**Student Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Enrollment Date: \_\_\_\_\_\_ Current Grade: \_\_\_\_\_\_\_\_\_**

**Student Folder Requirements:**

* Completed Enrollment Form
* Medical Forms
* Student Release
* Technology Forms (Gr. 5+)
* Handbook Agreement & Internet/Website Posting
* Acceptable Use Policy (Pre k +)
* Policy Manual Sign Off
* Intake for children in Daycare/Preschool
* Copy of Passport Photo Page ~~PP Expiration: \_\_\_\_\_\_
* Copy of Passport Visa Stamp ~~Expires: \_\_\_\_\_
* Copy of Birth Certificate
* Immunization Records
* Directions to Home/Map
* Official School Records

 **Enrollment Form**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Current Date Anticipated Enrollment Date

Name of Child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Parents \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birth Date of Child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age of Child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex of Child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ethnic background (Optional):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Anticipated Grade Level \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address – Permanent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address – St. Kitts \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone – Permanent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone – St. Kitts \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Schools or Daycare child has attended with dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Languages spoken at home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other languages spoken\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List unique features of this child or describe special considerations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any known allergies of this child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* School records, if any, should be provided along with this application.
* Health records must be on file at Ross as well. Children must be immunized (age appropriate) with the following: DPT, DT or Td – Diphtheria, Tetanus, Pertussis (Whooping Cough) Minimum of 4 doses

Polio Minimum of 4 doses

Measles/Rubella/Mumps Minimum of 2 doses

(2 doses plus one after 15 months)

* Evidence of booster doses of diphtheria/tetanus if 10 years has lapsed since the last dose was administered.
* A history of having the disease of measles and/or mumps will be accepted only if confirmed by a physician and submitted in writing at the time of enrollment. A history of rubella will be accepted only if confirmed by laboratory evidence of rubella immunity and submitted in writing at the time of enrollment. Medical reasons for non-immunization (MMR) should be brought to the attention of the nurse and the superintendent of Ross Prep School.

I/we are committed to working in partnership with teachers, administration and students of the Ross Prep School.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Parent / Guardian Parent / Guardian

 **Ross Preparatory School**

 **Student Medical Information**

Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical conditions, problems, allergies, etc. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Information

Parent1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Student/Faculty/Other)

Phone Number (Day) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Evening) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Cell) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Student/Faculty/Other)

Phone Number (Day) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Evening) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Cell) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person to contact if a parent cannot be reached \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number (Day) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Evening) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Cell) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent / Guardian Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent / Guardian Signature Date

 **Student Release Form**

Please list persons who are authorized to pick up your child in the event you are unable to do so.

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Emergency Person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Emergency Person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* **You may update this file at any time with the Executive Assistant.**

Technology Agreement Form

Students in grades 5 and up are issued an educational tool and should be used in that capacity only. Failure to comply with the Student Computer Acceptable Use Policy and these guidelines will result in loss of take-home privileges.

Before a student is granted permission to take their assigned technology device home, he/she and his/her parent or guardian must sign the attached permission form.

Before the technology is assigned to a student, the parents or guardians must assume financial responsibility for the equipment by signing the attached Technology Agreement Form. The approximate replacement cost of the technology is $500 USD.

If the technology has a failure of an internal part, repairs are at no cost. If the technology assigned to your child is lost, stolen or damaged through negligence, vandalism, or failure to follow the proper care guidelines, then you are responsible for the cost of repair or replacement.

(Students/Parent initial here)\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When the student takes technology home, it must be returned to the school on the next school day. Failure to return the equipment on time may result in loss of the privilege of taking the equipment home again. It is expected that the equipment will be returned to school for use during the school day.

(Students/ Parent initial here) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

All technology is the property of the Ross Preparatory School. Ross Preparatory reserves the right to demand the immediate return of the equipment at any time. The student who has signed the agreement should only use the technology.(Students/ Parent initial here) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you, as the parent/guardian, would rather that the technology NOT be brought home, please inform the school by checking the appropriate box on the permission form and we will honor this request.

I agree to the guidelines and procedures outlined on this form and agree to take full responsibility (including financial) for the laptop.

\_\_\_\_\_ I give permission for my child to sign out a technology device for use at home.

\_\_\_\_\_ I decline permission for my child to sign out a technology device for use at home.
Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ross Prep Parent – Student Handbook and
Internet/Website Posting Agreement

 **Parent – Student Handbook Agreement:**I have read the Ross Prep School Parent – Student Handbook and agree to abide by the guidelines and principles states therein.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Parent/Guardian Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Parent/Guardian Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Student Date

**Internet/Website Posting Agreement**

As an educational community, we have always been proud to share our students’ learning success with you, their parents, as well as the Ross community. This means posting images and copies of work samples on our website, in our newsletters, in marketing materials and within Ross publications.

Our website is a tool to communicate with school families, teachers, prospective students and the larger community. To enhance this experience we often use photos, videos or student work to show student involvement in various activities and projects. Your child’s safety, though, is a top priority for us. We do not, therefore, believe in posting student’s names anywhere on the website.

( ) I give permission to Ross Prep School to include my child’s image and/or work on the website and in other publications. I understand that posting on the Internet can be seen throughout the world by anyone with access to the World Wide Web therefore, for security, my child’s name will not be posted.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Date

**Acceptable Use Policy and Parent Permission Form for Pre-K– 8th grade**

Parents/Guardians: Please read this with your child so that they may understand it. You and your child should sign the bottom portion of this form and return it to school as soon as possible. Students will not be permitted to use the device or internet unless this document is signed and on file in the office.
**Student Agreement**In the digital age, we all have many opportunities. With these opportunities comes responsibility. Below is a list of guidelines that you are asked to follow at all times while on campus and/or using a school issued device. These guidelines apply to the following areas: computer, internet, networks, cell phones and internet activities such as blogging, posting and video conferencing. The network or device is provided for students to conduct research and complete assignments. Students are responsible for good behavior throughout campus and school day and this includes acting considerate and responsible while using electronics devices of all kinds. Access is a privilege – not a right. All files on computers are like lockers: network administrators may review files and communications to insure that users are using the system responsibly.  **Students must initial each of the following bullet points shown below. While using electronic communication tools:**

* I will use technological tools appropriately and only when I have permission from my teacher. \_\_\_\_\_\_\_\_\_\_
* I will take care of the computer that I am using by following directions. I will not damage, modify or trespass in others files. \_\_\_\_\_\_\_\_\_\_
* I will follow directions and only use the Internet sites that my teacher has directed me to use. I will not access social network sites or sites that contain inappropriate material and language. \_\_\_\_\_\_\_\_\_\_
* I will not bypass local site restrictions by using other websites. \_\_\_\_\_\_\_\_\_\_\_\_
* I will protect myself and my friends by never giving my name, phone number, picture or address or that of my friends to anyone online. I will never post names, phone numbers, pictures or videos of others. \_\_\_\_\_\_\_\_\_\_
* I will not use technology to engage in cheating or plagiarism. \_\_\_\_\_\_\_\_\_\_
* I will not use technology to harass, intimidate or threaten anyone, nor disrupt the operation of the school. If I am being bullied or harassed, I will tell my parents or school official. \_\_\_\_\_\_\_\_\_\_

**Student Agreement:**As a user of the Ross Prep School computer network, I have read and agree to comply with the above. I understand that by violating any of the rules above, I am subject to school disciplinary action up to and including the loss of using computer technology on campus. I understand that some materials on the Internet may be objectionable, but I accept responsibility for using good judgment when selecting, sharing or exploring information and media. When I am not sure, I will seek guidance from teachers.

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Agreement:**All students are provided with access to school computer resources. I grant permission for my child to use these resources as outlines in this document to honor all school rules and restrictions. I understand that tis policy encompasses use of all communication devices while on campus. I understand that some materials on the internet may be objectionable, but I accept responsibility for guidance of Internet use – setting and conveying standards for my child to follow when selection, sharing or exploring information and media.

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Policy Manual Sign-off Form**

**Attendance/Homework:**

I have read the above policy manual and agree to adhere to the terms and conditions stated above so that I can work in conjunction with the school in ensuring my child has regular attendance and completes their homework as assigned.

**Health Policy:**

I have read the above policy and will adhere to the rules outlined above as it relates to the health and well-being of my child.

**Dress Code:**

I will ensure that my child is dressed according to our policy on a daily basis.

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Code of Conduct:**

I have reviewed the above expectations and consequences with my child. I agree to work with the school and my child to ensure that they are meeting the expectations laid out above.

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Intake for Children in Daycare/Preschool**

By providing complete information about your child you will be assisting staff in creating a positive experience for your child while in our care. List any information about your child’s habits, abilities or personality that you feel will be helpful to the staff while caring for your child.

 Birthdate First Day of Attendance

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Name (Last, first) Nickname or Name we should use

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent 1Name Parent 2 Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permanent Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Local Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone Parent 1 Cell Phone Parent 2 Cell Phone

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Health**

Note: Health conditions that may affect the care of the child must be recorded, including frequent colds, ear infections, colic, etc. (describe). This information will be shared with all individuals who provide care for the child.

**Meals**

Current Feeding Schedule How long has this schedule been in effect?

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Food Type (formula, strained, junior, table, milk type) Please specify

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Does child feed self? When eating is child held in lap? Placed in high chair? Other (describe)?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Special Feeding Issues? Food Allergies (Specify) Favorite Foods Refused Foods

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Sleep**

Current Sleep Schedule Length of time on this schedule

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Falls asleep easily (yes or no) Mood upon awakening (describe)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sleep position (back, side, or stomach) Note: Children under one year old must be placed on their backs unless we have a written statement from the child’s physician.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Diapering/Toileting**

Diaper Type Plastic Pants Used? Frequent Diaper Rash? Lotions/Powder/Salve Used

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Choose an item. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Toilet Training Attempted? If yes, describe routine

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of toilet seat used at home if any (potty chair, special toil seat, regular toilet seat, none)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have regular bowel movements? How often or how many times a day?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe toileting issues

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Verbal Communication**

What language or languages are spoken at home? Age child began talking?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child speaks in words only or sentences? Special words used to describe items or issues?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Comforting**

Does child have a “fussy” time? If yes, when? How do you handle it?

Choose an item. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How is child comforted (held, sung to, rocked, read to, other?)

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**Self-Expression**

What causes your child to feel angry or frustrated?

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What frightens your child and how is it shown?

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How does your child express feelings of happiness, enjoyment, satisfaction, etc.?

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Additional comments or things you would like us to know about your child’s self-expression.

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**Physical and Social Development**

Child sits up alone Choose an item. Pulls up him/herself? Choose an item.

Walks holding on? Choose an item. Walks without support?Choose an item.

Walks/Runs Click or tap here to enter text.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who lives in the child’s home?

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What holidays do you celebrate?

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Is your child used to playing with other children?

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Are there any issues your child has when playing with others?

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Additional comments or information that would be helpful to us about your child’s physical and social development

**Miscellaneous**

Child’s INDOOR favorite toys and activities

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s OUTDOOR favorite toys and activities

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Other information in ANY AREA about your child that would be beneficial to us.

Payment Plan Selection

Students Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2020-2021 Tuition: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Note: sibling discount of 5% for the second child, 10% for the third child. Discount is applied to the oldest child(ren).

**Current Payment option:**

\_\_\_ Payroll (10 months)

\_\_\_ 3 terms per year

I am happy with my current payment option \_\_\_ YES \_\_\_ NO

My new choice is:

\_\_\_ Payroll deduction (10 months)

\_\_\_ 3 terms per year

 Payments must be paid by the beginning of each term:

* Term 1 Due date: September 18th 2020
* Term 2 Due date: November 30th 2020
* Term 3 Due date: March 15th 2021
* **Payments can be made by cheque (US or EC) and Credit Card.**
* **The full-term payment even with early withdrawal unless 2 weeks**
* **If you would like to pay via credit card, a form will be emailed for you to fill out and submit to the Accounts department.**
* **Payments made via cheque can be brought in by the student and a receipt will be sent home.**
* **As a reminder, payments must be made by the due date noted on the invoice or there will be a late penalty of $100EC per month added to the bill.**

**By signing below, I hereby acknowledge that I have completely read and fully understand the Ross Preparatory School’s payment plan.**

**Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Student Supply List**

**Daycare/Preschool**

1. Small blanket and pillow for naptime
2. Additional blanket
3. Reusable water bottle with tight seal
4. Box of Band-aids (plain without characters preferred)
5. Change of clothes and 2 pairs of socks (in ziplock bag with child’s name on it)
6. Diapers & wipes (if your child is not potty trained)
7. Sunscreen
8. Bib
9. Lunch bag with name on it (send a snack, lunch and drink each day)
10. Backpack
11. Shoes without laces (slip on, Velcro, etc)
12. Socks daily

 **Preschool 2**

1. Small blanket and pillow for naptime
2. Reusable water bottle with tight seal
3. Box of Band-aids (plain without characters preferred)
4. Change of clothes and 2 pairs of socks (in ziplock bag with child’s name on it)
5. Sunscreen
6. Lunch bag with name on it (send a snack, lunch and drink each day)

Please send appropriate cutlery daily

NOTE: This classroom does not have access to a microwave or a refrigerator

1. Backpack (needs to be large enough to hold a folder)
2. Shoes without laces (slip on, Velcro, etc)
3. Socks daily

**Pre-K and Kindergarten**

1. Box of Band-Aids (plain without characters preferred)
2. Reusable water bottle with tight seal
3. Change of clothes and 2 pairs of socks (in ziplock bag with child’s name on it)
4. Sunscreen
5. Lunch bag
6. Backpack (needs to be large enough to hold a folder)
7. Box of 8 markers
8. Box of crayons (24)
9. 2 – Two pocked folders (plain with no pictures preferred)
10. Socks daily
11. **Additional Face Mask**

**1st – 2nd Grade**

1. 1 pack of crayons (24)
2. 1 pack of washable markers (12 or more, fat or thin)
3. 1 pack of colored pencils (12 or more)
4. 24 pencils
5. 5 large erasers
6. Pencil top erasers (optional)
7. 2 small handheld pencil sharpeners that collect the shavings
8. 1 pair of scissors (child size)
9. 1 ruler with centimeters and inches
10. Reusable water bottle with tight seal
11. 1 supply box
12. 3 – Two pocket folders
13. 4 marble primary composition notebooks
14. 1 bottle of Elmer’s glue
15. 4 highlighters
16. Sunscreen
17. **Additional Face Mask**

**3rd – 4th Grade**

1. 6 – 2 pocket folders (1 of each: red, yellow, blue, orange – if possible and 2 of any design)
2. 4 composition notebooks
3. 24 pencils
4. 5 erasers
5. 2 packs of wide rule loose leaf paper
6. 1 pack of colored pencils or crayons
7. 1 pack of markers
8. 1 bottle of Elmer’s glue
9. 4 highlighters
10. 1 ruler with centimeters and inches
11. Socks daily
12. Sunscreen
13. Change of clothes daily for PE & a plastic bag & deodorant to keep in locker
14. Hygiene kit/bags (deodorant, hand sanitizer, soap, tissue pack)
15. **Additional Face Mask**
16. Reusable water bottle with tight seal

**5th – 8th Grade**

1. 4 – 1 ½ inch binders (one for each core subject) No large binders please!
2. 5 – Two pocket folders
3. 4 packs of college rule loose leaf paper
4. 48 pencils
5. 1 pack of colored pencils and pencil case
6. 5 white erasers
7. 4 highlighters
8. Sunscreen
9. Socks daily
10. Change of clothes daily for PE & a plastic bag & deodorant to keep in locker
11. A flash drive if possible: very useful
12. Plastic safety goggles
13. Hygiene kit/bags (deodorant, hand sanitizer, soap, tissue pack)
14. **Additional Face Mask**
15. Reusable water bottle with tight seal