OSO GRANDE ELEMENTARY
"Home of the Grizzlies"
30251 Sienna Parkway, Ladera Ranch, CA 92694
(949) 234-5966
Fax: 949-365-1716

FIRST GRADE REGISTRATION

Welcome to Oso Grande Elementary! In order to initiate the registration process for your child, please visit our school's website at https://osogrizzlies.capousd.org/ click on "School Info" and begin the online process, be sure to select the *correct school year*.

Additional forms (see checklist below) which are required along with the online registration are located on our website at https://osogrizzlies.capousd.org/ (under "Registration Information").

Once these forms and the online registration are completed, please bring the following items to the school office Monday-Friday between the hours of 8:30-2:30 p.m. with the exception of when the office is closed for school holidays/breaks. If you are enrolling a student(s) for the next school year, we will accept registration packets beginning February 16th-March 31st. All documentation must be complete.

- ☐ **Online Registration Confirmation** - Please print, sign and bring to the school office. (The last page requires a signature.)
- ☐ **Verification of Age** (official or certified copy of the birth record; statement by the local registrar or county recorder certifying the date of birth; baptismal certificate or official hospital record of birth; passport; or Affidavit for Proof of Age of Minor signed by the student's parent/legal guardian)
- ☐ **Immunization record** with **ALL State of California mandatory** immunization requirements met.
- ☐ **Two SEPARATE Proofs of Residence dated within 30 days current** utility bill [gas, electric or water] **AND** a current mortgage statement or rental agreement. If the previous items are not available, you may provide a **current property** tax bill, bank statement, or executed, legible, and dated moving company contract receipt. If your escrow recently closed you may provide a copy of the **FINAL** closing statement and a current service letter from the gas, electric or water company.
- ☐ **Enrollment Information Form**
- ☐ **Report of Health Exam form (completed after February 17, 2022)**
- ☐ **Home Language Survey**
- ☐ **Native American Title VII form (if applicable)**

If you have any questions regarding registration, please contact Nicola Hill at 949-234-5966 or nthill@capousd.org .

CAPISTRANO UNIFIED SCHOOL DISTRICT

33122 VALLE ROAD, SAN JUAN CAPISTRANO CA 92675
TELEPHONE: (949) 234-9200/FAX: 496-7681 www.capousd.org

January 2023

Dear Parents and Guardians of Incoming Transitional Kindergarten (TK), Kindergarten and First Grade Students:

The beginning of school is a very important milestone in your child's life. We all share in the excitement, enthusiasm, and even a little anxiety that accompanies the beginning of school. Good health is a vital component in the quest for school success.

IMMUNIZATIONS

The California School Immunization Law requires that children be up-to-date on their immunizations to attend school. Per 2016 legislation (SB277), all students must provide proof of immunization or a medical exemption when registering, and prior to attending school.

Beginning January 1, 2021, only Medical Exemptions issued from California Immunization Registry (CAIR ME) meet requirements. We cannot accept doctor's notes NOT issued through CAIR ME, blood work or titers, or other documentation to medically exempt the required immunizations. The CAIR ME web site is a secure site for physicians to issue and manage standardized medical exemptions for children in school or child care. Parents use the same site to request medical exemptions from vaccination for their children. Schools and child care facilities can monitor and get updates for medical exemptions issued for children in attendance at their facility. For more details or to request an exemption from your child's physician, please visit https://cair.cdph.ca.gov/exemptions/home

Vaccine	4-6 Years Old Elementary School at Transitional-Kindergarten/ Kindergarten and Above
Polio (OPV or IPV)	**4 doses** (3 doses OK if one was given on or after 4th birthday)
Diphtheria, Tetanus, and Pertussis (DTaP, DTP, DT, or Tdap)	**5 doses of DTaP, DTP, or DT** (4 doses OK if one was given on or after 4th birthday)
Measles, Mumps, and Rubella (MMR or MMR-V)	**2 doses** (Both doses given on or after 1st birthday. Only one dose of mumps and rubella vaccines are required if given separately.)
Hepatitis B (Hep B or HBV)	**3 doses**
Varicella (chickenpox, VAR, MMR-V or VZV)	**2 doses (new requirement as of July 1, 2019)**

HEALTH EXAMINATION FOR SCHOOL ENTRY

The State of California supports proactive steps toward a healthy start for its school children by requiring students to receive a *Health Examination for School Entry* by first grade. Capistrano Unified School District recommends this examination prior to entering kindergarten and first grade. **A health screening completed on or after February 15, 2023, will qualify children for school entrance on August 15, 2023.**

Attached is a copy of the "Health Examination for School Entry" form. Please take the form with you to your health care provider and return it to school when completed. If you have concerns about your child's health examination, please contact the health assistant or licensed vocational nurse at your school.

If you have any questions about these requirements, please do not hesitate to contact your school principal, the licensed vocational nurse, or the health assistant at your school. You may also visit http://www.shotsforschool.org for detailed immunization information. We wish you and your child well and look forward to a long and satisfying relationship with your family.

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33122 VALLE ROAD, SAN JUAN CAPISTRANO CA 92675
TELEPHONE: (949) 234-9200/FAX: 496-7681 www.capousd.org

Enero del 2023

Estimados padres y tutores de los estudiantes que están ingresando al programa de transición al kínder (TK), kínder, y primer grado:

El comienzo de la escuela es un paso muy importante en la vida de su hijo. Nosotros compartimos con ustedes la emoción, el entusiasmo y aún hasta la ansiedad que acompaña el comenzar un año escolar. La buena salud es un componente vital en la conquista del éxito académico.

VACUNAS

La Ley de Vacunación del Estado de California requiere que todos los estudiantes estén al corriente con sus vacunas para poder asistir a la escuela. De acuerdo con legislatura (SB 277) del 2016, cada estudiante debe presentar un comprobante de inmunización o exención médica al inscribirse y antes de asistir a clases.

A partir del 1 de Enero del 2021, sólo las Excepciones Médicas emitidas por el Registro de Inmunización de California (CAIR ME) cumplen los requisitos. No podemos aceptar notas del médico NO emitidas a través de CAIR ME, análisis de sangre o títulos de anticuerpos, u otra documentación para eximir médicamente las vacunas requeridas. El sitio web CAIR ME es un sitio seguro para que los médicos emitan y gestionen exenciones médicas estandarizadas para niños en la escuela o en guarderías. Los padres utilizan el mismo sitio para solicitar exenciones médicas de vacunación para sus hijos. Las escuelas y guarderías pueden supervisar y obtener actualizaciones de las exenciones médicas emitidas para los niños que asisten a sus instalaciones. Para más detalles o para solicitar una exención al médico de su hijo, visite https://cair.cdph.ca.gov/exemptions/home.

Vacuna	4 – 6 años de edad Escuela primaria (al nivel de kínder de transición/ kínder o más arriba)
Polio (OPV o IPV)	**4 dosis** (3 dosis cumplen con el requisito si una se aplicó al cumplir los 4 años de edad o después).
Difteria, tétanos y tos ferina	**5 dosis de DTaP, DTP o DT** (4 dosis cumplen con el requisito si una se aplicó al cumplir los 4 años de edad o después).
Sarampión, paperas y rubéola (MMR o MMR-V)	**2 dosis** (Ambas aplicadas al cumplir 1 año de edad o después. Sólo se requiere una dosis de las vacunas contra las paperas y la rubéolas se aplican por separado).
Hepatitis B (Hep B o HBV)	**3 dosis**
Varicela (VAR, MMR-V, o VZV)	**2 dosis (nuevo requisito desde el 1 de Julio, 2019)**

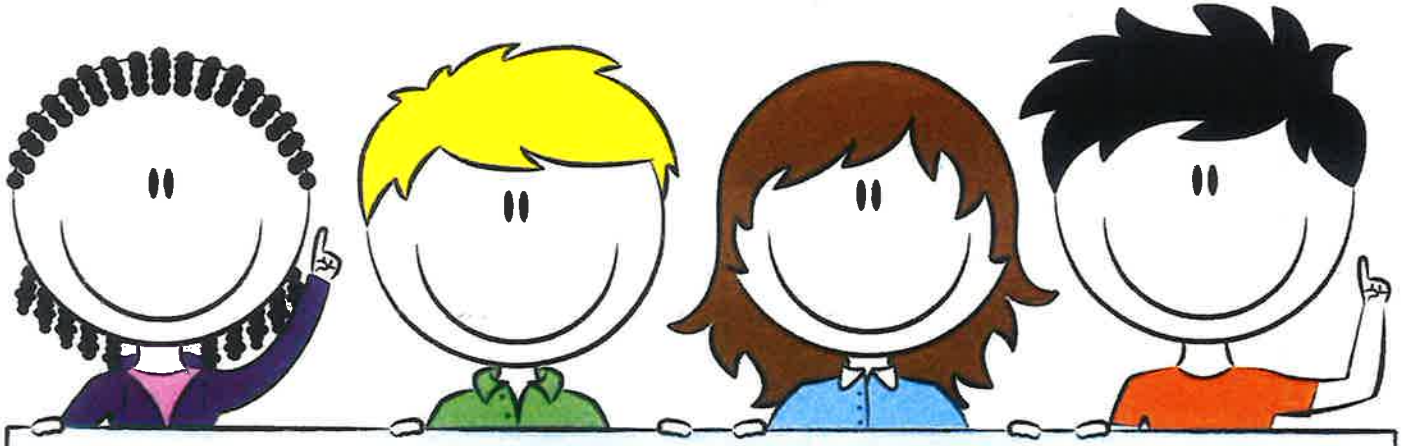
EL "EXAMEN DE SALUD" RECOMENDADO PARA INGRESAR A LA ESCUELA

El estado de California apoya y toma la iniciativa para un comienzo escolar saludable al requerir un "Examen de Salud Para Ingreso Escolar" antes del primer grado. El Distrito Escolar Unificado de Capistrano recomienda que los estudiantes tengan un examen físico antes de comenzar el kínder y primer grado. **Un examen de salud que se lleve a cabo durante o después del 15 de febrero del 2023, le permitirá a su hijo/a ingresar a la escuela el 15 de Agosto, 2023.**

Adjunto encontrará una copia de la forma que se requiere para el "Examen de Salud Para Ingreso Escolar." Por favor llévela a su proveedor de salud y devuélvala a la escuela una vez que esté completa. Si usted tiene alguna pregunta referente al examen de salud de su hijo, por favor comuníquese con la asistente de salud o la enfermera de la escuela.

Si usted tiene preguntas sobre estos requisitos, por favor comuníquese con el director/a, la enfermera de la escuela, o la asistente de salud de su escuela. También puede visitar http://www.shotsforschool.org para información detallada sobre vacunas. Les deseamos bienestar y esperamos poder llevar una larga y satisfactoria relación con su familia.

No Shots? No Records? No School.



Children will not be enrolled unless an immunization record is presented and immunizations are up-to-date.*

**If your child is unimmunized due to medical reasons, please notify us.*

Go to **ShotsForSchool.org** to access information about immunization requirements, an interactive school look-up tool, implementation materials for schools, and educational materials for parents. ShotsforSchool.org

IMM-1167 (5-16)

State of California—Health and Human Services Agency

Department of Health Care Services
Child Health and Disability Prevention (CHDP) Program

REPORT OF HEALTH EXAMINATION FOR SCHOOL ENTRY

To protect the health of children, California law requires a health examination on school entry. Please have this report filled out by a health examiner and return it to the school. The school will keep and maintain it as confidential information.

PART I TO BE FILLED OUT BY A PARENT OR GUARDIAN

CHILD'S NAME—Last	First	Middle	BIRTH DATE—Month/Day/Year

ADDRESS—Number, Street	City	ZIP code	SCHOOL

PART II TO BE FILLED OUT BY HEALTH EXAMINER

HEALTH EXAMINATION

NOTE: All tests and evaluations except the blood lead test must be done after the child is 4 years and 3 months of age.

REQUIRED TESTS/EVALUATIONS	DATE (mm/dd/yy)
Health History	/ /
Physical Examination	/ /
Dental Assessment	/ /
Nutritional Assessment	/ /
Developmental Assessment	/ /
Vision Screening	/ /
Audiometric (hearing) Screening	/ /
TB Risk Assessment and Test, if indicated	/ /
Blood Test (for anemia)	/ /
Urine Test	/ /
Blood Lead Test	/ /
Other	/ /

IMMUNIZATION RECORD

Note to Examiner: Please give the family a completed or updated yellow California Immunization Record.
Note to School: Please record immunization dates on the blue California School Immunization Record (PM 286).

VACCINE	DATE EACH DOSE WAS GIVEN				
	First	Second	Third	Fourth	Fifth
POLIO (OPV or IPV)					
DtaP/DTP/DT/Td (diphtheria, tetanus, and [acellular] pertussis) OR (tetanus and diphtheria only)					
MMR (measles, mumps, and rubella)					
HIB MENINGITIS (Haemophilus Influenzae B) (Required for child care/preschool only)					
HEPATITIS B					
VARICELLA (Chickenpox)					
OTHER (e.g., TB Test, if indicated)					
OTHER					

PART III ADDITIONAL INFORMATION FROM HEALTH EXAMINER *(optional)* and RELEASE OF HEALTH INFORMATION BY PARENT OR GUARDIAN

RESULTS AND RECOMMENDATIONS

Fill out if patient or guardian has signed the release of health information.

☐ Examination shows no condition of concern to school program activities.

☐ Conditions found in the examination or after further evaluation that are of importance to schooling or physical activity are: *(please explain)*

I give permission for the health examiner to share the additional information about the health check-up with the school as explained in Part III.

☐ Please check this box if you ***do not*** want the health examiner to fill out Part III.

Signature of parent or guardian _____ Date _____

Name, address, and telephone number of health examiner

Signature of health examiner _____ Date _____

If your child is unable to get the school health check-up, call the Child Health and Disability Prevention (CHDP) Program in your local health department. If you do not want your child to have a health check-up, you may sign the waiver form (PM 171 B) found at your child's school.

PM 171 A (09/07) (Bilingual)

CHDP website: www.dhcs.ca.gov/services/chdp

State of California—Health and Human Services Agency

Department of Health Services
Child Health and Disability Prevention (CHDP) Program

INFORME DEL EXAMEN DE SALUD PARA EL INGRESO A LA ESCUELA

Para proteger la salud de los niños, la ley de California exige que antes de ingresar a la escuela todos los niños tengan un examen médico de salud. Por favor, pidale al examinador de salud que llene este informe y entregelo a la escuela—este informe sera archivado por la escuela en forma confidencial.

PARTE I PARA SER LLENADO POR EL PADRE/LA MADRE O EL GUARDIÁN

NOMBRE DEL NIÑO/NIÑA—Apellido	Primer Nombre	Segundo Nombre	FECHA DE NACIMIENTO—Mes/Día/Año

DOMICILIO—Número y Calle	Ciudad	Zona Postal	Escuela

PARTE II PARA SER LLENADO POR EL EXAMINADOR DE SALUD

EXAMEN DE SALUD

AVISO: Todas las pruebas y evaluaciones excepto el análisis de sangre para el plomo deben ser hechas después de la edad de 4 años y 3 meses.

PRUEBAS Y EVALUACIONES REQUERIDAS	FECHA(mm/dd/aa)
Historia de Salud	/ /
Examen Físico	/ /
Evaluación de Dientes	/ /
Evaluación de Nutrición	/ /
Evaluación del Desarrollo	/ /
Pruebas Visuales	/ /
Pruebas con Audiómetro (auditivas)	/ /
Evaluacion de Riesgo y prueba Tuberculosis*	/ /
Análisis de Sangre (para anemia)	/ /
Análisis de Orina	/ /
Análisis de Sangre para el plomo	/ /
Otra	/ /

REGISTRO DE INMUNIZACIONES

Aviso al Examinador: Por favor dé a la familia, una vez completado, o a la fecha, el Registro de Inmunización de California en papel amarillo.

Aviso a la Escuela: Por favor apunte las fechas de inmunización sobre el Registro de Inmunización de la escuela de California en papel azul.

VACUNA	FECHA EN QUE CADA DOSIS FUE DADA				
	Primero	Segundo	Tercero	Quarto	Quinto
POLIO (OPV o IPV)					
DTaP/DTP/DT/Td (difteria, tétano y [acellular] pertusis [tos ferina]) O (tétano y difteria solamente)					
MMR (sarampión, paperas, rubéola)					
HIB MENINGITIS (Hemófilo, Tipo B) (Requerida para centros de cuidado para niños y centros preescolares solamente)					
HEPATITIS B					
VARICELLA (Viruelas locas)					
OTRA (e.g. prueba TB, de ser indicado)					
OTRA					

PARTE III INFORMACIÓN ADICIONAL DEL EXAMINADOR DE SALUD *(optional)*

RESULTADOS Y RECOMENDACIONES

Llene esta parte si el padre/la madre o el guardián ha firmado el consentimiento para divulgar (distribuir) la información de salud de su niño/niña.

☐ El examen reveló que no hay condiciones que conciernen las actividades de los programas escolares.

☐ Las condiciones encontradas en el examen o después de una evaluación posterior que son de importancia para la actividad escolar o física son: (por favor explique)

***de ser indicado**

Firma del examinador de salud _____ Fecha _____

y PERMISO PARA DIVULGAR (DISTRIBUIR) EL INFORME DE SALUD

Yo le doy permiso al examinador de salud para que comparta con la escuela la información adicional de este examen como es explicado en la Parte III.

☐ Por favor marque esta caja si Ud. no desea que el examinador llene la Parte III.

Firma del padre/madre o guardián _____ Fecha _____

Si su niño o niña no puede obtener el examen de salud llame al Programa de Salud para la Prevención de Incapacidades de Niños y Jovenes (Child Health and Disability Prevention Program) en su departamento de salud local. Si Ud. no desea que su niño(a) tenga un examen de salud, puede firmar la orden (PM 171 B), formulario que se consigue en la escuela de su niño(a).

CHDP website: www.dhcs.ca.gov/services/chdp

Oso Grande Elementary School

Enrollment Information Form

Child's Full Name: _____ Grade: _____

To better serve you and your child, please check the appropriate boxes if your child is currently participating in any of the following programs. Thank you for your assistance.

☐ Special Education *(A copy of the Individual Education Plan (IEP)must be provided.)*

☐ RSP ☐ Speech ☐ Special Day Class (SDC)

☐ Adaptive PE ☐ Occupational Therapy (OT) ☐ Other: _____

☐ Counseling (Comments: _____)
(*Please provide any supporting documentation.)*

☐ 504 Plan Comments: _____)
(A copy of the 504 Plan must be provided.)

☐ GATE (Documentation **must** be attached.) ☐ ELL (English Language Learner)

Please check all items that apply and add any comments.

☐ Medical/Severe Allergy/Asthma Issues: _____

_____

(If medications will be kept at school, please request the proper forms from the office.)

☐ Custody Issues *(A copy of the **entire/complete & executed** court decree **MUST** be attached.)*
Comments: _____

Academics: My child is performing ☐ above or ☐ at or ☐ below grade level.

☐ Are there any behavioral issues that we should be aware of?
Comments: _____

☐ My child was retained in _____ grade. Comments: _____

If your child is a twin would you prefer that they are in the same class? ____Yes ____No

Current/Prior School: _____ City: _____

Comments: _____

_____

_____ _____
Parent/Guardian Signature Date

CAPISTRANO UNIFIED SCHOOL DISTRICT

HOME LANGUAGE SURVEY

Name of Student _____ _____ _____ _____

Last Name First Name Middle Grade Date of Birth Age

_____ _____ _____ _____

Today's Date Entering School (CUSD) Prior School Name Prior School District Name

The California *Education Code* contains legal requirements which direct schools to assess the English language proficiency of students. The process begins with determining the language(s) spoken in the home of each student. The responses to the home language survey will assist in determining if a student's proficiency in English should be tested. This information is essential in order for the school to provide adequate instructional programs and services.

As parents or guardians, your cooperation is requested in complying with these requirements. Please respond to each of the four questions listed below as accurately as possible. For each question, write the name(s) of the language(s) that apply in the space provided. Please do not leave any question unanswered. If an error is made completing this home language survey, you may request correction before your student's English proficiency is assessed.

1. Which language(s) did your child learn when he/she first began to talk? _____
2. Which language(s) does your child most frequently speak at home? _____
3. Which language do you (parents or guardians) most frequently use when speaking with your child? _____
4. Which language is most often spoken by adults in the home? _____

_____ _____

Signature of Parent/Guardian Date

OMB Control No. 1810-0021 (Exp. 01/31/2024)

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 _____ School District _____

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 _____

For Parent/Guardians:

Definitions:
Indian means an individual who is (1) A member of an Indian Tribe or Band, as membership is defined by the Indian Tribe or Band, including any Tribe or Band terminated since 1940, and any Tribe or Band recognized by the State in which the Tribe or Band resides; (2) A descendant of a parent or grandparent who meets the requirements described in paragraph (1) of this definition; (3) Considered by the Secretary of the Interior to be an Indian for any purpose; (4) An Eskimo, Aleut, or other Alaska Native; or (5) A member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect on October 19, 1994.

Student Information: Write the name of the child, date of birth, grade level, name of school and school district. Only name one child per form.

Tribal Membership: Write the name of the individual with the tribal membership, if it is not the child listed. Only one name is needed for this section, even though multiple persons may have tribal membership. Select only one identifier: the child, child's parent or grandparent, for whom you can provide membership information.

Write the name and address of the organization that maintains updated and accurate membership data for such Tribe or Band of Indians. The name does not need to be the official name as it appears exactly on the Department of Interior's list of federally recognized Tribes, but the name must be recognizable and be of sufficient detail to permit verification of the eligibility of the Tribe. Check only one box indicated whether it is a Federally Recognized, State Recognized, Terminated Tribe or Organized Indian Group. Write the enrollment number establishing the membership for the child, parent or grandparent, if readily available, or other evidence of membership.

Attestation Statement: Provide the printed name of parent/guardian and signature, address, phone number and email of the parent or guardian of the child. The signature of the parent or guardian of the child verifies the accuracy of the information supplied.

Paperwork Burden Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1810-0021. The time required to complete this portion of the information collection per type of respondent is estimated to average: 15 minutes per Indian student certification (ED 506) form; including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Office of Indian Education, U.S. Department of Education, 400 Maryland Avenue, S.W., LBJ/Room 3W238, Washington, D.C. 20202-6335

Oso Grande Elementary

School Supply Lists
Grade 1 - 5
2023-2024

Supplies that we suggest students bring to class are based on needs identified to support the delivery of all grade level curriculum.

While these lists suggest that students bring a number of items, they are considered voluntary. No student will be restricted from participation if these supplies are not sent to school. Thank you for supporting our students and teachers!

1st Grade Supply List

*1 - Pair Headphones (No earbuds)
*1 - 5"x 8" Plastic Pencil Box (NO zipper pouches or zippers)
*1 - Pair Fiskar Scissors Small Size
*1 - Crayola Broad Line Markers, Classic Colors, 10 ct.
*Please label headphones, pencil box, scissors, and markers only
2 - 4 Packs Black Chisel Tip Expo Dry Erase Markers
12 - Large Elmer's Disappearing Purple Glue Sticks (no small please)
2 - Dozen pre-sharpened Ticonderoga Pencils
3 - White Magic Rub Pencil Erasers
6 - 24 Count Boxes Crayola Crayons
2 - Yellow Highlighters
2 - Pink Highlighters
3 - Black Sharpies (No ultra fine point please)
1 - Box Crayola Watercolors 8 ct.
1 - Container of Clorox Disinfecting Wipes
1 - Box of Kleenex
1 - 4 oz. white glue
1 - Crayola 18 count Twistable colored pencils

Boys:
1 - Container Baby Wipes
1 - box of Ziploc snack size bags

Girls:
1 - box of Ziploc gallon size bags
1 - box of Ziploc sandwich bags

Optional:
1 - ream of Astrobrights colored paper- any single color (No combo packs or cardstock please)
1 - box Avery labels #5160
1 - box Avery labels #8163

2nd Grade Supply List

2 – Plastic Folders with Pockets (1 Blue & 1 Yellow)
2 – Box of Crayola Crayons (24 count ONLY)
1 – Box of Crayola Broad Tip Markers
1 – Fiskars Scissors (Child size - no bigger)
1 – 5" x 8" Pencil Box (no bigger)
2 – Thin Black Expo Dry Erase Markers
1 – Dozen pre-sharpened Ticonderoga Pencils
2 – 4oz Elmers' Liquid Glue
2 – White Erasers
3 – Large Glue Sticks
2 – Extra Fine Black Sharpie
1 – Fine Black Sharpie
2 – Box of Kleenex
2 – Container of Clorox or Lysol Wipes
1 – Yellow Highlighter
1 – Headphones
1 – 1" White clear view Binder

3rd Grade Supply List

2 – Plastic Folders with Pockets
1 – Sturdy Pencil Box ($8_{1/2}$ x $5_{1/2}$ ONLY)
2 – Dozen pre-sharpened Ticonderoga #2 Pencils
2 – Red Pens
2 – Yellow Highlighters
2 – Black Sharpies
1 – Box of Crayola Crayons 24 count
6 – Large Glue Sticks
1 – Pair Fiskar Scissors
1 – Box of Kleenex
1 – Pack 4 count Black Dry Erase Markers
1 – BLUE spiral notebook wide ruled (70 page)
1 – YELLOW spiral notebook wide ruled (70 page)
1 – RED spiral notebook wide ruled (70 page)
2 – Magic Rub Erasers (no pink erasers)
1 – 4oz bottle white glue
1 – Watercolor paints 8 color only (Prang or Crayola)
1 – $1_{1/2}$ inch **White** 3 Ring Binder with clear cover pocket (for memory book)
1 – Earbuds or SMALL Headphones

Optional Classroom Donations

1 – Box Crayola Markers Washable (8 or 10 pack)
1 – Pack 3x3 Post-Its
1 – Baby wipes
1 – Clorox wipes
1 – Ream of colored paper

4th Grade Supply List

1 - Zippered pencil pouch (No pencil boxes)
3 - Dozen pre-sharpened Ticonderoga #2 Pencils
2 - Packs Magic Rub erasers
2 - Highlighter markers
1 - Pack of 4 Expo Dry Erase markers
2 - Correcting pens (any color)
2 - Plastic heavy-duty 2-pocket folders (no brackets)
4 - Large glue sticks
2 - Sharpies
1 - Watercolor paints
1 - Non-electric pencil sharpener in a baggie for shavings
1 - Pair of Fiskar scissors
1 - Pack of regular colored pencils (NO Twistables)
1 - Box crayons 24 count
2 - Spiral notebooks (70 page wide ruled)
1 - Headphones/Earbuds
1 - Box of Markers (8 count)
3x3 Post-it notes
Kleenex
Disinfecting cleaning wipes

Optional Classroom Donations

Avery Labels 5160
Astro Brite Colored Copy Paper (any color)

5th Grade Supply List

1 - Zippered pencil pouch (No pencil boxes)
3 - Dozen pre-sharpened Ticonderoga #2 Pencils
2 - Correcting pens (non-erasable)
1 - Box colored pencils 12 count
1 - Markers thin tip 10 count & regular thick tip 12 count
1 - Box Crayons 24 count
1 - Scissors, small, sharp point
1 - Earbuds/Headphones
2 - Packs Magic Rub Erasers
4 - Jumbo glue sticks
2 - Highlighter Markers - 2 different colors
5 - Single-Subject spiral notebooks w/pockets
3 - 2-pocket 3-pronged folders (Blue, Red & Yellow - One of Each)
2 - Ultra Fine Black Sharpie
2 - Fine Black Sharpie
1 - Ruler
1 - Pack of 4 Expo Dry Erase Markers
Disinfecting Cleaning Wipes
Kleenex
NO BINDERS **allowed in the classroom!**

Optional Classroom Donations

Avery Labels 5160
3 x 3 Post-It notes
Astro Brite Colored Copy Paper (any color)
White Cardstock Paper
Hand Sanitizer