

For Office Use Only

Enrollment Date: _____
 Grade: _____

New Enrollment Data Sheet

Monrovia Middle School
 215 South Chestnut Street, Monrovia, IN 46157
 317-996-2352

Student's Full Legal Name: _____ Grade: ____ Age: ____
(Last) (First) (Whole Middle Name)

Date of Birth: ___/___/___ Place of Birth: _____ Gender: _____ Primary Phone #: _____
Primary Phone will be used for ALERT NOW calls to Parents to INFORM of Emergencies, etc.

Student's Address: _____
(Number) (Street) (City) (Zip)

Student's Cell Phone #: _____ Student's email _____

Academic Information

Name and Address of Previous School: _____

Has student attended Monrovia Schools before? Yes No If yes, date and grade at withdrawal: _____

Has student ever been retained?: Yes No If yes, specify grade level and year: _____

Is student involved in any Special Programming (check all that apply)

21st Century Scholar Free or Reduced Meals/Textbooks Special Education Services High Ability 504 ELL

Race and Ethnicity: (Note: Both Part 1 and Part 2 should be answered)

Part 1: Ethnicity: Is the student Hispanic/Latino? (Choose only one) Yes No

Part 2: Race: What is the student's race? (Choose all that apply)

American Indian or Alaska Native Asian Black or African American Native Hawaiian or other Pacific Islander White Hispanic

CONTACT INFORMATION

Family # 1
 (With Whom Student Lives)

	Legal Custody Check if applies	May Pick up Check if applies	Relationship	Cell Phone #	Work #	Other #
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
Email address: _____						

_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
Email address: _____						

Family # 2
 (Other Guardian Who Student Does Not Live with)

	Legal Custody Check if applies	May Pick up Check if applies	Relationship	Cell Phone #	Work #	Other #
1 _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
Email address: _____						
2 _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
Email address: _____						

Family # 2's Mailing Address: _____

OVER

Emergency Contact Info:

Persons who may be contacted when you can not be reached or may pick up student for scheduled appointments.

	Contact(s) Name	Relationship	Cell Phone #	Work #	Other #
1	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____

Please indicate below other siblings in our school district:

Name	Grade	Name	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please indicate any health problems your child has such as allergies, diabetes, asthma, etc.

(Signature)

(Relationship to student)

(Date)

Monroe-Gregg School District

Strong Schools. Strong Community.

HOUSING QUESTIONNAIRE

The Monroe-Gregg School District wants to ensure your child receives the best possible education. The information from this form will determine if your student is eligible to receive benefits under the federal McKinney-Vento Act, a law that helps students who are in certain transitional living situations or temporarily displaced from their home.

Name of Student (Last, First, MI):

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Which of the following most accurately describes your residency? Check one box only:

- Living in motel, hotel, or campgrounds: due to lack of suitable housing
- Doubled-Up: TEMPORARILY living with family or others due to hardships
- Living in emergency or transitional shelters
- Living in a public or private place: car, park, abandoned building
- Lack stable housing/moving from place to place: "Couch surfing"
- House, mobile home or apartment

If the student is living in permanent housing, McKinney Vento services **do not apply**. If the student is **NOT** currently living in permanent housing, **please continue to complete the information below:**

School Monrovia High School Monrovia Middle School Monrovia Elementary School

Gender: Female Male Date of Birth: ____/____/____ Grade:

Address (if available - primary location student stays):

--

Parent Name Printed:

Parent Signature

--	--

Student Name Printed (Unaccompanied youth only): **Student Signature (Unaccompanied youth only):**

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Based on the response to this questionnaire, the Monroe-Gregg McKinney Vento Liaison may be contacting you to discuss eligibility for available services.

MONROE-GREGG SCHOOLS

Personal Health History

Student Name: _____ Grade: _____

Date of Birth: _____ Home Phone: _____

Complete the following checklist by indicating any of the following conditions, past or present.

Include additional details on back if necessary.

	YES	NO	DATE		YES	NO	DATE
Allergies: <input type="checkbox"/> Seasonal <input type="checkbox"/> Animals <input type="checkbox"/> Bee/Insect Sting <input type="checkbox"/> Food: _____ <input type="checkbox"/> Medication: _____ <input type="checkbox"/> Other: _____ Please note which applies: <input type="checkbox"/> Local reaction <input type="checkbox"/> Reaction requiring hospital <input type="checkbox"/> Requires an Epi Pen				Head Injury: <input type="checkbox"/> Recent <input type="checkbox"/> Concussion <input type="checkbox"/> Other Explain:			
ADD/ADHD: <input type="checkbox"/> Medication at home <input type="checkbox"/> Medication at school				Headaches/Migraines:			
Anemia: Type:				Hearing: <input type="checkbox"/> Hearing Loss <input type="checkbox"/> Wearing Hearing aids			
Arthritis: <input type="checkbox"/> Rheumatoid <input type="checkbox"/> Other				Heart Condition: <input type="checkbox"/> Rheumatic Fever <input type="checkbox"/> Murmur <input type="checkbox"/> Other			
Asthma: <input type="checkbox"/> Emergency inhaler required				Lead Poisoning:			
Back/Neck Injury or Condition:				Lung Disease/TB:			
Bladder/Kidney Condition:				Nutrition/Eating Disorder: (overweight/underweight)			
Blood/Clotting Disorder <input type="checkbox"/> Hemophilia <input type="checkbox"/> Other				Orthopedic/Bone Condition:			
Cancer/Leukemia:				Psychological/Psychiatric: <input type="checkbox"/> Medication list on back			
Childhood Disease: Explain:				Other:			
Diet Restrictions: Explain:				Surgery: Explain:			
Epilepsy/Seizure Types Explain:				Vision: <input type="checkbox"/> Glasses <input type="checkbox"/> Contacts			

MONROE-GREGG SCHOOLS

Personal Health History

Please give details for any that are marked YES that may impact your child's routine at school:

Is this student under any ongoing medical/emotional care or treatment? ____ YES ____ NO

If yes, physician's name: _____

Explain: _____

Has your student been recently hospitalized? ____ YES (If, yes, please provide date: _____) ____ NO

Explain: _____

Medications:

Home:

Does this student take any medication at home? ____ YES ____ NO

____ Prescription ____ Over the counter (OTC) ____ Patch

Medication Name: _____ Dosage: _____ Frequency: _____

School:

Will this student be required by a physician to take medication during school hours? ____ YES ____ NO

Medication Name: _____ Dosage: _____ Frequency: _____

Medication Name: _____ Dosage: _____ Frequency: _____

Medication Name: _____ Dosage: _____ Frequency: _____

***** Note- All medication requires an additional signed medication permit on file prior to administration at school.*****

To ensure the care of my child, I read and agree that pertinent health information may be provided to appropriate school staff. This will be done only on a "need to know" basis, in a confidential manner. I agree that the school nurse may consult with my child's family physician(s) about the above medical condition(s). I agree to alert the school nurse and my child's teacher in writing of any changes in medications and/or health status of my child. I will furnish the school with a current telephone number and address in the event of an emergency. The above permission will be valid through the duration of my child's attendance at school unless I revoke the permission in writing.

Parent/Guardian Signature: _____ Date: _____

Individual Healthcare Plans should be in place for any student with asthma, diabetes, seizures, food allergies, insect sting allergies, cancer, hemophilia, and other health conditions. Many plans require physician's signatures so please contact the school nurse at 317-996-2246 (option 3) to complete your student's plan. Plans should be in place before the first day of school.

**Monroe-Gregg School Corporation
135 S. Chestnut Street
Monrovia, IN 46157**

The Indiana State Department of Health is requesting the following information to be released to the Children and Hoosiers Immunization Registry Program (CHIRP). The Family Education Rights and Privacy ACT (FERPA) requires an "active parent permission" to enter this information into CHIRP. This is a one-time only consent and is in effect until the parent decides to remove the consent or a student who is 18 years of age decides to remove the consent.

THE INFORMATION REQUESTED IS:

Child's Name, Date of Birth, Address, Guardian Name, and Immunization Information.

I understand that the information in the registry may be used to verify that my child has received proper immunizations and to inform me or my child of my child's immunization status or that an immunization is due according to recommended immunization schedules.

I understand that my child's information may be available to the immunization data registry of another state, a healthcare provider or a provider's designee, a local health department, an elementary or secondary school, a child care center, the office of Medicaid policy and planning or a contractor of the office of Medicaid policy and planning, a licensed child placing agency, and a college or university. I also understand that other entities may be added to this list through amendment to I.C. 16-38-5-3. I also understand that I am not obligated to consent to the release of this information.

I hereby consent to the release of such information by Monroe-Gregg School District to the Children and Hoosiers Immunization Registry Program.

Signature

Date

Printed Name of Parent or Guardian

Address

() _____
Telephone Number

Child's Name

Child's Date of Birth

*By not returning this form you are choosing to be exempt from the release of this information by the Monroe-Gregg School District to the Children and Hoosiers Immunization Registry Program (CHIRP).

Consent for Emergency Medical Care

In an emergency situation, after all efforts to contact parents have been exhausted, this form authorizes consent for emergency medical treatment to be initiated in a timely manner.

I _____ am the parent or legal guardian of
_____ and I authorize Monroe-Gregg School Corporation to
obtain emergency medical treatment of this minor by an appropriate health care professional
should the need arise while he/she is at school.

Signature _____ Date _____



Indiana Department of Education

Dr. Katie Jenner, Secretary of Education

Home Language Survey (HLS)

The Civil Rights Act of 1964, Title VI, Language Minority Compliance Procedures, requires school districts and charter schools to determine the language(s) spoken in each student's home in order to identify their specific language needs. This information is essential in order for schools to provide meaningful instruction for all students as outlined Plyler v. Doe, 457 U.S. 202 (1982).

The purpose of this survey is to determine the primary or home language of the student. The HLS must be given to all students enrolled in the school district / charter school. The HLS is administered one time, upon initial enrollment in Indiana, and remains in the student's cumulative file.

Please note that the answers to the survey below are student-specific. If a language other than English is recorded for ANY of the survey questions below, the WIDA Screener will be administered to determine whether or not the student will qualify for additional English language development support.

Please answer the following questions regarding the language spoken by the student:

1. What is the native language of the **student**? _____
2. What language(s) is spoken most often by the **student**? _____
3. What language(s) is spoken by the **student** in the home? _____

Student Name: _____ **Grade:** _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ **Date:** _____

By signing here, you certify that responses to the three questions above are specific to your student. You understand that if a language other than English has been identified, your student will be tested to determine if they qualify for English language development services, to help them become fluent in English. If entered into the English language development program, your student will be entitled to services as an English learner and will be tested annually to determine their English language proficiency.

For School Use Only:

School personnel who administered and explained the HLS and the placement of a student into an English language development program if a language other than English was indicated:

Name: _____ **Date:** _____



Indiana Department of Education

Dr. Katie Jenner, Secretary of Education

The Migrant Education Program (MEP) provides supplemental education and support services to eligible children through national funding. The purpose of the program is to ensure that all migrant students reach the academic standards and graduate with a high school diploma (or complete GED/HSE).

WORK SURVEY

Thank you for answering the following questions. If your child is eligible for the Migrant Education Program, they may receive additional educational support. This information is **strictly confidential**.

Student's Name: _____ Parent's Name: _____

Address: _____ City: _____ Telephone: (____) _____

Date: _____ Parent Signature: _____

1. Within the last 3 years, have your children moved for any reason? YES ____ NO ____
2. Has anyone in your household moved from one school district to another within the United States, to look for seasonal or temporary work in agriculture? YES ____ NO ____

If you answered NO to either of these questions, please stop.



If you answered YES, please continue.

3. When was the last time you or anyone in your household has moved to look for, or work in an agricultural activity within the United States? Month _____ Year _____
4. Please check any of the agricultural activities listed below that you have looked for or worked in:

- | | |
|---|---|
| <input type="checkbox"/> Plant or harvest vegetables or fruits | <input type="checkbox"/> Canning vegetables or fruits |
| <input type="checkbox"/> Detassel corn | <input type="checkbox"/> Sod farm |
| <input type="checkbox"/> Tobacco farm | <input type="checkbox"/> Planting, pruning or cutting trees |
| <input type="checkbox"/> Poultry and/or egg farm | <input type="checkbox"/> Dairy farm |
| <input type="checkbox"/> Duck, turkey, chicken, pork or beef processing plant | <input type="checkbox"/> Flora culture/gladiola farm |
| <input type="checkbox"/> Aquaculture/fish hatcheries | <input type="checkbox"/> Green house or plant nursery |

Please list the names of all children in the household under 22 years of age.

Child's Name	Date of Birth (D.O.B.)
1.	
2.	
3.	
4.	
5.	



Indiana Department of Education

Dr. Katie Jenner, Secretary of Education

El Programa de Educación Migrante (MEP) provee servicios educativos suplementarios a niños que califican a través de fondos nacionales. El propósito del MEP es asegurar que todos los estudiantes migrantes tengan éxito académico y que se gradúen con su diploma (o que completen el GED/HSE).

ENCUESTA DE TRABAJO

Gracias por contestar las siguientes preguntas. Si su hijo/a es elegible para el Programa de Educación Migrante, podría recibir apoyo educativo adicional. La información es **completamente confidencial**.

Nombre del Estudiante: _____ Nombres de los Padres: _____

Dirección: _____ Ciudad: _____ Teléfono: () _____

Fecha: _____ Firma de los Padres: _____

1. ¿Durante los últimos 3 años, se ha mudado su(s) hijo(s) por cualquier razón? **SÍ** _____ **NO** _____

2. ¿Se ha mudado alguien de su familia dentro de los Estados Unidos para buscar trabajo temporal o de temporada en algo relacionado con la agricultura? **SÍ** _____ **NO** _____

Si contestó **NO** a cualquiera de las dos preguntas, favor de parar aquí.



Si contestó **SÍ**, favor de continuar.

3. ¿Cuándo fue la última vez que usted o un miembro de su familia se mudó para trabajar en la agricultura? Mes _____ Año _____

4. Por favor marque en la parte abajo la actividad agrícola en que usted buscó trabajo o trabajó.

___ Matadero de patos, pavos, pollos, cerdos o vacas

___ La espiga (maíz)

___ Cultivar tabaco

___ Pollería o granja de huevos

___ Plantar o cosechar verduras o frutas

___ Trabajar en un criadero de peces

___ Enlatar o congelar verduras o frutas en la bodega

___ Trabajar en la siembra o cosecha de césped

___ Plantar, emparejar o cortar árboles

___ Granja de vacas lecheras

___ Cultivar y cosechar flores

___ Trabajar en la cría de plantas

Por favor escribe los nombres de todos los niños, menores de 22 años de edad, que viven con Usted.

Nombre del niño(a)	Fecha de nacimiento
1.	
2.	
3.	
4.	
5.	



Indiana Department of Education

Dr. Katie Jenner, Secretary of Education

Pwogram Pou Migran yo (MEP) se yon Pwogram ki la pou li bay sipò ak sèvis tankou edikasyon siplemantè pou sa yo ki kalifye a travè resous nasyonal. Bi pwogram nan, se pou li asire ke tout etidyan migran yo rive nan nivo standa akademik yo epi pou asire ke yo arive fini lekòl ak yon diplòm lekòl segondè oubyen yon diplòm ekivanlan nan (GED)

Mèsi pou tan ou pran pou reponn kesyon sa yo. Si pitit ou a kalifye pou pwogram Edikasyon Pou Migran yo, li gen chans pou li jwenn kèk lòt sipò sou pwèn edikasyon. Infòmasyon sa-a, li **vrèman konfidansyèl**.

Non Etidyan an: _____ Non Paran-an: _____

Kote ou rete: _____ Non Vil la: _____ Tel (____) _____

Dat: _____ Siyati Paran an: _____

1. Nan 3 dènye ane yo, te pitit ou demenaje ale rete pou nenpòt ki rezon? **WI** _____ **Non** _____
2. Èske gen moun lakay ou te deplase soti nan yon distri lekòl nan yon lòt nan peyi Etazini, yo gade pou travay sezonye oswa tanporè nan agrikilti? **WI** _____ **Non** _____ Si **NON** Kanpe la Tanpri!



Si ou te reponn **WI** kontinye.

3. Ki dènye fwa yon moun nan fwaye ou te demenaje pou li te ka al travay nan aktivite agrikilti?
Mwa _____ Ane _____
4. Make tout branch aktivite agrikilti ou te chache travay ladan yo oubyen ou travay nan yo deja:

_____ Plante oubyen ranmase legim oubyen fwi

_____ Keyi mayi

_____ Fèm Tabac

_____ Poulaye / Fèm Ze

_____ Kote yo machinen kana, kodenn, poul, kochon

_____ Kote yo fè elvay pwason

_____ Mete legim oubyen fwi nan mamit

_____ Fèm gazon

_____ Plante, koupe oubyen raze pye bwa

_____ Jaden kote yo fè pwodwi ak lèt

_____ Kote yo kiltive flè

_____ Yon jaden andedan

Tanpri ekri non tout pitit ou genyen ki poko gen 22 lane

Non Pitit la	Dat li te fèt
1.	
2.	
3.	
4.	
5.	

Racial and Ethnic Data

The federal government, which requires all states to collect this information, has developed a new way to report ethnicity and race that includes new categories

The federal government has developed these new categories in order to provide a more accurate picture of the nation's ethnic and racial diversity. This will enable individuals to be identified in ethnic and racial classifications and in more than one racial category.

In the past, forms allowed individuals to be identified in only one racial category. Currently, Monroe-Gregg School District asks families to provide information on students' race and ethnicity at the time of enrollment. Beginning in fall of 2010, we will ask the families of newly enrolled students AND of all current students to complete a brief form to update information on their children's ethnicity and race.

The data with the new ethnicity and race categories will be used in the same manner that such information is currently used. For example, the federal government uses racial and ethnic data in reporting and analyzing test results, such as ISTEP+ and the End of Course Assessments. The new categories will replace all existing categories for use in state and federal data collections that include data on ethnicity or race.

Student Last Name: _____ First Name: _____

Birthdate: _____ School: _____

Parent/Guardian Signature: _____ Date: _____

Race and Ethnicity: (Note: Both Part 1 and Part 2 of the question must be answered.)	
Part 1: Ethnicity	<p>Is this individual Hispanic/Latino? (choose only one)</p> <p><input type="checkbox"/> No, not Hispanic/Latino</p> <p><input type="checkbox"/> Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.)</p>
Part 2: Race	<p>What is the individual's race? (Choose one or more)</p> <p><input type="checkbox"/> American Indian or Alaska Native: A person having origins in any of the original peoples of North America and maintaining cultural identification through tribal affiliation or community recognition.</p> <p><input type="checkbox"/> Asian: A person 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.</p> <p><input type="checkbox"/> Black or African American: A person having origins in any of the black racial groups of Africa.</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.</p> <p><input type="checkbox"/> White: A person having origins in any of the original peoples of Europe, the Middle East or North Africa.</p>

MONROE - GREGG SCHOOL DISTRICT

EXTRACURRICULAR ACTIVITIES & STUDENT DRIVER CONSENT FORM

I have received, read and understand a the "Monroe – Gregg School District Extracurricular Activities & Student Driver Drug Testing Program." I wish to participate in this program, and in the extracurricular programs of Monroe – Gregg School District, and hereby, voluntarily agree to be subject to its terms for my entire school career (grades 7 –12). I accept the method of obtaining urine specimens, testing, and analyses of such specimen, and all other aspects of the program. I agree to cooperate in furnishing urine specimens that may be required from time to time.

I further agree and consent to the disclosure of the sampling, testing, and results provided for this program. This consent is given pursuant to all State and Federal Privacy Statutes, and is a waiver of rights to nondisclosure of such test records and results only to the extent of the disclosures in the program.

Date: _____, 20____

Grade: _____

Student Name PRINTED

Parent/Guardian PRINTED

Student Signature

Parent/Guardian Signature

1. First offense = 25% participation ban of the regular season contests/remaining school days AND Certificate of Completion from an approved Drug/Alcohol Education Course
2. Second offense = 50% participation ban of the regular season contests/remaining school days
3. Third offense = 365 day participation ban
4. Fourth offense = Career participation ban

The student and guardian must complete and sign a Withdrawal of Consent Form in order for a student to be removed from the testing pool. Removal from the program eliminates participation for a full calendar year.

Student Driver: _____ YES _____ NO

Athletic Teams: _____ Fall _____ Winter _____ Spring

Extracurricular Activities: (List name on lines below)

Band (name) _____

Choir (name) _____

Monroe-Gregg District School Corporation
Special Education Department

TEMPORARY PLACEMENT

Student's Name: _____ Grade: _____ DOB: ___/___/___

I, _____, certify that my child was enrolled in
(parent/guardian of above-named student)
a program for _____ at his/her previous
(Type of special education service student received)
school _____. I request that my child be placed in the
(Name of previous school)
program for the _____ at _____
(Type of special education service student received) *List School (Elementary/Middle/High)*
School.

I further realize that this placement is temporary pending the school's receipt of my child's educational record. Upon receipt, the school will convene a case conference committee to finalize placement or request permission to conduct further testing.

Parent/Guardian Signature

Address (street)

City, State, Zip

Telephone (Home)

Alternate Telephone (Work and/or Cellular)

Date of Signature/Request

**ALL STUDENTS MUST HAVE A NEW
COMPLETED TRANSPORTATION FORM ON
FILE.**

**HIGH SCHOOL STUDENTS THAT WILL BE
DRIVING TO SCHOOL ARE TO COMPLETE THE
TOP PART OF THE FORM & WRITE "STUDENT
DRIVER" NEXT TO THEIR NAME.**

THANK YOU,

**MINETTE ELLIOTT
TRANSPORTATION DIRECTOR**



Monrovia Middle School

215 South Chestnut Street • Monrovia, IN 46157 • (317) 996-2352

Verification of Residency Statement

In order to verify residency within the Monroe-Gregg School District, ~~two~~ current document (dated within the past 30 days) listed below must be provided, showing parent/guardian **name and address**. (Post Office box numbers are not acceptable as residence address.)

- Escrow papers, mortgage book or statement, property tax form, or homeowner's association fees statement.
- Lease Agreement/Rental Contract **and** current rent receipt
- Letter on apartment complex or mobile home park letterhead, signed by the landlord, stating that parent/guardian lives there
- Gas or electric bill
- Water bill
- Cable TV bill
- Garbage bill
- Phone bill
- Verification of Social Services
- Residence insurance statement

I, _____ (print name) the parent/guardian of

_____ (print student's name) declare that the above-named student resides at the address shown on the document checked above and attached. I will notify the school within two weeks if residency changes and agree to provide a new residency documentation and an updated signed statement at that time.

Falsification of any information or document required for residency verification or the use of any address where the student does not reside may result in revocation of student enrollment.

Signature of Parent/Guardian

Date

Home Phone

FOR SCHOOL USE ONLY:

The attached document(s) show(s) the name and address of the person(s) enrolling the above-named student.

Principal or Designee's Signature

Date

Home Phone

Monrovia Middle School

Student Supplies 2025-2026

The following supplies are recommended for students in grades 6-8. During the school year, students may need to replenish supplies and be asked to supply additional materials for class projects. Additionally some teachers may have specific requests in addition to these basics.

- 2" heavy duty binder or zippered binder with pencil pouch [Binder Example](#)
- 6 pocket folders for 3 ring binder (Purple, Red, Blue, Green, Orange, Yellow) [FOLDER EXAMPLE](#)
- Pencils (72 count) [Pencil Example](#)
- Colored Pencils (minimum of 12 colors) [Colored Pencil Example](#)
- 4 Blue or Black Pens and 2 Red Pens [Pen Example-2 packs](#)
- Dry erase markers (Set of 4, black) [Marker Example](#)
- 1 Package of multi-colored highlighters [Highlighter Example](#)
- 6 composition notebooks (2 red, 2 green, 2 blue) [Notebook Example](#)
- 3 packs loose leaf paper [Paper Example](#)
- Glue Sticks [Glue Sticks](#)
- Scissors [Scissor Example](#)
- Post-It Notes [Post-It Notes Example](#)
- 3-4 boxes of tissues [Tissue Example](#)
- Hand Sanitizer [Hand Sanitizer Example](#)
- Wired earbuds [Ear Bud Example](#)



Choir Students:

All choir students need a 11/2 inch binder and clear page protector sheets.