



**PARK RAPIDS**

CENTURY ELEMENTARY SCHOOL  
501 Helten Ave • Park Rapids • MN • 56470

McKenzie Spain-Brist  
mspainbrist@parkrapids.k12.mn.us

Hello Parents/Guardians,

Welcome to Park Rapids Century Elementary School!

Attached is the paperwork to enroll your child and some general information about our school. Once the enrollment papers are completed and returned, and we receive your child's records from their previous school along with a copy of their birth certificate, we will get them enrolled, scheduled, and set up with bussing. **We will also need a birth certificate and copy of your student's immunization records before they can begin school.** We will give you a call and let you know when they can start. Please do not send your child to school before then.

Please make sure to include your email address on the enrollment forms. This is the easiest way for teachers and the school to contact you with any questions, concerns, and school events.

If you have any questions please feel free to contact us at 218-237-6200, or email us [mspainbrist@parkrapids.k12.mn.us](mailto:mspainbrist@parkrapids.k12.mn.us)

Thank you,

**McKenzie Spain-Brist**  
**Administrative Assistant**  
**Century Elementary School**  
**501 Helten Ave**  
**Park Rapids, MN 56470**  
**PH: (218) 237-6200**  
**FX: (218) 237-6248**



**Century Elementary**  
 501 Helten Avenue  
 Park Rapids, MN 56470  
 218-237-6200

<b>SAC</b>	<b>Enrollment Date</b>	<b>Student ID</b>
<b>LLA</b>		<b>MARSS Number</b>

<b>Legal Student Last Name</b>	<b>Legal First Name</b>	<b>Legal Middle Name</b>	<b>Grade</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Date of Birth</b>	<b>Resident District</b> School District where student lives
<b>Student Address</b>	<b>City</b>	<b>Zip</b>	<b>Home Phone</b>	Where will this student go after school?	Has student ever attended a MN public school? Yes <input type="checkbox"/> or No <input type="checkbox"/>	

Legal Father of Student				Legal Mother of Student			
<b>Name</b>				<b>Name</b>			
<b>Address</b>				<b>Address</b>			
<b>City</b>	<b>State</b>	<b>Zip</b>		<b>City</b>	<b>State</b>	<b>Zip</b>	
<b>Employer</b>				<b>Employer</b>			
<b>Work Phone</b>		<b>Home/Cell Phone</b>		<b>Work Phone</b>		<b>Home/Cell Phone</b>	
<b>E-mail Address:</b>				<b>E-mail Address:</b>			

Student Lives with:		*If other than parents fill in information below:
Both Parents	<input type="checkbox"/>	<b>Name</b>
Mother	<input type="checkbox"/>	<b>Address</b>
Father	<input type="checkbox"/>	<b>City</b>
Step-Parent	<input type="checkbox"/>	<b>Employer</b>
Foster Parent	<input type="checkbox"/>	<b>Work Phone</b>
Guardian	<input type="checkbox"/>	Would you like the school to send correspondence to non-custodial parent?
Other	<input type="checkbox"/>	Is there anyone legally restrained from contact with this student?
		<b>MN Zip</b>

<p><b>Ethnicity</b></p> <p>Is this student Hispanic/Latino?  <input type="checkbox"/> No, not Hispanic/Latino  <input type="checkbox"/> Yes, Hispanic/Latino</p> <p style="text-align: center;"><b>Race</b></p> <p>No matter what you selected in the ethnicity question, please continue to answer the following by marking one or more boxes to indicate what you consider your student's race to be.</p> <p><input type="checkbox"/> 1. American Indian or Alaska  <input type="checkbox"/> 2. Asian  <input type="checkbox"/> 3. Black or African American  <input type="checkbox"/> 4. Native Hawaiian or Pacific Island  <input type="checkbox"/> 5. White</p> <p style="text-align: center;"><b>Home Language</b></p> <p>First language learned by pupil _____          Language normally used: By pupil at home _____          By parents at home _____ By student with friends _____</p>	
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<p style="text-align: center;"><b>Student Support Services</b></p> <p>Check those services that this student receives</p> <p><input type="checkbox"/> Speech/Hearing  <input type="checkbox"/> Developmental Delay (ECSE)  <input type="checkbox"/> Occupational Therapy/Physical Therapy  <input type="checkbox"/> Emotional Behavioral Disorder (EBD)  <input type="checkbox"/> Learning Disabled <input type="checkbox"/> DCD  <input type="checkbox"/> Title I <input type="checkbox"/> None of the above</p>	<p>School student is transferring from</p> <p>School Name _____</p> <p>School Address _____</p> <p>School Phone # _____ School Fax # _____</p>	<p>List any previous Minnesota schools attended</p> <p>_____</p> <p>_____</p> <p>Has child ever attended the Park Rapids School District before? Yes <input type="checkbox"/> or No <input type="checkbox"/></p>
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Student's Last Name

First Name

Middle Name

During the day, the child is usually cared for by:

Mother

Father

Grandparent

Day Care Provider

Day Care Provider Information: Name

Address

Phone

Conditions which could be important in an Emergency:

- Mild/Severe Asthma
- Seizures/Convulsions
- Medication Allergies (list)

Food Allergies: \_\_\_\_\_

Other Allergies \_\_\_\_\_

Heart Condition \_\_\_\_\_

Other \_\_\_\_\_

Has this child previously been enrolled in any early childhood development program? Yes  or No

If yes provide Program Name \_\_\_\_\_

Has this child received an evaluation because of concerns about the child's overall health and development or because of suspected development delay?

YES  NO  Don't Know  Give Details \_\_\_\_\_

Did the evaluation result in eligibility for the child and family to receive early intervention services? YES  NO

Yes  No  I give my permission to Head Start/Pals to transport and/or obtain emergency medical and dental care for my child should he/she have an accident or need emergency medical or dental care beyond the scope of Head Start/Pals staff.

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

PREFERRED MEDICAL FACILITY/PERSONNEL TO BE USED IN AN EMERGENCY

Primary Health Care Provider

Essentia Clinic – Park Rapids  
705 Pleasant Avenue  
Park Rapids, MN 56470

Doctor's Name \_\_\_\_\_  
If not Essentia Clinic-Park Rapids, list below  
Clinic Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Phone \_\_\_\_\_

Primary Dental Care Provider

Dental Clinic Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Phone \_\_\_\_\_

Hospital Emergency Room

St. Joseph's Area Health Service  
600 Pleasant Avenue  
Park Rapids, MN 56470  
218-732-3311

If not St. Joseph's, list below  
Hospital Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Phone \_\_\_\_\_

Local emergency contact persons if parent/guardian cannot be found or is delayed in arriving at school to pick up the child.

#1 Contact Name \_\_\_\_\_

Physical Address \_\_\_\_\_

City \_\_\_\_\_ ZIP \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Relationship to Child:  Grandparent  Aunt/Uncle  Brother/Sister  
 Step Parent  Other (list)

Is there anyone who is legally restrained from contact with your child? Yes  or No

Please provide a copy of the restraining order

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

#2 Contact Name \_\_\_\_\_

Physical Address \_\_\_\_\_

City \_\_\_\_\_ ZIP \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Relationship to Child:  Grandparent  Aunt/Uncle  Brother/Sister  
 Step Parent  Other (list)

This form must accompany the child, if he/she is taken to the clinic or hospital for emergency medical care.

**PARENT AUTHORIZATION FOR PICK-UP/DROP-OFF:** I give my permission for Park Rapids School to release my child to the following persons; to include taking my child off the bus and picking up my child from **Century Elementary** Attach additional names as needed or as changes occur

Name & Relationship

Address (Including City)

Work Phone/Home Phone/Message Number

Enter the dates for each vaccine your child has received to date. Specify the month, day, and year of each dose such as 01/01/2010.

# Immunization Form

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

## Immunizations required for child care, early childhood programs, and school.

Vaccine	Birth to 6 months	12 -24 months	At Kindergarten	At 7th grade	At 12th grade
Hepatitis B	<input type="text"/>	<input type="text"/>			
Diphtheria, Tetanus, Pertussis (DTaP, DT, Td)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>Haemophilus influenzae</i> type b (Hib)	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Pneumococcal (PCV)	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Polio	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Measles, Mumps, Rubella (MMR)		<input type="text"/>	<input type="text"/>		
Chickenpox (varicella)		<input type="text"/>	<input type="text"/>		
Hepatitis A		<input type="text"/>	<input type="text"/>		
Tetanus, Diphtheria, Pertussis (Tdap)				<input type="text"/>	
Meningococcal (MCV4)				<input type="text"/>	<input type="text"/>

Minnesota law requires children enrolled in child care, early childhood education, or school to be immunized against certain diseases, unless the child is medically or non-medically exempt.

### Instructions for parent or guardian:

- Fill out the dates in chronological order even if your child received a vaccine outside of the age/grade category that the box is in. Depending on the age of your child, they may not have received all vaccines; some boxes will be blank.
  - If you have a copy of your child's immunization history, you can attach a copy of it instead of completing the front of this form.
  - Your doctor or clinic can provide a copy of your child's immunization history. If you are missing or need information about your child's immunization history, talk to your doctor or call the Minnesota Immunization Information Connection (MIIC) at 651-201-3980 or 800-657-3970.
- Sign or get the signatures needed for the back of this form.
  - Document medical and/or non-medical exemptions in section 1.
  - Verify history of chickenpox (varicella) disease in section 2.
  - Provide consent to share immunization information (optional) in section 3.

**Instructions:** Complete section 1 to document a medical or non-medical exemption, section 2 to verify history of varicella disease, and section 3 to consent to share immunization information.

Name \_\_\_\_\_

**1. Document a medical and/or non-medical exemption (A and/or B).**

Place an X in the box to indicate a medical or non-medical exemption. If there are exemptions to more than one vaccine, mark each vaccine with an X.

Vaccine	Medical Exemption	Non-Medical Exemption
Diphtheria, Tetanus, and Pertussis		
Polio		
Measles, Mumps, Rubella		
<i>Haemophilus influenzae</i> type b		
Chickenpox (varicella)		
Pneumococcal		
Hepatitis A		
Hepatitis B		
Meningococcal		

**B. Non-medical exemption:** A child is not required to have an immunization that is against their parent or guardian's beliefs. However, choosing not to vaccinate may put the health or life of your child or others they come in contact with at risk. Unvaccinated children who are exposed to a vaccine-preventable disease may be required to stay home from child care, school, and other activities in order to protect them and others.

By my signature, I confirm that this child will not receive the vaccines marked with an X in the table because of my beliefs. I am aware that my child may be required to stay home from child care, school, and other activities if exposed.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(of parent or guardian in presence of notary)

**Non-medical exemptions must also be signed and stamped by a notary:**

This document was acknowledged before me  
on \_\_\_\_\_ (date)  
by \_\_\_\_\_  
(name of parent or guardian)

Notary Stamp

Notary Signature: \_\_\_\_\_  
STATE OF MINNESOTA, COUNTY OF \_\_\_\_\_

**A. Medical exemption:** By my signature below, I confirm that this child should not receive the vaccines marked with an X in the table for medical reasons (contraindications) or because there is laboratory confirmation that they are already immune.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(of health care practitioner\*)

**2. History of chickenpox (varicella) disease.** This child had chickenpox in the month and year \_\_\_\_\_

My signature below means that I confirm that this child does not need chickenpox vaccine because:

- I am a health care practitioner and this child was previously diagnosed with chickenpox or the parent provided a description that indicates this child had chickenpox in the past.
- I am the parent or guardian and this child had chickenpox on or before September 1, 2010.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(of health care practitioner\*, representative of a public clinic, or parent/guardian). Parent can sign if chickenpox occurred before September 2010.

\*Health care practitioner is defined as a licensed physician, nurse practitioner, or physician assistant.

**3. Consent to share immunization information:** This school is asking for permission to share your child's immunization record with Minnesota's immunization information system. Giving your permission will:

- Provide easier access for you and your school to check immunization records, such as at school entry each year.
- Support your school in helping to protect students by knowing who may be vulnerable to disease based on their immunization record. This can be important during a disease outbreak.

Under Minnesota law, all the information you provide is private and can only be released to those authorized to receive it. Signing this section of the form is optional. If you choose not to sign, it will not affect the health or educational services your child receives.

I agree to allow my child's school to share my child's immunization documentation with Minnesota's immunization information system:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(of parent/guardian)

# PARK RAPIDS AREA SCHOOLS-SPECIAL NEEDS FORM

STUDENT'S NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

SUBJECT: Special needs. Please answer the following so we may better serve your child.

1. My child was enrolled in a remedial program (Title I): YES or NO
2. My child has an IEP for the following areas (please check all that apply):
  - \_\_\_\_\_ ASD (Autism Spectrum Disorder)
  - \_\_\_\_\_ DAPE (Developmental Adapted Physical Education)
  - \_\_\_\_\_ DCD:MM (Developmental Cognitive Disability: Mild-Moderate)
  - \_\_\_\_\_ DCD:SP (Developmental Cognitive Disability: Severe-Profound)
  - \_\_\_\_\_ DD (Developmental Delay Early Childhood)
  - \_\_\_\_\_ DHOH (Deaf-Hard of Hearing)
  - \_\_\_\_\_ E/BD (Emotional/Behavioral Disorder)
  - \_\_\_\_\_ OHD (Other Health Disability)
  - \_\_\_\_\_ OT (Occupational Therapy)
  - \_\_\_\_\_ PI (Physically Impaired)
  - \_\_\_\_\_ PT (Physical Therapy)
  - \_\_\_\_\_ S/L (Speech/Language Impaired)
  - \_\_\_\_\_ SLD (Specific Learning Disability)
  - \_\_\_\_\_ SMI (Severely Multiply Impaired)
  - \_\_\_\_\_ TBI (Traumatic Brain Injury)
  - \_\_\_\_\_ VI (Visually Impaired)
3. My child wears glasses: YES or NO.
4. My child has behavior problems in school: YES or NO.
5. OTHER: \_\_\_\_\_.

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

DATE: \_\_\_\_\_

**PARK RAPIDS CENTURY ELEMENTARY SCHOOL**

**PARENT PERMISSION SLIP FOR FIELD TRIPS**

**Dear Parents,**

**During the current school year, the children of Park Rapids Century Elementary will be going on some educational field trips. If these trips require transportation, they will be transported by bus with a fully licensed driver. All of our planned field trips are during the regular scheduled school day and you will be notified of the date and location of the out of town field trips. If you will grant your child permission to go on field trips, please sign below and return the slip to school with your child. Students will not be able to go on these trips unless this form is returned with your signature.**

**Sincerely yours,**

**Mr. Le Mier  
Principal**

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**\_\_\_\_\_ has my permission to go on any of the planned field trips for the current school year at the Park Rapids Century Elementary School.**

**Signed \_\_\_\_\_**

**Grade \_\_\_\_\_ Teacher \_\_\_\_\_**

# CONSENT INFORMATION

## PICTURE/VIDEO CONSENT

I give Park Rapids Preschool permission to take pictures and/or videos of my child and family members in the classroom or home setting. These could be used within the classroom, in newspapers, newsletters, brochures, for parent-staff observations, training, community service awareness, public relations, promotions, etc.

Please circle one:                      Yes                      No

## CONSENT FOR CHILD TO RECEIVE SCREENINGS

I give my consent for my child to receive the following screenings (as recommended by Park Rapids staff) and I will be informed of any results which are not normal.

- \* Hearing Screening
- \* Speech and Language Screening
- \* Vision Screening (By ISD 309 and Park Rapids Lions)

Please circle one:                      Yes                      No

## CONSENT TO OBTAIN/EXCHANGE CONFIDENTIAL OR PRIVATE INFORMATION

I hereby authorize release and/or exchange of information with the following persons/agencies for the purpose of programming for my child:

- \* School District
- \* Preschool Staff (Voluntary Pre-K, School Readiness/ECFE, ECSE, Head Start)

Please circle one:                      Yes                      No

## CONSENT FOR CHILD TO ATTEND FIELD TRIPS

I grant permission for my child to attend field trips. All trips will be during the regularly scheduled school day. You will be notified of the date and location of all field trips:

Please circle one:                      Yes                      No

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Student's Name: \_\_\_\_\_



# SCHOOL TRANSPORTATION INFORMATION FORM

## I.S.D. #309 – PARK RAPIDS AREA SCHOOLS

301 Huntsinger Ave, Park Rapids, MN 56470

Phone (218)237-6570 Fax (218)237-6579 Email [jackjohnson@parkrapids.k12.mn.us](mailto:jackjohnson@parkrapids.k12.mn.us)

### PLEASE PRINT CLEARLY

Student Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Student Address: \_\_\_\_\_

Grade \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Are there any other riders from the same location (Siblings, ETC.) that rides the bus  Yes  No

If Yes what bus route and name of student currently riding the bus.

Bus Route \_\_\_\_\_, Students Name \_\_\_\_\_

### Transportation

My child will ride the bus:

To School  From School

My child will walk:

To School  From School

My child will drive (High School Only)

To School  From School

Parent/Guardian will provide transportation

To School  From School

If your transportation needs change, contact the Transportation Office. If your child(ren) will not be utilizing transportation, you do not need to fill out the lower section of this form. Minnesota Statutes provide parent/guardian of students in Grades K-12 to voluntarily surrender the student's bus privileges. This provision allows school districts to design more efficient bus routes because they know some students will not be riding the bus. This, therefore, saves the district money.

### Alternate Location Transportation Information

**\*\*\*\*\*Only Fill out if NOT being transported from Home Address Above\*\*\*\*\***

**To School (choose only one):**

No AM transportation needed

Pickup from home

Pickup from daycare

Pickup from alternative location

**From School (choose only one):**

No PM transportation needed

Drop off at home

Drop off at daycare

Drop off at alternative location

Daycare or Contact Name: \_\_\_\_\_

Address for daycare or alternative location: \_\_\_\_\_

Daycare or Contact Phone Number: \_\_\_\_\_ Alternative #: \_\_\_\_\_

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

Bus Stop Assignment: For reasons of safety and security, it is preferred that students have only one designated bus stop in the morning and one designated bus stop in the afternoon. The Transportation Office must authorize any proposed changes to a student's bus or bus stop assignment. Changes should be submitted at least one day in advance.



**Home Language Questionnaire**  
**ED-01336-08E**

<b>STUDENT IDENTIFICATION INFORMATION</b>		
Student's Full Name		
Date Of Birth	Age	Grade Level

<b>DISTRICT INFORMATION/VERIFICATION INFORMATION</b>	
School name	District number
<p>I hereby verify that the above information is true and accurate to the best of my knowledge and belief.</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Name (Printed)</p> <p>_____</p> <p style="display: flex; justify-content: space-between;"> <span>Signature – Responsible Authority</span> <span>Title</span> <span>Date</span> </p>	

*The following is to be completed by Parent/Guardian:*

<b>STUDENT LANGUAGE INFORMATION</b>
<p><i>Dear Parents and Guardians:</i></p> <p><i>In order to help your child learn, your child's teachers need to determine which language your child uses most. Please respond to the questions below by checking the appropriate box.</i></p> <p>1. Which language did your child learn first?      <input type="checkbox"/> English <input type="checkbox"/> Other (specify): _____</p> <p>2. Which language is often most spoken in your home? <input type="checkbox"/> English <input type="checkbox"/> Other (specify): _____</p> <p>3. Which language does your child usually speak?      <input type="checkbox"/> English <input type="checkbox"/> Other (specify): _____</p>

<b>PARENT/GUARDIAN INFORMATION</b>
<p>I hereby verify that the above information is true and correct to the best of my knowledge and belief.</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Name (Printed)</p> <p>_____</p> <p style="display: flex; justify-content: space-between;"> <span>Signature – Parent/Guardian</span> <span>Date</span> </p>

## Racial and Ethnic Demographic Designation Form

Student's First Name \_\_\_\_\_ Student's Middle Name/Initial \_\_\_\_\_

Student's Last Name \_\_\_\_\_ Student's Date of Birth \_\_\_\_\_

Student's District/School \_\_\_\_\_

Parent Name \_\_\_\_\_ Date \_\_\_\_\_

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

**Please respond to all the bold questions below. *Italicized questions are optional.***

**Q1. Does the student identify as American Indian or Alaska Native as defined by the state of Minnesota?** The state of Minnesota definition includes persons having origins in any of the original peoples of North America and maintain cultural identification through tribal affiliation or community recognition. (This question is needed to calculate state aid/funding.)

- Yes  No (If no, please move on to question 2.)

*Optional State Question (Will not be answered by school staff.):*

*1a. If yes, please select one or more of the following groups/categories. You may select more than one group.*

- |   |   |                               |
|---|---|-------------------------------|
| <input type="radio"/> Decline to indicate | <input type="radio"/> Dakota/Lakota               | <input type="radio"/> Unknown |
| <input type="radio"/> Anishinaabe/Ojibwe  | <input type="radio"/> Other North American Indian |                               |
| <input type="radio"/> Cherokee            | <input type="radio"/> Tribal Affiliation          |                               |

**Q2. Is the student American Indian from South America (including Central America)?**

- Yes (If yes, please move on to question 3.)  No (If no, please move on to question 3.)

**Q3. Is the student Asian as defined by the federal government?** The federal definition includes persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. <sup>1</sup>

- Yes  No (If no, please move on to question 4.)

*Optional State Question (Will not be answered by school staff.):*

*3a. If yes, please select one or more of the following groups/categories. You may select more than one group.*

- |   |                                |                                   |
|---|--------------------------------|-----------------------------------|
| <input type="radio"/> Decline to indicate | <input type="radio"/> Filipino | <input type="radio"/> Vietnamese  |
| <input type="radio"/> Asian Indian        | <input type="radio"/> Hmong    | <input type="radio"/> Other Asian |
| <input type="radio"/> Burmese             | <input type="radio"/> Karen    | <input type="radio"/> Unknown     |
| <input type="radio"/> Chinese             | <input type="radio"/> Korean   |                                   |

The purpose of collecting each group, how the information will be used and not used, and how the more detailed groups were identified can be found on the accompanying FAQ Document.

<sup>1</sup>Federal Register, Vol. 72, No. 202/Friday, October 19 2007/Notices/59274

**Q4. Is the student Black or African American as defined by the federal government?** The federal definition includes persons having origins in any of the Black racial groups of Africa.<sup>1</sup>

- Yes  No (If no, please move on to question 5.)

*Optional State Question (Will not be answered by school staff.):*

*4a. If yes, please select one or more of the following groups/categories. You may select more than one group.*

- |   |                                       |                                   |
|---|---------------------------------------|-----------------------------------|
| <input type="radio"/> Decline to indicate | <input type="radio"/> Ethiopian-Other | <input type="radio"/> Somali      |
| <input type="radio"/> African-American    | <input type="radio"/> Liberian        | <input type="radio"/> Other Black |
| <input type="radio"/> Ethiopian-Oromo     | <input type="radio"/> Nigerian        | <input type="radio"/> Unknown     |

**Q5. Is the student Hispanic/Latino as defined by the federal government?** The federal definition includes persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.<sup>1</sup>

- Yes  No (If no, please move on to question 6.)

*Optional State Question (Will not be answered by school staff.):*

*5a. If yes, please select one or more of the following groups/categories. You may select more than one group.*

- |   |                                    |   |
|---|------------------------------------|---|
| <input type="radio"/> Decline to indicate | <input type="radio"/> Mexican      | <input type="radio"/> Spaniard/Spanish/Spanish-American |
| <input type="radio"/> Colombian           | <input type="radio"/> Puerto Rican | <input type="radio"/> Other Hispanic/Latino             |
| <input type="radio"/> Ecuadorian          | <input type="radio"/> Salvadoran   | <input type="radio"/> Unknown                           |
| <input type="radio"/> Guatemalan          |                                    |   |

**Q6. Is the student Native Hawaiian or Other Pacific Islander as defined by the federal government?** The federal definition includes persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.<sup>1</sup>

- Yes (If yes, please move on to question 7.)  No (If no, please move on to question 7.)

**Q7. Is the student White as defined by the federal government?** The federal definition includes persons having origins in any of the original peoples of Europe, the Middle East, or North Africa.<sup>1</sup>

- Yes  No

The purpose of collecting each group, how the information will be used and not used, and how the more detailed groups were identified can be found on the accompanying FAQ Document.

<sup>1</sup>Federal Register, Vol. 72, No. 202/Friday, October 19 2007/Notices/59274



# CENTURY ELEMENTARY SCHOOL LIST BY GRADE

## VOLUNTARY PRE-KINDERGARTEN

*Please write your child's name on the inside of their folder before open house so they get their own folder back!*

- Washable Broad Crayola Markers
- 3 Elmer's Glue Sticks
- 1 Elmer's Washable Glue Bottle
- 1 Plastic Pocket Folder for Backpack Mail
- Lysol or Clorox Disinfecting Wipes
- Box of Kleenex
- Roll of Paper Towels
- Pre-Packaged Snacks for 24 (fruit cups, crackers, applesauce pouch, granola bars, fruit bars, etc.)
- \$5 Supply Fee Envelope for Classroom Parties

*The following items aren't required, but greatly appreciated:*

- Dry Erase Markers
- Baby Wipes
- Napkins
- Themed Stickers
- Ziplock Bags: Quart & Gallon
- Paper Plates: Large or Small
- Hand Sanitizer
- Blue Hand—Wipe Rags

## KINDERGARTEN

*Please check the teacher specific supply lists as well*

- 2 plastic folders with prongs
- 12 #2 wooden pencils (not plastic coated)
- 2 boxes of 24 crayons
- 1 large box of Kleenex
- 1 large school backpack (no wheels)
- 1 package of Crayola markers
- 1 box of crackers or similar snack (to be shared)
- Tennis shoes with good traction/soles
- 6 glue sticks or 1 glue bottle

- 1 child's Fiskars scissors
- Headphones (NO earbuds or Bluetooth)
- Water bottle with name on it

## FIRST GRADE

*Please check the teacher specific supply lists as well*

- 12- #2 sharpened Ticonderoga wooden pencils (not plastic coated)
- 2 glue sticks
- 2 containers of Lysol wipes
- 1 school box (about 5"x8")
- 1 backpack (no wheels)
- 1 pointed child's Fiskars scissors
- 1 large box of Kleenex
- Corded plug-in headphones (if we do not have them from kindergarten (please no earbuds or headphones that need to be charged!))
- 1 large pencil eraser
- 1 ream of colored copy paper
- Tennis shoes that tie
- 1 box of 24 count Crayola crayons
- 4 Expo dry erase markers
- 1 (4oz) bottle of Elmer's glue (no gel or colors)
- 2 sturdy plastic folders *WITH PRONGS*
- 1 3-ring binder (1" with plastic sleeve on the front cover)
- Water bottle with name on it
- 1 box of any sized Ziplock bags

## SECOND GRADE

*Please check the teacher specific supply lists as well*

- 2 wide-lined 70-sheet spiral notebooks
- Large pink eraser
- 1 large box of Kleenex
- 1 box of Crayola crayons
- 1 container of disinfectant wipes
- 2 large or 4 small glue sticks



# CENTURY ELEMENTARY SCHOOL LIST BY GRADE

- Plastic 5"x8" pencil box
- 2 plastic folders with pockets
- 4 Expo dry erase markers
- Backpack (no wheels)
- Tennis shoes that tie
- 24 #2 sharpened pencils (no plastic coating)
- Index cards
- Post it notes
- 1 pack of colored pencils
- Headphones
- Water bottle with name on it
- Recommended: addition/subtraction flash cards for practice at home
- Scissors

## THIRD GRADE

*Please check the teacher specific supply lists as well*

- 3 wide-lined, plain-colored spiral bound notebooks (1 red, 1 blue and 1 green)
- 3 plain-colored, sturdy, plastic, Five-Star Mead pocket folders
- 1 Composition Notebook
- Deck of Cards
- 6 Glue Sticks
- Scissors
- 1 box of Markers
- 6 dry erase white board markers (darker colors please)
- Pencil Case
- Erasers- pencil top or rectangular your choice
- 1 boxes crayons or colored pencils or twistables
- 2 or more boxes of Kleenex
- 12 or more #2 pencils (Dixon Ticonderoga)
- Headphones for chromebooks \*new ones each year are best
- 1 ream of loose-leaf paper
- Water Bottle for the Classroom (labeled)
- Tennis shoes for gym that have shoelaces you tie

## DONATIONS

- AA/AAA Batteries
- Ziplock Bags (any size)
- Hand sanitizer
- Folders
- Pencils
- Washable Markers
- Crayola Colored Pencils
- Glue Sticks
- Brown/white lunch bags
- Erasers
- Kleenex
- Crayola Watercolor paints
- 6-8oz Dixie Cups
- Any size post-it notes
- Googly Eyes
- Index cards
- Age-appropriate games such as Connect Four, Candyland, Twister, etc.