her with a fixed, nighttime abode.

Please check each of the following boxes to be true and accurate.

The child eats and sleeps at my residence on a regular basis.

The child is not living with me for the sole purpose of having access to the educational programs of the district.

Step 4: Affirmation and Warning (Must be completed in the presence of a district employee).

Please read the following statements and initial each:

I affirm that the information presented in this verification form, in connection with any investigation of my residency or the residency and custody of the student, is true, complete and accurate.

I understand that knowingly or willfully providing false information to a school district regarding the residency of a child for the purposes of enabling that child to attend any school in that district without the payment of non-resident tuition is a Class C Misdemeanor.

I understand that knowingly enrolling or attempting to enroll a child in the school of a school district on a tuition free basis, when I know the child is not a resident of the school district, unless the nonresident student has a lawful right to attend, is a Class C Misdemeanor and I will be liable for payment of tuition, fees and all other applicable fines.

For School District Use Only

Date: _____

Enrollment Personnel Initials: _____

Form Complete

Form Incomplete



PERMISSION FOR TREATMENT

I, _____, parent or legal guardian of _____
(Print Parent/Guardian name) (Print Student Name)

am a resident of the Central School District 104 in O'Fallon and my child is enrolled in District 104. I hereby authorize, and consent to Central School District 104, its employees and agents, and _____; my child's licensed health care provider in his or her group practice, or emergency personnel, in my behalf and in my stead, to administer first aid or emergency medical assistance to my child. This permission and consent extends to the right of Central School District 104, its employees and agents arrange for immediate medical treatment by a licensed or certified physician and/or other medical personnel and for such physician or other medical personnel to apply such emergency techniques which, in their judgment, they deem appropriate to treat any injury sustained by my child.

I do hereby agree to hold harmless and indemnify the school district, its employees and agents, either jointly or severally from and against any and all claims, demands, damages, or causes of action or injuries, resulting from or arising out of the provision of emergency medical treatment by school personnel or by a physician and/or medical personnel.

In case the school officials are unable to contact me (parent/guardian) or any of the designated emergency contacts and my child needs to be transported to a hospital, decisions will be made in the best interest of the child. The law in the State of Illinois states that EMS must transport to the nearest hospital. The person can then be transported to the hospital of my choice.

First Hospital Choice: _____
Second Hospital Choice: _____

Medications: _____
Allergies to Medications: _____

Student Name: _____ School: _____
D.O.B _____ Sex M F Grade: _____ Teacher: _____
Address: _____ Phone Number: _____

Signature of Parent/Guardian: _____ Date: _____

* Please Complete Both Sides *

Student Name: _____

Birth Date: _____

MEDICAL HISTORY

ALLERGIES: (Food, Drug, insect other)				MEDICATION (List all prescribed or over the counter taken on a regular basis) Home: _____ School: _____			
Diagnosis of Asthma? <input type="checkbox"/> Y <input type="checkbox"/> N		Inhaler use? <input type="checkbox"/> Y <input type="checkbox"/> N		Home <input type="checkbox"/> School <input type="checkbox"/>			
Triggers: _____							
Birth Defects <input type="checkbox"/> Y <input type="checkbox"/> N		Loss of function of one of paired organs (eye; ear; kidney; testicle) <input type="checkbox"/> Y <input type="checkbox"/> N		Hospitalizations <input type="checkbox"/> Y <input type="checkbox"/> N please explain			
Developmental Delay <input type="checkbox"/> Y <input type="checkbox"/> N							
Blood Disorders? Hemophilia, Sickle Cell, Other. Explain <input type="checkbox"/> Y <input type="checkbox"/> N		Diabetes <input type="checkbox"/> Y <input type="checkbox"/> N Type: _____ Blood sugar testing _____ insulin injection _____ insulin pump _____		Surgeries <input type="checkbox"/> Y <input type="checkbox"/> N please explain			
Head Injuries <input type="checkbox"/> Y <input type="checkbox"/> N _____ concussion (age & treatment) _____ _____ skull fracture (age & treatment) _____							
Seizures <input type="checkbox"/> Y <input type="checkbox"/> N Please describe _____		Serious Injury or illness <input type="checkbox"/> Y <input type="checkbox"/> N please explain		TB skin test positive <input type="checkbox"/> Y <input type="checkbox"/> N year _____ TB disease <input type="checkbox"/> Y <input type="checkbox"/> N year _____ treatment _____			
Heart Problems							
Shortness of Breath <input type="checkbox"/> Y <input type="checkbox"/> N		restrictions <input type="checkbox"/> Y <input type="checkbox"/> N		Family tobacco use <input type="checkbox"/> Y <input type="checkbox"/> N Alcohol/Drug use <input type="checkbox"/> Y <input type="checkbox"/> N Family history of sudden death before age 50; explain <input type="checkbox"/> Y <input type="checkbox"/> N			
Heart Murmur <input type="checkbox"/> Y <input type="checkbox"/> N		restrictions <input type="checkbox"/> Y <input type="checkbox"/> N					
High blood pressure <input type="checkbox"/> Y <input type="checkbox"/> N		Eye/Vision Problems <input type="checkbox"/> Y <input type="checkbox"/> N Last exam _____ _____ Glasses _____ Contacts _____ Amblyopia (lazy eye) _____ Loss of Vision right eye _____ left eye _____		Dental: Braces <input type="checkbox"/> Bridge <input type="checkbox"/> Plate <input type="checkbox"/> other _____ last exam: _____			
Dizziness or chest pain with exercise <input type="checkbox"/> Y <input type="checkbox"/> N						restrictions <input type="checkbox"/> Y <input type="checkbox"/> N	
Ear/Hearing Problems <input type="checkbox"/> Y <input type="checkbox"/> N hearing loss right ear _____ left ear _____ hearing aids right ear _____ left ear _____		Last medical exam _____ Physician: _____		Childhood illnesses: _____ Chickenpox (yr) _____ Pertussis or Whooping Cough (yr) _____			
Bone/Joint problems/injury; scoliosis Please explain _____							
Other Concerns: _____							

Information may be shared with appropriate personnel for health and educational purposes. I further give permission for school medical personnel to contact my medical providers during the school year to clarify appropriate care for my child.

Parent/Guardian Signature _____

Date _____ Phone: _____



SCHOOL MEDICATION AUTHORIZATION FORM

Any student who is REQUIRED to take medication of any kind during the school day may be assisted by the school nurse or other designated school personnel if the school district has received the following: (1) a written statement from a licensed health care provider, with prescriptive authority, working within the scope of their practice, detailing the method, amount and time the medication is to be taken, (2) a written statement from the parent/guardian requesting the school district to assist the pupil in the manner set forth by the physician statement and (3) the medication shall be in a properly labeled pharmacy bottle. A new form must be completed for all medication changes and when the medication is discontinued.

NO MEDICATION WILL BE SENT HOME WITH THE STUDENT.
All medication must be kept in and dispensed from the nurses' office.

Physician Statement

_____ is under my professional care and is on the following
(Student Name)

Medication: _____ Dosage: _____
Method of Administration: _____ Time Schedule: _____
Side Effects of particular concern: _____
Start Date: _____ Discontinue Date: _____
Diagnosis: _____

I recommend that the school nurse or other designated school personnel assist in the administering of the medication during school hours. This medication **MUST** be administered during the school day to allow the student to attend school or to address the student's medical condition.

Physician Signature Print Name Address and Phone Number Date

If HealthCare Provider is APN or PA, name of Collaborating/Supervising Physician: _____

Parent or Guardian Statement

As the parent/guardian of the above named student, I request that Central School District #104 to assist in carrying out the physician's instructions in the administration of the above named medication during the school day. I further agree that when the medication is so administered, I waive any claims I might have against the school district, its employees and agents arising out of administration of said medication. In addition, I agree to hold harmless and indemnify the school district, its employees and agents, either jointly or severally, from and against any and all claims, damages, causes of action or injuries incurred or resulting from the administration of said medication. I have read the policy and procedures for administration of medication in Central School District #104 Handbook and agree to abide by them.

Parent Signature Print Name Date

Please return this form to the school signed by the licensed health care provider, working within their scope of practice, and the parent/ guardian.

NO MEDICATION (PRESCRIPTION OR OVER THE COUNTER) WILL BE ADMINISTERED WITHOUT THE REQUIRED SIGNATURES.



May 13, 2011

Dear Parent or Guardian:

Your student(s) may be eligible to receive free or reduced priced meals. A new application for these benefits is required for each new school year.

Please complete the enclosed application in full, and return it with your students' registration information on any of the dates listed below. If you do not wish to participate or know that you will not qualify, please write "OPT – OUT" across the top of the form and sign it in the required area. This form is a required part of the registration process this year.

If it is determined that your student(s) is/are eligible, you will receive notification of the level of benefit. All incomplete applications will be denied. If you are not eligible now but have a decrease in household income, become unemployed, or have an increase in household size, you may fill out an application at that time.

You must notify the school when your household income increases by \$50.00 or more per month (\$600.00 per year), when your household size decreases or when you no longer receive food stamps or TANF for your children.

Please return all completed applications to:

Virginia Shelton
Central school District #104
309 Hartman Lane
O'Fallon, IL 62269

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call 202-720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

2011 – 2012 School Year Registration Dates Are:

Thursday, May 26 th :	4:00pm – 8:00pm "EARLY REGISTRATION"
Tuesday, July 12 th :	9:00am – 3:00pm
Wednesday, July 13 th :	9:00am – 3:00pm
Thursday, July 14 th :	12:00pm – 8:00pm "EVENING"
Wednesday, July 20 th & 27 th :	9:00am – 3:00pm

Sincerely,
Virginia Shelton
Secretary, 618.632.6336 x101

Dear Parents/Guardians:

Central School District #104 is pleased to announce that we are implementing a new product called Family Access by Skyward, Inc. Family Access is a secure internet based website that will allow you to easily keep track of nearly everything your student(s) does while at school. Among other things, this new service will allow you to view your student's attendance, grades, schedule, progress, assignments, and emergency information. Family Access is a free service and will be available to all parents with children enrolled in the district.

In order for you to begin using Family Access, you will need to register for a login and password. By signing and returning the form below, you are authorizing Central School District #104 to provide you with your unique login and password.

We are very excited about how Family Access will help you stay informed about your student's progress and hope that we can use this tool to create a stronger relationship between parents and our school community.

If you need technical assistance, please contact Jermaine Gayle at jgayle@central104.org.

Sincerely,

Central School District #104 Technology Department

Please fill in the appropriate information below for each parent and/or guardian that would like to have a login and password assigned to them so they can view their student's information, grades and progress in Family Access. Parents and/or guardians of the same student(s) can share the same login and password if that would be easier for them. If the spaces below are insufficient to accommodate your family, please e-mail all of the below information to Gloria Meyer at gmeyer@central104.org for Central Elementary students or Denyse Anderson at danderson@central104.org for Joseph Arthur students.

Name _____

Phone # _____ E-mail _____

Name _____

Phone # _____ E-mail _____

Please check all that are appropriate

Please send my password(s) via email

Please call me with my password(s)

Please mail my password(s) to _____

No password is required – I waive this service at this time

Signature _____ Date _____

Please return with registration information

2011-2012

CENTRAL SCHOOL DISTRICT NO. 104 VOLUNTEER FORM

This Volunteer Form must be completed by Central School District No. 104 volunteers pursuant Section 6:250 of the Board of Education Policy Manual. Only one form needs to be completed by a volunteer each school year. Please print clearly in ink.

Name _____ D.O.B. _____
Last First Middle

Telephone _____

Address _____
Street City Zip Code

Personal physician _____ Telephone _____

Emergency adult contact _____ Telephone _____

Are you now or have you ever been a school volunteer? Yes No

If yes, at what school? _____ Year _____

Please identify any child or ward attending this District.

Name _____ Grade _____
Last First Middle

Days available: Monday Tuesday Wednesday Thursday Friday

Preferred times: Mornings Afternoons All Day

Criminal Conviction Information:

Are you a child sex offender? Yes No

Have you ever been convicted of a felony? Yes No

If Yes, list all offenses.

Offense	Date	Location
_____	_____	_____
_____	_____	_____

If requested, are you willing to consent to a criminal history records/ background check?

Yes No

Volunteer name (please print)

Volunteer signature

Date

For School Use Only

General description of assignment(s):

- Supervising students as needed by a teacher
- Supervising students during a regularly scheduled activity
- Assisting with academic programs
- Assisting at the resource center or main office
- Other _____

Name of supervising staff member: **Dawn Elser, Principal**

The Child Sex Offender List and the Statewide Sex Offender Database was checked by **Annette Clemon, School Secretary** on _____ (mandatory)

To be completed by the Building Principal:

Will the individual be working over a long period of time in direct contact with students where no staff member is continuously present or in other situations where a criminal history records check would be prudent?

- Yes No

If "yes", and provided the individual authorized the criminal history records/background check, please provide the following:

Date that the check was requested _____

Date that the check was received and reviewed _____

Check reviewed by (please print) _____

Signature of Reviewer

Date

******Please return this form to your child's teacher******

2011-2012

How I Go Home

Student Name: _____

Teacher: _____

Please list your child's type of after school transportation below:

___ Pick up - M T W TH F

___ Bus - M T W TH F

___ Latchkey - M T W TH F

If there is a change in your child's transportation or after school care, written permission or a phone call from a parent/guardian must be received 30 minutes before the end of the school day or we cannot guarantee that the change can be made. We will not accept verbal notice from a student. If you do not call or send written notice, we will continue with the daily transportation schedule the parent initially provided.

Emergency Contact Numbers:

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Parent Signature: _____

Access to Electronic Networks

The use of Central School District's electronic networks shall be consistent with the curriculum adopted by Central School District and comply with the selection criteria for instructional materials and library media center materials. Teachers may, consistent with the Superintendent's implementation plan, use the Internet throughout the curriculum. **The Central School District's electronic network is part of the curriculum and is not a public forum for general use.**

Acceptable Use

All users of the District's electronic networks must agree to and sign the Authorization for Electronic Network Access form before he/she will be allowed to use the networks. All use of the District's electronic network must be in support of education and/or research, and be in furtherance of the School Board's stated goal. Use is a privilege, not a right. General rules for behavior and communications apply when using the electronic networks. The District's Authorization for Electronic Network Access contains the appropriate uses, ethics, and protocol. Electronic communications and downloaded material, including files deleted from a user's account but not erased, may be monitored or read by school officials. See Board Policy 6:235.

The following will not be tolerated by students:

- Accessing chat rooms, chatting,
- Blogging,
- Cyber-bullying,
- Harassing, insulting, or attacking others,
- Downloading audio and/or video,
- Sending or displaying offensive messages or pictures,
- Using obscene language,
- Violating copyright laws,
- Damaging computers, computer systems, or computer networks,
- Using another's password,
- Trespassing in another's folders, work, or files,
- Performing computer functions and Internet searches not authorized by Central School staff,
- Intentionally wasting limited resources,
- Employing the network for commercial purposes,
- E-Mail

Violations may result in a loss of access, as well as disciplinary or legal action.

Dear Parent/Guardian:

Children need healthy meals to learn. Central School Dist #104 offers healthy meals every school day. Breakfast costs \$ 0.75; lunch costs \$ 1.75. Your children may qualify for free meals or for reduced price meals. Reduced price is \$ 0.30 for breakfast and \$ 0.40 for lunch. To apply for free or reduced-price meals, use the Household Eligibility Application, which is enclosed. We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to: Virginia Shelton
309 Hartman Lane, O'Fallon, IL 62269

Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

Federal Income Eligibility Guidelines (Effective from July 1, 2011, to June 30, 2012)

Household Size	Reduced-Price Meals (185% Federal Poverty Guideline)				
	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly
1	20,147	1,679	840	775	388
2	27,214	2,268	1,134	1,047	524
3	34,281	2,857	1,429	1,319	660
4	41,348	3,446	1,723	1,591	796
5	48,415	4,035	2,018	1,863	932
6	55,482	4,624	2,312	2,134	1,067
7	62,549	5,213	2,607	2,406	1,203
8	69,616	5,802	2,901	2,678	1,339
For each additional family member, add	7,067	589	295	272	136

1. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. Complete the application to apply for free or reduced price meals. Use one Household Eligibility Application for all students in your household per district. We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to the school.
2. WHO CAN GET FREE MEALS? All children in households receiving benefits from Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) and/or are foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals regardless of your income. Also, your children can get free meals if your household's gross income is within the free limits on the Federal Income Eligibility Guidelines. Children who meet the definition of homeless, runaway, or migrant also qualify for free meals. If you haven't been told your children will get free meals, please contact your school to see if your child(ren) qualifies.
3. WHO CAN GET REDUCED PRICE MEALS? Your children can get low cost meals if your household income is within the reduced price limits on the Federal Eligibility Income Chart, shown above.
4. A MEMBER OF MY HOUSEHOLD RECEIVED SNAP OR TANF BENEFITS. THE SCHOOL SENT A LETTER STATING THAT MY CHILD IS AUTOMATICALLY APPROVED FOR FREE MEALS BASED ON DIRECT CERTIFICATION. DO I NEED TO DO ANYTHING MORE TO ENSURE THAT MY CHILD RECEIVES FREE MEALS? No. You do not need to do anything more to receive free meals for your child. If you have students not listed on the letter, contact the school immediately. If you do not wish to receive the free meals, you should follow the steps outlined in the letter from the school to notify school personnel immediately.
5. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT ANOTHER ONE? Yes. Your child's application is only good for that school year and for the first few days of this school year. You must send in a new application unless the school told you that your child is eligible for the new school year.
6. I GET WIC. CAN MY CHILD(REN) GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced price meals. Please fill out the enclosed application.
7. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof.
8. IF I DON'T QUALIFY NOW, MAY I APPLY LATER? Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced price meals if the household income drops below the income limit.
9. WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION? You should talk to school officials. You also may ask for a hearing by calling or writing to the person listed above.
10. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes. You or your child(ren) do not have to be U.S. citizens to qualify for free or reduced price meals.
11. WHO SHOULD I INCLUDE AS MEMBERS OF MY HOUSEHOLD? You must include all people living in your household, related or not (such as grandparents, other relatives, or friends) who share income and expenses. You must include yourself and all children living with you. If you live with other people who are economically independent (for example, people who you do not support, who do not share income with you or your children, and who pay a pro-rated share of expenses), do not include them.
12. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
13. WE ARE IN THE MILITARY. DO WE INCLUDE OUR HOUSING ALLOWANCE AS INCOME? If you get an off-base housing allowance, it must be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income.
14. MY SPOUSE IS DEPLOYED TO A COMBAT ZONE. IS HER COMBAT PAY COUNTED AS INCOME? No, if the combat pay is received in addition to her basic pay because of her deployment and it wasn't received before she was deployed, combat pay is not counted as income. Contact your school for more information.
15. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for SNAP, TANF or other assistance benefits, contact your local Department of Human Services office or call (800) 843-6154 (voice) or (800) 447-6404 (TTY).

Sincerely,

ISBE NSLP SBP (6/11)

1. All Household Members

Check if Error Prone Application

NAMES OF ALL HOUSEHOLD MEMBERS First, Middle Initial, Last	(for Student only) School Name	(for Student only) Grade	SNAP OR TANF CASE NUMBER (if any, for each household members) Skip to Part 5 if you list a SNAP or TANF case number.										Check if NO Income	Check if Foster Child
			-	-	-	-	-	-	-	-	-	-	-	-
			-	-	-	-	-	-	-	-	-	-	-	-
			-	-	-	-	-	-	-	-	-	-	-	-
			-	-	-	-	-	-	-	-	-	-	-	-
			-	-	-	-	-	-	-	-	-	-	-	-
			-	-	-	-	-	-	-	-	-	-	-	-
			-	-	-	-	-	-	-	-	-	-	-	-
			-	-	-	-	-	-	-	-	-	-	-	-

2. Homeless, Migrant, Runaway, or Head Start (Categorically eligible)

Homeless Migrant Runaway Head Start

Signature of Your School Homeless Liaison, Migrant Coordinator, or Head Start Director _____ Date _____

3. Total Household Gross Income (before deductions) You must tell us how much and how often.

A. NAMES (LIST ALL HOUSEHOLD MEMBERS WITH INCOME)	GROSS INCOME AND HOW OFTEN IT WAS RECEIVED (Example: \$100/month; \$100 twice a month; \$100/every other week; \$100/week)							
	B. Earnings From Work (Before Deductions)		C. Welfare, Child Support, Alimony		D. Pensions, Retirement, Social Security		E. Worker's Comp., Unemployment, SSI, etc. (All other income)	
	Amount	How often?	Amount	How often?	Amount	How often?	Amount	How often?
i.	\$		\$		\$		\$	
ii.	\$		\$		\$		\$	
iii.	\$		\$		\$		\$	
iv.	\$		\$		\$		\$	
v.	\$		\$		\$		\$	

4. Signature and Social Security Number (Adult must sign)

An adult household member must sign the application. If Part 3 is completed or if no income is checked in Part 1, the adult signing the form must also list the last four digits his or her social security number or mark the I do not have a social security number box. X X X - X X - Social Security Number I do not have a social security number.

I certify (promise) all information on this application is true and all income is reported. I understand the school will get Federal funds based on the information I give. I understand school officials may verify (check) the information. I understand if I purposely give false information, my children may lose meal benefits and I may be prosecuted.

Date _____ Printed Name of Adult Household Member _____ Signature of Adult Household Member _____

5. Contact Information (Optional)

Work Telephone Number (Include Area Code) _____ Home Telephone Number (Include Area Code) _____ Home Address (Number, Street, City, State, Zip Code) _____

6. Children's Racial and Ethnic Identities (Optional)

Mark one ethnic identity: Hispanic/Latino Not Hispanic/Latino
 Mark one or more racial identities: Asian Black or African American White American Indian or Alaska Native Native Hawaiian or Other Pacific Islander

7. Sharing Application Information With All Kids—All Kids program is a complete healthcare program for every child in Illinois.

No! I DO NOT want information from my Household Eligibility Application shared with All Kids. Sign here: _____

SCHOOL USE ONLY—LEA must use annual conversion on all applications in district. Convert income only if different frequencies of pay are reported.

INITIAL DETERMINATION Annual Income Conversion Weekly X 52 Every 2 Weeks X 26 Twice a Month X 24 Once a Month X 12

TOTAL INCOME \$ _____ Per: Week Every 2 Weeks Twice a Month Month Year NUMBER IN HOUSEHOLD: _____ CHANGE IN STATUS: _____ Date _____

Free based on: homeless migrant runaway Head Start SNAP or TANF foster child household's Income
Reduced based on: household's Income
Denied—Reason: income too high incomplete application
Temporary: free reduced Until: _____ Until: _____ (maximum is 45 days each)

Signature of Determining Official _____ Date Withdrawn: _____ Date: _____

THE FOLLOWING SECTIONS ARE NOT REQUIRED FOR IL FREE AND/OR SPECIAL MILK PROGRAMS ONLY.

CONFIRMATION (Prior to verification and only for those applications selected for verification.) Signature of Confirming Official _____ Date: _____

VERIFICATION

DIRECT VERIFICATION COMPLETED <input type="checkbox"/>	INITIAL DETERMINATION	VERIFICATION RESULTS:	REASON FOR CHANGE:	DATE NOTICE OF STATUS CHANGE SENT: _____
DATE VERIFICATION NOTICE SENT: _____	<input type="checkbox"/> Free based on SNAP/TANF case number <input type="checkbox"/> Free based on income <input type="checkbox"/> Reduced based on income	<input type="checkbox"/> No Change <input type="checkbox"/> Free to Reduced <input type="checkbox"/> Free to Paid <input type="checkbox"/> Reduced to Free <input type="checkbox"/> Reduced to Paid	<input type="checkbox"/> Income: \$ _____ <input type="checkbox"/> Household Size: _____ <input type="checkbox"/> Change in SNAP/TANF <input type="checkbox"/> Did not respond <input type="checkbox"/> Other: _____	EFFECTIVE DATE OF STATUS CHANGE: _____
DATE RESPONSE DUE FROM HOUSEHOLD: _____ (recommend 10 calendar days)	<input type="checkbox"/> Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Personal Contact	Results _____	Verifying Official's Signature _____	Date: _____

INSTRUCTIONS FOR APPLYING – COMPLETE ONE APPLICATION PER HOUSEHOLD PER SCHOOL DISTRICT

IF YOUR HOUSEHOLD RECEIVES SNAP OR TANF BENEFITS, FOLLOW THESE INSTRUCTIONS AND RETURN THE COMPLETED FORM TO YOUR SCHOOL:

Part 1: List all household members, school and grade for each student, and a SNAP or TANF case number for any household member including adults receiving such benefits. (Attach another sheet of paper if necessary.)

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Sign the form. (The last four digits of a Social Security Number are not necessary.)

Part 5, 6, 7: Contact Information, Children's Racial and Ethnic Identities, and *All Kids* Information: Answer these questions if you choose to. (Optional)

IF NO ONE IN YOUR HOUSEHOLD GETS SNAP OR TANF BENEFITS AND IF ANY CHILD IN YOUR HOUSEHOLD IS HOMELESS, A MIGRANT OR RUNAWAY OR HEAD START/EVEN START, FOLLOW THESE INSTRUCTION AND RETURN THE COMPLETE FORM TO YOUR SCHOOL:

Part 1: List all household members and the name of school for each child.

Part 2: If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call your school.

Part 3: Complete only if a child in your household isn't eligible under Part 2. See instructions for All Other Households.

Part 4: Sign the form. Only if part 3 is completed, please include the last four digits of a Social Security Number. (or mark the box if s/he doesn't have one).

Part 5, 6, 7: Contact Information, Children's Racial and Ethnic Identities, and *All Kids* Information: Answer these questions if you choose to. (Optional)

IF YOU ARE APPLYING FOR A FOSTER CHILD, FOLLOW THESE INSTRUCTIONS AND RETURN THE COMPLETED FORM TO YOUR SCHOOL:

If all children in the household are foster children that are the legal responsibility of a foster care agency or court:

Part 1: List all foster children and the school name for each child. Check the "Foster Child" box for each foster child.

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Sign the form. The last four digits of a Social Security Number are not necessary.

Part 5, 6, 7: Contact Information, Children's Racial and Ethnic Identities, and *All Kids* Information: Answer these questions if you choose to. (Optional)

If some of the children in the household are foster children that are the legal responsibility of a foster care agency or court:

Part 1: List all household members and the name of school for each child. For any person, including children, with no income, you must check the "No Income" box. Check the "Foster Child" box for each foster child.

Part 2: If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call your school.

Part 3: Follow these instructions to report total household income from this month or last month.

- **Box 1–Name:** List all household members with income.
- **Box 2 –Gross Income and How Often It Was Received:** For each household member, list each type of income received for the month. You must tell us how often the money is received—weekly, every other week, twice a month or monthly. For earnings, be sure to list the gross income, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. For other income, list the amount each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits. Under All Other Income, list Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from SNAP, FDPIR, WIC, Federal education benefits and foster payments received by the family from the placing agency. For ONLY the self-employed, under Earnings from Work, report income after expenses. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.

Part 4: Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if s/he doesn't have one).

Part 5, 6, 7: Contact Information, Children's Racial and Ethnic Identities, and *All Kids* Information: Answer these questions if you choose to. (Optional)

ALL OTHER HOUSEHOLDS INCLUDING WIC HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:

Part 1: List all household members and the name of school for each child. For any person, including children, with no income, you must check the "No Income" box.

Part 2: If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call your school.

Part 3: Follow these instructions to report total household income from this month or last month.

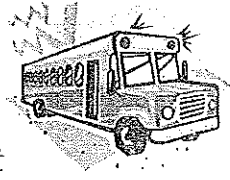
- **Box 1–Name:** List all household members with income.
- **Box 2 –Gross Income and How Often It Was Received:** For each household member, list each type of income received for the month. You must tell us how often the money is received—weekly, every other week, twice a month or monthly. For earnings, be sure to list the gross income, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. For other income, list the amount each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits. Under All Other Income, list Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from SNAP, FDPIR, WIC, Federal education benefits and foster payments received by the family from the placing agency. For ONLY the self-employed, under Earnings from Work, report income after expenses. This is for your business, farm, or rental property. Do not include income from SNAP, FDPIR, WIC or Federal education benefits. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.

Part 4: Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if s/he doesn't have one).

Part 5, 6, 7: Contact Information, Children's Racial and Ethnic Identities, and *All Kids* Information: Answer these questions if you choose to. (Optional)

Privacy Act Statement: This explains how we will use the information you give us. The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. "In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer."



School Bus Conduct

Gross disobedience or misconduct on the school bus in accordance with Section 10-22.6(b) of the Illinois School Code could result in an out-of-school suspension and/or a suspension from riding the school bus for a specific period of time not less than five days and no more than ten days for each occurrence. After school detentions may also be given for misconduct on the school bus. Continual incidents of misconduct on the school bus may result in a loss of privileges for the remainder of the school year.

Rules for bus safety include:

1. Be on time at the designated school bus stop. Stay off private property. Proper conduct at bus stops is required.
2. Stay off the road at all times while waiting for the bus,
3. Wait until the bus comes to a complete stop before attempting to enter the bus,
4. Remain in your seat at all times while the bus is in motion,
5. Keep hands, head, and all body parts inside the bus at all times,
6. Do not lower bus windows below the safety line prohibited by State Law,
7. Eating and drinking on the bus are not permitted,
8. Fighting, pushing, and rowdy behavior will not be tolerated,
9. Loud talking, screaming, and other loud noises will not be tolerated,
10. Willful damage to bus equipment (cutting, scratching, marking, etc.), will result in immediate suspension from riding the bus and payment to repair the damage,
11. Do not throw anything inside the bus or out the bus window,
12. Be absolutely quiet when approaching a railroad crossing stop,
13. Under NO circumstances shall a student throw anything at the bus while it is standing still or moving,
14. Do not ask the driver to stop at places other than the regular bus stop,
15. The same bus rules and regulations apply on any school related trip, ex: field trips, athletic events, etc.,
16. State Law prohibits animals on the school bus,
17. In case of a road emergency, remain in the bus until instructions are given by the driver,
18. At a discharge point, where it is necessary to cross the highway, proceed to a point at least ten feet in front of the bus on the right shoulder of the highway and remain there until a signal is given by the bus driver that it is safe to cross,
19. If a child lives on the same side of the street as the bus stop, he/she must immediately get a safe distance away from the bus so as not to be injured when the bus pulls away,
20. Be alert to a danger signal from the bus driver. In order that the bus driver may give his/her full attention to driving the bus, each student must remain sitting quietly in a set during the entire time he is on the bus.
21. School bus riders, while in transit, are under the jurisdiction of the school bus driver unless the local Board of Education designates another adult to supervise the riders.
22. Parents are requested to discuss the reason and need for students to follow the bus safety rules.

Central School District #104 - Supply List 2011-2012

Kindergarten

- 3 boxes of Crayola Classic Colors washable broad line markers (10 count)
- 3 boxes of Crayola crayons (24 colors)
- 1 pair of Fiskars scissors (round tip)
- 2 small bottles Elmer's white glue
- 5 large glue sticks
- 40 No. 2 Dixon Ticonderoga brand pencils (sharpened)
- Boys - 1 box of Ziploc quart bags
- Girls - 1 box of Ziploc gallon bags
- 2 large boxes of tissues
- 1 paint shirt (old large size, to be left at school)
- 1 pair tennis shoes (non-marking sole, to be left at school)
- 1 change of clothing (pants, shirt, underwear & socks)
- 1 book bag (no wheels)
- 1 plastic index card box (3 x 5)
- 1 pack index cards (3" x 5") 200 count
- 1 8 1/2" x 4 1/2" plastic supply case with attached lid/no handles
- 3 dry erase markers (any color)
- 2 big pink erasers

Resource (K-2)

- 1 school box (5 1/2" x 8 1/2")
- 1 bottle glue (8 ounces)
- 2 boxes crayons (24 colors)
- 24 No.2 pencils (sharpened)
- 4 pocket folder (assorted colors)
- 3 large boxes of tissues
- 1 paint shirt (old large size)
- 2 boxes washable markers (classic colors)
- 5 glue sticks
- 1 Ziploc gallon freezer bags
- 1 Ziploc quart bags
- 2 packages baby wipe refills
- 1 package of ruled index cards
- 2 dry erase markers

1st Grade

- 1 pair socks
- 1 pair tennis shoes (non-marking sole)
- 1 pair scissors (no "adult" large type)
- 1 book bag (must collapse to a 6" width maximum. Bags with hard bottoms or wheels are not allowed)
- 1 school box (5.5" x 8.5" no larger, no handles)
- 1 boxes crayons (24 colors)
- 1 box colored pencils (12 count)
- 24 No. 2 lead pencils (sharpened)
- 2 pink erasers
- 2 plastic folders - with pockets
- 2 large box of tissues
- 1 box washable markers (classic colors)

8th grade

- 1 Ziploc quart bags
- 2 broad line Dry-Erase markers (any color)

2nd Grade

- 1 pair socks
- 1 pair tennis shoes (non-marking sole)
- 1 pair scissors (no "adult" large type)
- 1 book bag (must collapse to a 6" width maximum. Bags with hard bottoms or wheels are not allowed)
- 1 school box (5.5" x 8.5" no larger)
- 2 boxes crayons (24 colors)
- 1 box washable markers
- 1 box colored pencils
- 24 No. 2 lead pencils (sharpened)
- 1 spiral notebook - single subject
- 5 pocket folders - 2 red, 1 blue, 1 green, 1 yellow
- 3 large boxes tissues
- 3 pack of blank index cards (3x5)
- 4 glue sticks
- 2 packages of broad line dry-erase markers
- Girls -1 Ziploc snack size bags
- Boy - 1 Ziploc quart bags
- Girls - 1 container baby wipes
- Boys - 1 container Clorox type wipes
- 2 Large pink erasers

Resource (3-4)

- 1 pair scissors (no "adult" large type Fiskars preferred)
- 1 school box (5 1/2" x 8 1/2")
- 1 box crayons (24 colors)
- 1 ruler with inches and metric measures
- 12 No. 12 lead pencils (sharpened)
- 1 box colored pencils (12 colors)
- 1 pack index cards (3" x 5")
- 1 pack graph paper
- 1 black composition notebook
- 2 pink erasers

3rd Grade

- 1 pair socks
- 1 pair tennis shoes (non-marking sole)
- 1 pair scissors (no "adult" large type)
- 1 book bag (must collapse to a 6" width maximum. Bags with hard bottoms or wheels are not allowed)
- 1 school box (5.5" x 8.5" no larger)
- 2 boxes crayons (24 colors)
- 1 ruler with inches and metric measures
- 36 No. 2 lead pencils (sharpened)
- 1 pack colored pencils (12 colors)
- 1 large boxes tissues
- 1 pack loose-leaf paper (wide rule)

1st spiral notebook

- 4 packs index cards
- 2 index card boxes
- 1 yellow highlighter
- 4 glue sticks
- 1 bottle of glue (8oz)
- 2 - 3-prong pocket folder (for binder)
- 2 pocket folders (not for binder)

- 1 roll paper towels - girls
- 1 container Clorox wipes - boys
- 1 - 1 inch 3 ring binder

4th Grade

- 1 pair socks
- 1 pair tennis shoes (non-marking sole)
- 1 pair scissors (no "adult" large type)
- 1 book bag (must collapse to a 6" width maximum. Bags with hard bottoms or wheels are not allowed)
- 1 school box (5.5" x 8.5" no larger)
- 1 bottle glue (8 ounces)
- 1 ruler with inches and metric measures
- 12 No. 2 lead pencils (sharpened)
- 3 spiral notebooks - single subject
- 1 box colored pencils (24 colors)
- 12. 3 prong pocket folders (assorted colors)
- 3 large boxes of tissues
- 1 yellow highlighter
- 2 glue sticks
- Girls - 1 box sandwich size Ziploc bags
- 1 roll paper towels
- Boys - 1 box quart size Ziploc bags
- 1 container Clorox wipes
- 1 - 2 inch 3 ring binder
- 2 red pens
- 1 blue pen
- 1 small manual pencil sharpener for student's desk

Central School District #104 - Supply List 2011-2012

- 1 pair scissors (no "adult" large type)
- 1 book bag (must collapse to a 6" width maximum. Bags with hard bottoms or wheels are not allowed)
- 1 bottle glue (8 ounces)
- 1 ruler with inches and metric measures
- 36 No. 2 lead pencils (sharpened)
- 1 eraser (½ pen ½ pencil)
- 8 spiral notebooks – single subject
- 1 box colored pencils (12 colors)
- 7 pocket folders (assorted colors)
- 4 large boxes of tissues
- 1 pack loose leaf paper (wide ruled)
- 2 ball point pens (blue or black)
- 1 pack graph paper (8½" x 1¼")
- 2 packs index cards (3" x 5")
- 1 yellow highlighter
- 1 pencil and pen case
- 1 glue stick

7th Grade

- 1 pair socks
- 1 pair tennis shoes (non-marking sole)
- 1 pair scissors (no "adult" large type)
- 1 book bag (must collapse to a 6" width maximum. Bags with hard bottoms or wheels are not allowed)
- 1 bottle glue (8 ounces)
- 1 box crayons (24 colors)
- 36 No. 2 lead pencils (sharpened)
- 6 spiral notebooks – single subject
- 6 folders – assorted colors
- 1 box colored pencils (24 colors)
- 3 large boxes of tissues
- 1 pack loose-leaf paper (wide ruled)
- 1 3-ring binder (1" rings, no trappers)
- 2 ball point pens (blue or black)
- 1 pack graph paper (8½" x 1¼" rule)
- 1 pack index cards (3" x 5")
- 1 pack colored index cards (3" x 5")
- 1 yellow highlighter
- 1 glue stick
- 6 3-prong pocket folders
- 1 calculator (TI 30 family) optional to be kept at home for homework
- 1 pack "Expo Dry Erase" markers – blue/ red/ black/green

Art Students

- 1 pocket folder
- 1 box colored pencils (24 colors)

6th Grade

- 1 pair socks
- 1 pair tennis shoes (non-marking sole)
- 1 pair scissors (no "adult" large type)
- 1 book bag (must collapse to a 6" width maximum. Bags with hard bottoms or wheels are not allowed)
- 1 pack "Expo Dry Erase" Markers – blue/red/black/ green
- 4 plastic/vinyl -3 hole (to place in binder) pocket folders – red, orange, green, blue
- 1 3-ring binder (2" rings, no trappers)
- 1 box crayons (24 colors)
- 24 No. 2 lead pencils (sharpened)
- 1 box colored pencils (24 colors)
- 3 boxes of tissues
- 3 packages loose leaf paper (wide rule)
- 1 yellow highlighter
- 1 pencil bag – no boxes please
- 2 glue sticks
- 1 package non-scented baby wipes

Resource (6-7-8)

- 1 pair socks
- 1 pair tennis shoes (non-marking sole)

8th Grade

- 1 pair socks
- 1 pair tennis shoes (non-marking sole)
- 1 pair scissors (no "adult" large type)

- 1 book bag (must collapse to a 6" width maximum. Bags with hard bottoms or wheels are not allowed)
- 1 bottle glue (8 ounces)
- 1 glue stick
- 1 box crayons (24 colors)
- 1 ruler with inches and metric measurements
- 2 ball point pens (black or blue)
- 36 No. 2 lead pencils (sharpened)
- 1 pencil case
- 1 pink eraser
- 6 spiral notebooks – single subject
- 1 pack of loose leaf paper
- 7 pocket folders
- 1 box colored pencils (24 colors)
- 4 large boxes of tissues
- 1 pack graph paper (8½" x 1¼")
- 1 pack index cards (3" x 5")
- 1 pack colored index cards (3" x 5")
- 1 calculator (TI 30 family)
- 2 yellow highlighters