



Leading... in Learning, Caring, and Growing

Littleton Elementary School District #65

REGISTRATION INFORMATION REQUIREMENTS

The following forms are required and must be provided in order to complete the registration process:

➤ ***Proof of address***

Please note: *A driver's license, personal check stub or hand written receipts from a landlord ARE NOT valid Proof of Address.*

The following will satisfy this requirement:

- **Lease agreement or mortgage statement**
- **Utility bill** - light, water or gas only. NO telephone, cell phone or cable bill accepted. If staying with friends or other family members, we require a copy of their lease agreement or utility bill along with a notarized letter signed by the person(s) you are staying with. The notarized letter signed by the person(s) you are staying with. The notarized letter must indicate who in your family is staying with them and the length of time that you will staying with them. (The owner/lease holder of the property must be the one to sign before a notary public).

All addresses are subject to Address Verification and/or a Home Visit by our School Resource Officer.

- ***Birth Certificate***
- ***Current Immunization Record***
- ***Withdrawal slip and last report card from last school (if applicable)***
- ***Proof of guardianship and Identification Card (if applicable)***

If the student is living with someone other than the parent, you must provide necessary LEGAL DOCUMENTATION to verify such information. If there are any legal custody issues, legal documentation must be provided such as: (i.e. Full/Joint/Temporary Custody Court Orders, Restraining Orders, or Orders of Protection, etc.

ONLY a Legal Parent(s)/Guardian can enroll a student. Legal Parent(s)/Guardian MUST sign ALL documents.



For office use only		School of Attendance	
Teacher _____	Rm. _____	Address Area: _____	
Date _____	Grade: _____	<input type="checkbox"/> Collier	Student SAIS #: _____
Entry Date _____	Code: _____	<input type="checkbox"/> Country Place	Student ID #: _____
Red Tag.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Estrella Vista	Immunization <input type="checkbox"/> Yes <input type="checkbox"/> No
Has child ever been retained?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Littleton	Birth Certificates <input type="checkbox"/> Yes <input type="checkbox"/> No
Has child ever been expelled?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Quentin	Proof of Residency <input type="checkbox"/> Yes <input type="checkbox"/> No
Variance.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Tres Rios	Identification <input type="checkbox"/> Yes <input type="checkbox"/> No
Open Enrollment.....	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Student's Legal Last Name: _____ First: _____ Middle: _____

Birth Date: _____ Birth State/Country: _____ Male Female

Both Part 1 and Part 2 questions must be answered:

Part 1: Race: What is the student's race? (Choose one or more)

American Indian/Alaska Native Asian Black/African American Native Hawaiian/Pacific Islander White

Part 2: Ethnicity: Is the student Hispanic or Latino? (Choose one) No, not Hispanic or Latino Yes, Hispanic or Latino

Please specify who the student lives with: Mother Father Stepmother Stepfather Aunt/Uncle Grandparents Legal Guardian

Street Address: _____ City: _____ Zip: _____

Mailing Address(If different): _____ City: _____ Zip: _____

Home Telephone: _____ Work/Day phone #: _____ Email: _____

Mother's Name: _____ Occupation: _____ Cell Phone: _____

Father's Name: _____ Occupation: _____ Cell Phone: _____

Legal Guardian: _____ Occupation: _____ Cell Phone: _____

If Separated or Divorced, who has legal custody of this child? _____

Does the other parent have visitation rights? Yes No If No: Copies of papers furnished: Yes No

Brothers and Sisters in the Littleton Elementary School District			The following people have permission to pick up my child and may be notified in an emergency:		
Name	School	Grade	Name	Relationship to child	Phone Number

School Last Attended: _____ **City:** _____ **State:** _____

Previously enrolled in this District? Yes No When _____ What School? _____

Previously enrolled in a school in Arizona? Yes No When _____ What School? _____

Previously enrolled in a school outside the U.S.? Yes No When _____ What School? _____

Responses to the statement below will be used to determine whether your child will be assessed for English Language Proficiency

What is the primary language used in the home regardless of the language spoken by the student? _____

What is the language most often spoken by the student? _____

What is the language that the student first acquired? _____

Please check all the programs that your child has been a part of : Gifted Special Ed Bilingual Speech 504 Other None

The above information is accurate and complete to the best of my knowledge:

Signature Parent/Guardian

Date

Req. Recs. Needs Nurse Food Service Transportation McKinney-Vento/Migrant ELL Special Ed



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Littleton Elementary School District
Emergency Medical Referral Card

Student Name: _____ DOB: _____ Grade: _____
Home Address: _____ Email: _____
Mailing Address: _____ Home#: _____
Mother/Guardian: _____ Cell #: _____ Work# _____
Father/Guardian: _____ Cell:# _____ Work# _____

Name of person/s that my child may be released to:

Name: _____ Relationship: _____
Address: _____ Phone: _____

Name: _____ Relationship: _____
Address: _____ Phone: _____

Medical History (Check all that apply)

Asthma [] Physical Handicap [] Hepatitis [] Diabetes [] Heart Condition [] Seizures [] Valley Fever []
T.B. or contact [] Hearing Loss [] Wears Glasses [] Epi-Pen []
Varicella/Chickenpox [] Date: _____ Allergies [] Type _____

Injuries: _____ Date: _____

Fractures: _____ Date: _____

Surgical History of Student (include dates if known): _____

Approx. Dates: _____

Is student on medication? [] Yes [] No

If Yes, for what condition? _____

What medication? _____

Other: _____

My child has permission to receive the following:

Generic Tylenol [] Generic Calamine Lotion [] Saline Eye Wash [] Cough Drops [] Lozenge []
Generic Ibuprofen/Motrin [] Tums []

I, the undersigned parent/guardian hereby give my consent for the above child to be released to the relative/
friend I have designated and/or to be taken to the nearest hospital in case of emergency.

Signature of Parent _____ Date: _____

This information may be shared with the Littleton Elementary School District school staff on a need to know basis.



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SPECIAL EDUCATION INFORMATION SURVEY

Parents or guardians of students should complete this form at time of enrollment:

In order to provide continuity in the educational environment, it is important that we are informed of any special education services previously received by your child. Please complete the following form and feel free to add any comments in the space provided below.

Student Name: _____ DOB: _____

Previous School: _____

How long was your child at this school? _____

Has your son/daughter ever had any Special Education Services provided for him/her at a previous school? Yes No

Has your son/daughter ever been tested for Special Education? Yes No

Have you ever signed an Individualized Education Plan (IEP) that provides for Special Education Services? Yes No

Has your son/daughter received any Special Education Services in the past but is no longer in need of these services? Yes No

Please check the special programs that your student has participated in:

Specific Learning Disability (SLD) or Resource room support for math, reading or writing help

English as a Second Language Program, pulled out to learn English

Speech and Language therapy - SLI

Orthopedic Impairment (Physical or Occupational Therapy for fine motor skills) - PT/OT

Hearing Impairment - HI

Visual Impairment - VI

Other Health Impairment - OHI

Emotional Disability, Self-Contained Classroom for Behavior - ED

Self-Contained-Smaller classrooms for slower learners

Self-Contained-Smaller classrooms for Life Skills (Multiple Disabilities)

Traumatic Brain Injury – TBI

Section 504 Accommodation Plan

Gifted Program

Other or comments: _____

Signature of Parent: _____ Date: _____



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Student Residency Questionnaire

Collier [] Country Place [] Estrella Vista [] Littleton [] Quentin [] Tres Rios []

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency information help determine the services the student may be eligible to receive.

Name of Student _____ Male [] Female []
Last First Middle

Date of Birth ____/____/____ Age _____ Social Security # _____
Month/Day/Year

- 1. Is your current address a temporary living arrangement? []Yes []No
2. Is this temporary living arrangement due to loss of housing or economic hardship? [] Yes [] No

If you answered YES to the above two questions, please complete the remainder of this form.
If you answered NO to either of the above two questions, you may STOP HERE.

Where is the student presently living? (Check one box.)

- [] In a motel
[] In a shelter
[] With more than one family in a house or apartment (other family owns or rents the house or apartment)
[] Moving from place to place
[] In a place not designated for ordinary sleeping accommodations (i.e. car, park or camp site)
[] With friends or family members (other than parent/guardian)

Name of Parent(s)/Legal Guardian(s) _____ Phone _____

Address _____ Zip _____

Alternate Contact Person _____ Relationship _____

Phone _____

Signature of Parent/Legal Guardian _____ Date _____

For Office Use Only

Please send a copy to Federal Programs at the District Office. Fax 623-478-5645

I certify the above named student qualifies for the Child Nutrition Program under the provisions of the McKinney-Vento Act.

Date _____ McKinney-Vento Liaison Signature _____



State of Arizona
Department of Education
Office of English Language Acquisition Services

**Primary Home Language Other Than English (PHLOTE)
Home Language Survey**
(Effective April 4, 2011)

These questions are in compliance with Arizona Administrative Code, R7-2-306(B)(1), (2)(a-c).

Responses to these statements will be used to determine whether the student will be assessed for English Language Proficiency.

1. What is the primary language used in the home regardless of the language spoken by the student? _____
2. What is the language most often spoken by the student? _____
3. What is the language that the student first acquired? _____

Student Name _____

Date of Birth _____

Parent/Guardian Signature _____ Date: _____

(For Office Use Only)

Student ID: _____ SAIS ID: _____



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Littleton Elementary School District Proof of Address

Collier Country Place Estrella Vista Littleton Quentin TRES Rios

Student Name: _____
Nombre del Estudiante

Parent/Guardian Name/: _____
Nombre Nombre del padre, madre o tutor

Physical Address: _____
Domicilio físico

Date: _____
Fecha

In order to register your child/children in the Littleton Elementary School District, you must provide documentation indicating your place of residence. Proof of residence maybe demonstrates with documentation such as (*A fin de inscribir a su hijo o hijos en el Distrito Escolar Littleton, es necesario que proporcione documentos que verifiquen su domicilio tales y como los siguientes*):

1. Mortgage or Rental/Lease Agreement or annual tax statement
Contrato de arrendamiento o hipoteca o estado de cuenta anual de sus impuestos a la propiedad
2. Purchase/Escrow agreement
Contrato de plica o compra del hogar.
3. Utility Bill – Light, Water or Gas ONLY
Recibo de servicios públicos: recibo de luz, agua o gas SOLAMENTE
4. Notarized statement from landlord
Declaración notariada de su arrendador (landlord)

I swear/affirm that the above information is accurate (*Afirmo y juro que la información indicada arriba es correcta*).

Parent/Guardian Signature: _____
Firma del padre, madre o tutor

Please be advised: If it is reported that you do not live in the Littleton Elementary School District and an investigation indicated non-residence; your child/children will be withdrawn from school. (*De informarnos que usted no vive en la zona de asistencia del Distrito Escolar Littleton y una investigación lo confirma, su hijo o hijos serán dados de baja de la escuela.*)

TO BE COMPLETED BY SCHOOL PERSONNEL

The following document, _____ was presented to me as Proof of Address.

Employee Signature: _____ Date: _____



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Littleton Elementary School District #65/ Distrito Escolar Littleton #65 Library Permission Slip/Formulario de permiso para la biblioteca

Collier Country Place Estrella Vista Littleton Quentin Tres Rios

Student Name / Nombre de estudiante: _____

I give my son or daughter permission to check out books from the Littleton Elementary School District Library.
Doy permiso a mi hijo(a) para que saque a préstamo libros de las bibliotecas del Distrito Escolar Littleton.

My child and I will do our best to take care of the books and to return them promptly after use.
Mi hijo(a) y yo haremos todo lo posible para cuidar de los libros y devolverlos pronto después de leerlos.

If the library books are damaged, lost or not returned, I take full responsibility and will pay for the cost of the book(s). *Si los libros de la biblioteca se pierden, deterioran o no se devuelven, me haré totalmente responsable y pagaré el costo del libro o libros.*

Parent Signature / Firma del padre, madre o tutor:

Student Signature / Firma del estudiante

Date / Fecha

Teacher Name / Nombre del maestro(a)



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Littleton Elementary School District #65 Use of Technology Resources In Instruction

Electronic Information Services User Agreement

Details of the user agreement shall be discussed with each potential user of the electronic information services. When the signed agreement is returned to the school, the user may be permitted use of EIS resources.

Terms and Conditions

Acceptable Use. Each user must:

- Use the EIS to support personal educational objectives consistent with the educational goals and objectives of the School District.
- Agree not to submit, publish, display, or retrieve any defamatory, inaccurate, abusive, obscene, profane, sexually oriented, threatening, racially offensive, or illegal material.
- Abide by all copyright and trademark laws and regulations.
- Not reveal home addresses, personal phone numbers or personally identifiable data unless authorized to do so by designated school authorities.
- Understand that electronic mail or direct electronic communication is not private and may be read and monitored by school-employed persons.
- Not use the network in any way that would disrupt the use of the network by others.
- Not use the EIS for commercial purposes.
- Follow the District's code of conduct.
- Not attempt to harm, modify, add/or destroy software or hardware nor interfere with system security.
- Understand that inappropriate use may result in cancellation of permission to use the educational information services (EIS) and appropriate disciplinary action up to and including expulsion for students.

In addition, acceptable use for District employees is extended to include requirements to:

- Maintain supervision of students using the EIS.
- Agree to directly log on and supervise the account activity when allowing others to use District accounts.
- Take responsibility for assigned personal and District accounts, including password protection.
- Take all responsible precautions, including password maintenance and file and directory protection measures, to prevent the use of personal and District accounts and files by unauthorized persons.

Personal Responsibility. I will report any misuse of the EIS to the administration or system administrator, as is appropriate.

I understand that many services and products are available for a fee and *acknowledge my personal responsibility for any expenses incurred without District authorization.*

Network Etiquette. I am expected to abide by the generally acceptable rules of network etiquette. Therefore, I will:

- *Be polite and use appropriate language.* I will not send, or encourage others to send abusive messages.
- *Respect privacy.* I will not reveal any home addresses, or personal phone numbers or personally identifiable information.
- *Avoid disruptions.* I will not use the network in any way that would disrupt use of the systems by others.
- *Observe the following considerations:*
 - Be brief.
 - Strive to use correct spelling and make messages easy to understand.
 - Use short and descriptive titles for articles.
 - Post only to known groups or persons.

Services.

The School District specifically denies any responsibility for the accuracy of information. While the District will make an offer to ensure access to proper material, the user has the ultimate responsibility for how the electronic information service (EIS) is used and bears the risk of reliance on the information obtained.

I understand and will abide by the provisions and conditions indicated. I understand that any violations of the above terms and conditions may result in disciplinary action and the revocation of my use of information services.

Name (printed) _____ Signature _____
(Student or Parent)

Date _____ School _____ Grade _____

Note that this agreement applies to both students and employees

The user agreement of a student who is a minor must also have the signature of a parent or guardian who has read and will uphold this agreement.

Parent or Guardian Cosigner

As a parent or guardian of the above named student, I have read this agreement and understand it. I understand that it is impossible for the School District to restrict access to all controversial materials, and I will not hold the district responsible for materials acquired by use of the electronic information services (EIS). I also agree to report any misuse of the EIS to a School District administrator. (Misuse may come in many forms but can be viewed as any messages sent or received that indicate or suggest pornography, unethical or illegal solicitation, racism, sexism, inappropriate language, or other issues described in the agreement).

I accept full responsibility for supervision if, and when, my child's use of the EIS is not in a school setting. I hereby give my permission to have my child use electronic information services.

Parent or Guardian Name (print): _____

Signature: _____ Date: _____



Collier Country Place Estrella Vista Littleton Quentin TRES Rios

The Littleton Elementary School District believes in high standards for its students and staff and that effective schools are a result of families, school staff and district staff working together for each child's success in school. A commitment by everyone involved will ensure the best possible climate for a good education for all children. A Learning Compact is an agreement among groups toward that goal. This agreement is a promise that students, school and district staff, and parents/guardians will work together toward student success.

Parent/Guardian Responsibilities

I want my child to achieve; therefore, I will do the following:

- See that my child gets adequate food and sleep.
- See that my child arrives at school everyday on time, in uniform, and remains for the entire day.
- Reinforce school and classroom rules.
- Set aside a specific time and place for homework and review it nightly, along with other school information
- Maintain positive communication with my child's teacher as needed and attend parent/teacher conferences.

Student Responsibilities

It is important that I work to the best of my ability, therefore, I will strive to do the following:

- Arrive at school everyday on time, in uniform, and remain for the entire day.
- Show responsible behavior by following school and classroom rules.
- Respect myself, my school, and other people.
- Complete all class and homework assignments to the best of my ability.
- Share my classroom work and school information with my parents/guardians nightly.

Teacher Responsibilities

It is important that students achieve; therefore, I will strive to do the following:

- Hold high expectation for all students, believing that all students can learn and progress.
- Strive to meet the individual needs of all students in my class.
- Make the classroom and myself accessible to parents/guardian nightly.
- Communicate to students and parents/guardians expectations for homework, class work, and behavior(Provide translation as needed)
- Encourage students to do their best.
- Provide homework assignments Monday through Thursday that will reinforce classroom instruction.

District/Principal Responsibilities

I Support this compact; therefore, I will strive to do the following:

- Provide an open door policy for parents/guardians.
- Ensure a safe and orderly learning environment.
- Reinforce the partnership between parent/guardian, student and staff.
- Hold regular information/discussion meeting for all parents/guardian. (Provide translations as needed)
- Encourage teachers to regularly provide homework assignments Monday through Thursday that will reinforce classroom instruction.

Parent/Guardian Signature _____ Student Signature _____

Student Name: _____ Date _____

Teacher Name: _____ Room _____



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Littleton Elementary School District C.U.T.S. Program

Dear Parent/Guardian,

School attendance is not only a good habit, state law requires it. Arizona State Law (15-802.A, 15-803.E) requires every person who has custody of a child between the ages of six and sixteen years shall make sure the child attends school for the full time school is in session unless unable to attend due to illness or another legitimate reason.

To encourage and improve school attendance, **Littleton Elementary School District** has implemented a truancy program in partnership with Maricopa County Juvenile Court. This truancy program is called C.U.T.S. (Court Unified Truancy Suppression). We will be tracking attendance very closely. Your child is expected to be at school every day, unless there is an excused reason not to be. An absence is defined as a minimum of one missed class period per day. An unexcused absence will count as a truant day as defined by law. A student is **“habitually truant”** if he/she has **five or more unexcused absences** from school. A student that is **absent more than ten percent (19 days)** of the required number of school days per year is considered to have **“excessive absences” whether the absence is excused or unexcused.**

When a student has **five** or more unexcused absences or **18** excessive absences (excused OR unexcused), the student can be cited to the CUTS Program through the Juvenile Court. The hearing will be held on the school campus with representatives from **Littleton Elementary School District** and the Juvenile Court. A parent or legal guardian must be present with the student at the time of the hearing. Consequences at the hearing may include the following: required attendance of the parent and the child at an education class (to be held on Saturdays), work hours assigned to the child, counseling, etc. The parent will be assessed a Diversion fee. Failure to complete these consequences may result in suspension of your child’s driver’s license, or inability to get a driver’s license until their 18th birthday and/or formal court proceedings. It is the parent’s/ guardian’s responsibility to ensure their child’s attendance in an approved academic setting. If you fail to take the necessary steps to provide your child with appropriate education you may receive a citation. If convicted, it is a Class 3 misdemeanor punishable by jail time and/or fine.

The education of your child is extremely important to us. This program is another way that **Littleton Elementary School District** is working with the community to ensure a quality education for all students. If you have any questions or concerns, please feel free to contact **Littleton Elementary School District** at 623-478-5600.

Thank you for your support regarding this program.

Littleton Elementary School District



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Authorization to Release/Request Student Records

Autorización para solicitar y emitir los expedientes del estudiante

Student Name/Nombre del estudiante: _____

DOB/Fecha de nacimiento: _____

Parent/Guardian/Padre, madre o tutor: _____

Previous School/Escuela anterior: _____

Previous School Address/Domicilio de la escuela anterior: _____

Previous School Phone/Teléfono de la escuela anterior: _____

Previous School Fax/Fax de la escuela anterior: _____

Office Personal Requesting Record/Personal de la oficina que solicita el expediente: _____

Was your student in the **ELL** Program? / ¿Participó el estudiante en un programa ELL? Yes/Sí No

Was your student in **Special Education**? / ¿Participó el estudiante en un programa de Ed. Especial? Yes/Sí No

Please mail or fax all records to:

Special Education Records will be requested by the Littleton Elementary School District Special Education office. Please **DO NOT** send any SPED records to individual schools. For more information please contact:

Littleton Elementary School District
Special Education Department
(623) 478-5613 – Phone
(623) 478-5645 - FAX

All information will be used in a confidential and professional manner in the best interest of the student named above.

La información se tratará de manera confidencial y para el mejor provecho del estudiante mencionado.

In accordance with the Family Educational Rights and Privacy Act of 1974, I hereby authorize the Littleton Elementary School District to request ALL student records including Special Education./De conformidad con la Ley de Derechos Educativos y de Privacidad de la Familia de 1974, por este medio autorizo al Distrito Escolar Littleton para que solicite **TODOS** los expedientes del estudiante, incluyendo los de Educación Especial.

Parent/Guardian Signature/Firma del padre o tutor

Date/Fecha

**OPTIONAL K-8 STUDENT SUPPLY LIST**

This supply list represents optional, supplementary items which you may supply at your discretion. Arizona law requires that public schools provide the supplies required for academic success. All materials required for a student's education will be provided by the Littleton Elementary School District. Teachers may recommend additional student supplies during the year as supplemental supports for your child's classroom. If you have questions regarding the optional supply list, please contact your child's school.

Kindergarten

- | | | |
|----------------------------------|---------------------------------|-----------------------------------|
| 1 – box 8 color washable markers | 2 - composition books | 12 – pencils (No. 2) |
| 1 – box 24 crayons | 10 – glue sticks | 3 – pocket folders (solid colors) |
| 1 – box freezer zip bags | 2 – handheld erasers | 1 – package sanitary wipes |
| 1 – box snack size zip bags | 1 – large box of facial tissues | |
| 1 – box 4 dry erase markers | 1 – pencil box | |

1st Grade

- | | | |
|----------------------------------|--------------------------------|-----------------------------------|
| 1 – box 8 color washable markers | 2 – handheld erasers | 5 – pocket folders (solid colors) |
| 1 – box 24 crayons | 1 – large box of facial tissue | 1 – spiral notebook |
| 2 – composition books | 1 – package 3x5 index cards | 1 – package sanitary wipes |
| 10 – glue sticks | 1 – pencil box | |
| 1 – box 4 dry erase markers | 12 – pencils (No. 2) | |

2nd Grade

- | | | |
|----------------------------------|---------------------------------|-----------------------------------|
| 1 - box 8 color washable markers | 1 – box 4 dry erase markers | 1 – pencil box |
| 1 – box 24 crayons | 2 – handheld erasers | 12 – pencils (No. 2) |
| 2 – composition books | 1 – large box of facial tissues | 5 – pocket folders (solid colors) |
| 10 – glue sticks | 1 – package 3x5 index cards | 1 – spiral notebook |

3rd Grade

- | | | |
|----------------------------------|---------------------------------|--------------------------------|
| 1 – box 8 color washable markers | 1 – highlighter | 2 – red pens |
| 1 – box 24 crayons | 1 – large box of facial tissues | 1 – ruler (inches/centimeters) |
| 2 – composition books | 1 – package 3x5 index cards | 1 – spiral notebook |
| 5 – glue sticks | 1 – pencil box | 1 – box 4 dry erase markers |
| 2 – handheld erasers | 12 – pencils (No. 2) | |

4th Grade

- | | | |
|-------------------------------------|-----------------------------------|-----------------------------------|
| 1 – box 24 crayons | 1 – large box facial tissues | 1 – ruler (inches/centimeters) |
| 2 - composition books | 1 - package 3x5 index cards | 1 – set colored pencils |
| 5 – glue sticks | 5 – pads temporary adhesive notes | 1 – three-subject spiral notebook |
| 2 – handheld erasers | 1 – pencil box | 1 – box 4 dry erase markers |
| 2 – highlighters (different colors) | 12 – pencils (No. 2) | |

5th – 8th Grade

- | | | |
|----------------------------------|-----------------------------------|--------------------------------|
| 2 – spiral notebooks | 4 – highlighters (2 colors) | 12 – pencils (No. 2) |
| 2 – composition books | 1 – large box of facial tissues | 1 – protractor |
| 1 – five-subject spiral notebook | 1 - package blue/black pens | 1 – ruler (inches/centimeters) |
| 2 – glue sticks | 1 – package red pens | 1 – set colored pencils |
| 1 – handheld pencil sharpener | 2 – packages 3x5 index cards | |
| 1 – box 4 dry erase markers | 5 – pads temporary adhesive notes | |