Mercer Area Elementary School Registration
301 Lamor Road, Mercer, PA 16137

Today's Date_____ Entering Grade _____

Student's (Legal) Last Name First Middle ☐ Male ☐ Female

Home Address – **Proof of Residency (2 Required)** Age Birth Date

City State Zip code Place of Birth – City/State/Country

Pennsylvania Entry Date: _____

Legal Residence/Township:
- ☐ Mercer Borough
- ☐ Coolspring
- ☐ East Lackawannock
- ☐ Findley
- ☐ Jefferson

Ethnicity of Student (check all that apply):
- ☐ American Indian/Alaskan Native
- ☐ Asian
- ☐ Black (Non-Hispanic)
- ☐ Hispanic
- ☐ Native Hawaiian/Pacific Islander
- ☐ White (Non-Hispanic)

Child Resides With:
- ☐ Both Parents
- ☐ Mother*
- ☐ Father*
- ☐ Other* - _____

Provide Custody Agreement or proof of Guardianship

Parent/Guardian's Name	Parent/Guardian's Name
Mailing Address	Mailing Address
City/State/Zip Code	City/State/Zip Code
Home Phone/Cell Phone	Home Phone/Cell Phone
Work Place/Phone (extension or department)	Work Place/Phone (extension or department)
Email Address	Email Address

Emergency Contact (Other than parent/guardian)	Phone Number	Relationship to Student

List all children residing at this address:

First Name	Last Name	Birth Date

Previous School (including preschool): _____

Complete Address - _____

Is the student's parent/guardian an active duty member of a branch of the United States Armed Forces (Army, Navy, Air Force, Marine Corp. and Coast Guard) including full-time National Guard? ☐ YES ☐ NO

pennsylvania
DEPARTMENT OF EDUCATION

HOME LANGUAGE SURVEY

ALL newly registering students regardless of race, nationality, or language origin MUST complete this form. Federal law requires that all Local Education Agencies (LEAs) utilize a non-biased procedure for identifying which students are potential English Learners (ELs) in order to provide appropriate language instruction educational programs and services. Given this responsibility, LEAs have the right to ask for the information contained on this and other forms associated with the identification process.

Student Information (Parents/Guardians should complete this section):

Child's first name: _____

Child's family name: _____

Child's date of birth: _____
Month Date Year

Questions for Parents or Guardians

1. Is a language other than English spoken in the child's home?

☐ No ☐ Yes (language) _____

2. Does your child communicate in a language other than English?

☐ No ☐ Yes (language) _____

3. What is the language that your child first learned to speak?

_____

Parent/Guardian Signature: _____

Date: _____ Interpreter Provided: ☐ No ☐ Yes

MERCER AREA SCHOOL DISTRICT

545 West Butler Street
Mercer, Pennsylvania 16137

Michael G. Piddington
Assistant Superintendent
mpiddington@mercer.k12.pa.us
Central Office
724-662-5100

Ronald R. Rowe, Jr., Ed. D.
Superintendent
rrowe@mercer.k12.pa.us
Fax Number
724-622-5109

Michael H. Stabile
Business Manager/Board Secretary
mstabile@mercer.k12.pa.us
Business Office
724-662-4120

Parental Registration Statement

Student Name_____

Date of Birth _____ Grade _____

Parent or Guardian Name _____

Address _____

Telephone Number _____

Pennsylvania School Code §13-1304-A states in part "Prior to admission to any school entity, the parent, guardian or other person having control or charge of a student shall, upon registration provide a sworn statement or affirmation stating whether the pupil was previously or is presently suspended or expelled from any public or private school of this Commonwealth or any other state for an action of offense involving a weapon, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence committed on school property."

Please complete the following:

I hereby swear or affirm that my child was☐ was not ☐ previously suspended or expelled, or is ☐ is not ☐ presently suspended or expelled from any public or private school of this Commonwealth or any other state for an act or offense involving weapons, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence committed on school property. I make this statement subject to the penalties of 24 P.S. §13-1304-A (b) and 18 Pa. C.S.A. §4904, relating to unsworn falsification to authorities, and the facts contained herein are true and correct to the best of my knowledge, information and belief.

If this student has been or is presently suspended or expelled from another school, please complete:

Name of the school from which student was suspended or expelled:

_____

Dates of suspension or expulsion:

_____

(Please provide additional schools and dates of expulsion or suspension on back of this sheet.)

Reason for suspension/expulsion (optional) _____

_____
(Signature of Parent or Guardian)

_____
(Date)

Any willful false statement made above shall be a misdemeanor of the third degree. This form shall be maintained as part of the student's disciplinary record.

The Mercer Area School District does not discriminate on the basis of race, sex, color, creed, age, handicaps, or national and ethnic origin in administration of its educational or employment policies.

Mercer Area Elementary School

Registration Placement Information

Name of Student	Grade Entering	Today's Date
_____	_____	_____

Please circle the appropriate response:

1. Has your child ever been evaluated by the School Psychologist? Yes No

2. Does your child have an IEP-Individual Education Plan (not gifted)? Yes No

   If yes to #2, your child's primary disability is:

   - ☐ Autism
   - ☐ Deafness
   - ☐ Deaf-blindness
   - ☐ Emotional Disturbance
   - ☐ Hearing Impairment
   - ☐ Intellectual Disability
   - ☐ Multiple Disabilities
   - ☐ Orthopedic Impairment
   - ☐ Other Health Impairment
   - ☐ Specific Learning Disability
   - ☐ Speech or Language Impairment
   - ☐ Traumatic Brain Injury
   - ☐ Visual Impairment including Blindness

3. Does your child have a GIEP (Gifted)? Yes No

4. Did your child participate in a Title I Program at the previous school? Yes No

5. Does your child have a 504 Plan under Chapter 15? Yes No

6. Did your child qualify for a free or reduced lunch at the previous school? Yes No

7. Does your child receive any mental health services?
   (i.e. individual counseling, wrap around/TSS, mobile therapy or other) Yes No

   If yes, Agency's name - _____

8. Please list every school your child has attended since the age of 5.

_____

_____

_____

_____

_____

MERCER AREA SCHOOL DISTRICT

Census Enumeration

Student Last Name _____ Township or Boro _____

Address _____ Phone Number _____ Date _____

Names of **all adult** residents living in this household	Relation to Student	Date of Birth	Occupation/Place of Employment	Years of Residence	Years of Education

Names of **all siblings** in MASD, including siblings under school age	Sex	Date of Birth	Grade Last Attended	Living in Household		Remarks
				Yes	No	
				◯	◯	
				◯	◯	
				◯	◯	
				◯	◯	
				◯	◯	
				◯	◯	
				◯	◯	
				◯	◯	
				◯	◯	
				◯	◯	
				◯	◯	

Mercer Area School District

Mercer Area Elementary School
301 Lamor Road • Mercer, PA 16137
724-662-5102
www.mercer.k12.pa.us

To: _____ Fax: _____

Student Name: _____ Grade: _____

Date of Birth: _____ Start Date: _____

The above student is enrolling at Mercer Area School District.

» Please send all records and information available for this student to include:

- Permanent Record
- Grades / Transcript / Test Scores
- Career Readiness Portfolio
- Health & Immunization Records
- Copy of Birth Certificate
- Attendance & Discipline Records

Please send records and information to:
Sharilynn Jones
Mercer Area Elementary School
301 Lamor Road
Mercer, PA 16137
Fax: 724-662-5103
Email: sjones@mercer.k12.pa. us

» If applicable, please send all Special Education Records to include:

- IEP
- ER / RE-EVAL / WAIVE
- NOREP
- Psychological
- Date of original permission to evaluate, etc.
- GIEP / GWR / NORA

Please send Special Education information to:
Renee Masson
Mercer Area Elementary School
301 Lamor Road
Mercer, PA 16137
Fax: 724-662-5103
Email: rmasson@mercer.k12.pa.us

I hereby authorize the release of my child's records and any appropriate information to Mercer Area School District. This information is to be used only for professional purposes and it will be treated in a confidential manner.

_____ _____
Parent / Guardian Signature Date

MERCER AREA SCHOOL DISTRICT

ADMINISTRATIVE POLICY
EMERGENCY EVACUATION PLAN

There are occasions when we will need to evacuate our buildings due to emergencies. Experience tells us that no two emergency situations are likely to be exactly the same. Also, our response to each emergency will be, and should be, somewhat different based on our knowledge of the danger in each situation. Therefore, this policy should act as a guide to be followed, yet adapted as necessary.

Threat: Fire/Explosion/Other Disaster

Superintendent will contact building level administrators.
Based on the type of disaster and location, Superintendent will instruct building administration on action.
General Rules:

- Evacuate buildings via PA system with calm and order.
- Instruct staff to stay with students.
- Send staff and students to emergency site:
  A) High School – Brandy Springs; Elementary – Soccer field or:
  B) High School – Elementary; Elementary – to High School.
- Headquarter Options – High School, Elementary, Borough Building
- Reunification Points:
  A) High School-Mercer United Methodist Church, E. Butler Street, 724-662-3320
  B) Elementary – Bethany Presbyterian Church, Venango Street, 724-662-4340

Media Notification – By Superintendent

Threat: Early Dismissal/Evacuation of a Building

If for some reason a building is unsafe due to emergency, including loss of water, heat, or other essential service, the following actions should occur:

- Superintendent, in consultation with the School Board President and building level administration, shall call for the students in the building to be evacuated to the other district building.
- Busses shall be called to transport students to the alternate site (other building in district).
- Cafeteria personnel shall move to the new site to provide emergency rations.
- Notification shall be given to media as to the extent of the emergency, the new location, and parental instructions.
- Students may be dismissed to their parents or released via dismissal form (attached).
- Any students not picked up shall ride home on their regular bus routes.
- Parents will be notified by Blackboard Connect Platform (Mercer School District mass notification system).
- All school personnel shall provide support throughout the emergency.

(continued on back*)

_ _

*Please cut and return to your child's school **only** if you wish unrestricted dismissal for your child.*

2025-2026

STUDENT NAME _____ GRADE _____ HOMEROOM _____

By signing and returning this form, I agree that my child may be released from school custody during emergency conditions. This would be in effect only when the School District declares such an emergency**. Students without this release will be retained until the normal end of the school day** and will be provided their normal transportation, unless personally picked up by parent or designee.

Parent's Signature (For Release Only): _____

Name of Designee (For Pickup Only): _____
(Other Than Parent)

Threat: Early Dismissal/Evacuation of Both Buildings

If for some reason, both buildings are unusable due to utility outage, the following actions shall occur:

- Superintendent, in consultation with the School Board President and building level administrators, shall call for the implementation of evacuation.
- Students will remain in the building until parents pick them up or in the case of older children, parent contact is made with the school to dismiss.
- Also, students with parental release forms may be dismissed (form attached).
- Any students remaining at the end of the day shall be transported home in a normal fashion.
- Emergency cold lunches will be provided to the students.
- Superintendent will notify the media of the emergency and advise parents as to the procedures to pick-up children.
- Parents will be notified by Blackboard Connect Platform (Mercer School District mass notification system).
- All school personnel shall provide support and supervision throughout the emergency.

Threat: Weather Storm During School

If a weather related storm should occur during school the children will be housed safely within the school building. Early dismissal for weather related incidents will not usually occur. Parents concerned about transporting their children home may pick them up early, if they so choose.

In case of a dramatic weather event (ex: ice storm, etc.) the district may choose not to transport the children home at the normal time for safety reasons. During such an event efforts will be made to do the following:

- Provide staff supervision of the children.
- Notify parents by Blackboard Connect Platform (Mercer School District mass notification system). that their children are in school and that transportation is being delayed.
- Provide food for the children, if necessary.
- Release children to parents or guardians as they arrive at school.
- Set up emergency shelter and sleeping arrangements, if necessary.

FOR YOUR INFORMATION

/Summoning busses to pick-up children may take up to two hours.
/Busses to transport students between schools will be designated by those that can be summoned in the shortest time.
/Transporting between schools (by busses) is preferred. However, if leaving the area is critical, orderly walking should be considered.
/This document is not all inclusive. Many other procedures are provided in the District's Emergency Management Plan. This plan is available for your review in any of the administrative offices or school libraries.
/Weather delays and postponements will be reported to: WKBN, WPIC, Y103, WPXI, WTAE, and on the Mercer School District Homepage (www.mercer.k12.pa.us)

MERCER AREA SCHOOL DISTRICT

Request for Transportation

Mr. Mark Roman, Transportation Director
724-662-5100 ext. 40

Student Name(s):	Grade		Home Address:
			Street Apt. #
			City State ZIP
Parent/Guardians Name(s)	Relationship		Telephone Number:
Today's Date _____		Reason for Request:	New Student

☐ **HOME (Address listed above)**		☐ **HOME (Address listed above)**
Requested PICK-UP Address		**Requested DROP OFF Address**
Street Apt. #		Street Apt. #
City		City

PLEASE DO NOT WRITE BELOW THIS LINE–TRANSPORTATION DEPT. ONLY

NEW: AM BUS# _____ TIME: _____ PARENT _____ _____

NEW: PM BUS# _____ TIME: _____ SCHOOL _____ _____

EFFECTIVE DATE: _____ BUS _____ _____

Mooooooosetracks _____ _____

Dear Parents/Guardians,

Attached you will find the 2025-2026 Registration Card **and** 2025-2026 Pony Express Dismissal List. It is very important for us to have these forms on file for a new school year, new teachers, and to ensure your child's safety. Please read the following information carefully and fill out both sections as completely as you can. Thank you!

Registration Card

Please clearly fill out the information on the Registration card. Be sure to mark who the child resides with. If the child resides with both parents, please check the bubble for both parents. If your family has custody paperwork, please make sure that the Front Office has the most up to date paperwork. We can make copies for you if needed. If you are unsure what is on file, please call or stop in.

Pony Express Card

To ensure a safe and efficient dismissal for our students, we ask all parents to fill out a Pony Express form. **THIS DOES NOT MEAN THAT PONY EXPRESS IS YOUR CHILD'S FORM OF DISMISSAL.** Even if you plan for your child to ride the bus every day, please fill out the information so we have it on file.

Each child must return a completed form. Please make sure to include people on the form who are **ALWAYS** permitted to pick up your child for dismissal.

Also, please do not forget to include parent/guardian names and sign the bottom.

Information about our dismissal procedure…

- **If you will pick up your child every day, please send a note/email to your child's teacher on or before the first day of school. Any student WITHOUT a note will be put on the bus.**
- **If your child normally rides the bus, please send a note with your child on days they will be picked up. Any student WITHOUT a note will be put on the bus.**
- Dismissal for Pony Express Riders (parent pick-ups) will be at 3:00 PM using the main office entrance. If you arrive early, please **wait in the soccer field lot until the buses have left**, and then drive or walk over to the front doors.
- **PLEASE REMEMBER AND/OR REMIND** THE PICK-UP PERSON TO BRING A FORM OF **PHOTO I.D.**
- To ensure student safety and clarify some confusion, you are giving the people listed on the Pony Express card permission to pick your child up at **DISMISSAL**. Those individuals are not able to come in and request your child leave early for any reason. That permission can **ONLY** be given by the child's legal guardian(s). If you do wish to have someone pick up your child early for an appointment or other reason, you would need to send a note to school with your child, giving your permission for the person to pick up early. Please make sure to sign the note. You may also call the front office and give the same information.

2025-2026 Mercer School District Registration

Student's Name: _____ Date of Birth: _____
(Last) (First) (Middle)

Gender:_____ Grade/Teacher: _____ Bus #:_____

PARENT/GUARDIAN INFORMATION

Parent/Guardian A	Parent/Guardian B
Name:_____	Name:_____
Street:_____	Street:_____
City, State, Zip:_____	City, State, Zip:_____
Home Phone:_____	Home Phone:_____
Cell Phone:_____	Cell Phone:_____
Work Phone:_____	Work Phone:_____
E-mail:_____	E-mail:_____
o **Child Resides With – Please Check**	o **Child Resides With – Please Check**

Emergency Contact – Other Than Parents:

Name:_____ Phone:_____
Name:_____ Phone:_____
Name:_____ Phone:_____

Pony Express 2025-2026

Student's Name: _____ Grade: _____
Last, First

Name:	Relationship:	Phone Number:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I, _____, give Mercer Area School District permission to dismiss my child to those listed above for the 2025-26 school year. I will contact the elementary office should any changes need to be made.

Parent Signature: _____ Date: _____

Mercer Elementary School
Initial Health History Form

Name _____ Date of birth _____ Sex _____ _____
Last First Middle Male Female

Mother's Name_____ Father's Name_____
Parents are: ____Married ____Single ____Divorced ____Separated ____Widowed
Child is living with: _____Both _____Mother _____Father _____Guardian
If living with guardian, list name and relationship:_____
Please list information for others living in the home:

Name	Date of birth	Name	Date of birth

Please complete the health history chart, check all that apply.

☐	ADD/ ADHD	☐	Headaches (frequent)
☐	Arthritis/Rheumatic Disease	☐	Headaches (migraine)
☐	Asthma	☐	Hearing loss/hearing aid
☐	Bleeding disorder/Cooley's Anemia	☐	Heart defect/disease
☐	Bone/joint disease	☐	Kidney disorder
☐	Cerebral Palsy	☐	Life-Threatening Food Related Allergy
☐	Chicken Pox date:	☐	Life-Threatening Allergy-(example:Bees/Latex)
☐	Chronic constipation	☐	Nosebleeds (severe)
☐	Eczema	☐	Psychiatric disorder
☐	Cancer	☐	Sickle Cell Disease
☐	Cystic Fibrosis	☐	Spina Bifida
☐	Convulsions/seizures	☐	Tourettes's Syndrome
☐	Depression	☐	Vision loss (uncorrectable)
☐	Ear infections	☐	Visual problem/glasses
☐	Diabetes		Other:
☐	Emotional/behavior		
☐	Epilepsy/other seizure disorders	☐	Operations:
☐	Fainting spells		

Please explain in detail any above condition_____
_____

List any allergies (not life threatening) your child may have, what type of reaction and what treatment is necessary:
_____

List medications that your child is currently taking

Medication	Dose	Time Given	Diagnosis/Why Given

If your child is required to take medications during the school day the school's medication policy must be followed. A medication policy/consent form is available from the school nurse, the office or on the school website.

Turn to the other side…

Does your child have any bowel or bladder control issues? Please explain_____
_____

Is there anything else you would like us to know about your child?_____
_____
_____

MANDATED SCHOOL HEALTH SERVICES

Every child of school age attending or who should attend a public or private/non public school within the Commonwealth of Pennsylvania must receive the following health services.

Service	K	1	2	3	4	5	6	7	8	9	10	11	12
Dental Examination	**X**			**X**				**X**					
Growth Screen	X	X	X	X	X	X	X	X	X	X	X	X	X
Hearing Screen	X	X	X	X				X				X	
Immunization Assessment	X	X	X	X	X	X	X	X	X	X	X	X	X
Maintenance of Health Record	X	X	X	X	X	X	X	X	X	X	X	X	X
Medical Examination	**X**						**X**					**X**	
School Nurse Services	X	X	X	X	X	X	X	X	X	X	X	X	X
Scoliosis Screen							X	X					
Tuberculin Test (Unless approved to discontinue)	X									X			
Vision Screen	X	X	X	X	X	X	X	X	X	X	X	X	X

§ 23.84. Exemption from immunization. This code allows for the medical, religious and conscientious exemptions to immunizations as condition for school attendance, provides as follows:
(a) *Medical exemption.* Children need not be immunized if a physician or the physician's designee provides a written statement that immunization may be detrimental to the health of the child. When the physician determines that immunization is no longer detrimental to the health of the child, the child shall be immunized according to this subchapter.
(b) *Religious exemption.* Children need not be immunized if the parent, guardian or emancipated child objects in writing to the immunization on religious grounds or on the basis of a strong moral or ethical conviction similar to a religious belief.

Information that is health related and may affect your child during the school day will be shared with appropriate school personnel in a confidential manner.

Parent/Guardian signature_____Date_____

The Mercer Area School District does not discriminate on the basis of race, sex, color, creed, age, handicaps, or national origin in administration of its education or employment policies.

Mercer Area Elementary School

Student-Parent Handbook Signature Page

(Handbook available online at (www.mercer.k12.pa.us)

Please sign and return this form to your child's teacher

Student Name _____ **Grade/Room #** _____

In order to establish a positive school and home partnership, the parents, staff, and students need to have a common understanding of the rules and regulations of Mercer Elementary School. We ask that you sign and return this page after reading the statements below.

I have read the Student-Parent Handbook and reviewed the following with my child for the 2025-26 school year:

School Policies and Discipline – pg. 41-50 – I have read and understand the guidelines set forth in the school policies and discipline sections of the handbook.

_____ Parent Initials _____ Student Initials

Cell Phone Policy – pg. 43 – I have read and understand the acceptable use policy for electronic devices/cell phones.

_____ Parent Initials _____ Student Initials

Technology/Acceptable Use Policy – pg. 57-59 – I have read and understand the technology acceptable use policy. I accept responsibility for permitting my child to use the Internet for approved educational purposes. In addition, I understand that my child will be denied privileges of using computers if s/he violates the policy in regard to use.

_____ Parent Initials _____ Student Initials

Attendance Policy – pg. 10-13 – I have read and understand the attendance policy section.

_____ Parent Initials _____ Student Initials

Photo Release – pg. 20 - Your child may be photographed or video-taped for educational purposes including newspaper articles, website photos/videos, or tv coverage of school events.

☐ **Yes**, I give permission for my child to be photographed/videoed for school events.

☐ **No**, I don't give permission for my child to be photographed for school events.

Walking Field Trip Permission – Occasionally students will take walking field trips to local sites in coordination with curricular studies. By signing below, I understand that my child will be participating in these and will be required to follow all school rules on these walking field trips.

_____ Parent Signature _____ Date

MUSTANG PRIDE

Mustang Pride is strong at Mercer Elementary School! Our School-Wide Positive Behavior Support program recognizes our students for all of the positive things they do.

During the first week of school, the students rotated through various centers to learn the expectations of our school. They learned what it means to **Be Safe**, **Be Kind**, **Be Respectful**, and **Be Responsible** in the following areas: Hallways, Cafeteria, Restrooms, Playgrounds, Classrooms, Assemblies, Buses, Arrival, and Dismissal. Since your child is new to the district, there is a student council member that is assigned to your child to give him/her a tour of the school, teach the expectations around the building, and make your child feel welcome!

A reward system has been developed to recognize students for their good choices. When students receive tickets from staff members for demonstrating an understanding of the expectations, they will be called down to our Mustang Pride showcase at the end of the day. They will receive a certificate to take home, a small "treat", and they will be asked to pick a numbered bingo chip from a container. The number that the child pulls will be recorded on our Mustang Pride Grid displayed in the hallway to recognize them as role models. When a row fills up on the grid, a BINGO occurs and that row of students will earn an extra prize. These extra prizes will be special activities such as VIP lunch tables, movie and popcorn parties, additional recess, computer time, etc.

Throughout the school year, the School-Wide Positive Behavior Support team will collect continuous behavioral data. We use the Office Referral Form (ORF) to collect this data (See back). Minor behaviors will be documented by the classroom teacher, and major behaviors will be documented in the office. The information obtained from this form will be entered into a computerized data system that will allow us to monitor the disruptive behaviors occurring throughout our school and develop interventions to improve these behaviors. The interventions will always focus on our four positive school expectations. At our monthly meetings, the School Wide Positive Behavior Team will track the data to see if an intervention has been effective or if a new one needs to be developed. The goal of this process is to decrease the amount of time spent on behavior disruptions and to increase the amount of time spent on academics. We are trying to prepare our students to be productive citizens in our community. We hold every child to high behavioral and academic standards. **We believe in our students, and we want them to believe in themselves.** Thank you for your continued support at home! It is greatly appreciated!

Sincerely,
The SWPBS Team

Hello new families to our district,

Each year every new student to our school district receives a **FREE** Mustang Pride t-shirt! These shirts will be worn throughout the year on designated **MUSTANG PRIDE** days!

PEP, our parent organization, has been a tremendous support to our school, and they will be purchasing these shirts for your child. Thank you PEP for your support!

Please fill out the bottom portion of this form and return it to your child's classroom teacher. Remember, there is **no cost** for this shirt! When considering your child's size, please keep in mind he/she will have multiple occasions to wear this shirt year after year. If your child should outgrow his/her size, you will have the opportunity to purchase a new Mustang Pride t-shirt each year.

If this form is not returned, a size will be assigned to your child.

Student Name: _____

Teacher Name: _____

T Shirt Design



Please Check Shirt Size:

Youth Small ☐ Youth Medium ☐ Youth Large ☐

Adult Small ☐ Adult Medium ☐ Adult Large ☐ Adult XL ☐ Adult XXL ☐

For the Office Use ONLY

Ambassador's Name(s): _____

Ambassador's Homeroom(s): _____ _____

Mercer Elementary School

2025-2026 SUGGESTED SCHOOL SUPPLY LIST

If possible, please send these supplies with your child on the first day of school

August 27, 2025

1st Grade

- ☐ 2 boxes of Crayola crayons
- ☐ 1 box of snack/sandwich Ziploc bags
- ☐ 1 box of gallon Ziploc bags
- ☐ 1 pencil box
- ☐ 1 box of tissues
- ☐ 1 full change of clothes in labeled Ziploc gallon bag
- ☐ 1 'paint' t-shirt in labeled Ziploc bag
- ☐ 2 Expo markers
- ☐ 2 glue sticks
- ☐ 1 pair of headphones

2nd Grade

- ☐ 2 packs Ticonderoga #2 pencils (10 or 12 packs)
- ☐ 2 large **white** glue sticks
- ☐ 2 boxes of 24 count Crayola crayons
- ☐ 2 **black** Expo dry erase markers
- ☐ 1 pencil box (standard size-plastic)
- ☐ 1 box of tissues
- ☐ 1 box of Ziploc bags (quart, gallon, or snack)
- ☐ 1 'paint' t-shirt in labeled Ziploc
- ☐ 1 pair of headphones

3rd Grade

- ☐ 2 packs of #2 Ticonderoga pencils
- ☐ 2 large glue sticks
- ☐ 2 boxes of crayons (16 or 24 count)
- ☐ 4 **black** dry erase markers
- ☐ 1 marble composition book
- ☐ 1 pencil box
- ☐ 2 boxes of tissues
- ☐ 1 highlighter
- ☐ 1 canister of Clorox wipes
- ☐ 1 'paint' t-shirt in labeled Ziploc
- ☐ 1 pair of inexpensive headphones

4th Grade

- ☐ 2 packs of #2 Ticonderoga pencils
- ☐ 2 large glue sticks
- ☐ 1 pencil box or pouch
- ☐ 1 box of crayons
- ☐ 6 double sided pocket folders (blue, red, black, green, yellow, one of your choice)
- ☐ 1 one subject spiral notebook
- ☐ 1 marble composition book
- ☐ 2 boxes of tissues
- ☐ 1 container of Clorox wipes
- ☐ 1 pair of inexpensive headphones

5th Grade

- ☐ 1 pack of #2 Ticonderoga pencils
- ☐ 1 pack of colored pencils
- ☐ 1 large glue stick
- ☐ 1 highlighter
- ☐ 1 pencil box or pouch
- ☐ 1 pair of inexpensive earbuds
- ☐ 2 boxes of tissues
- ☐ 1 bottle of hand sanitizer
- ☐ 1 one subject notebook
- ☐ 1 pack of Crayola markers

6th Grade

- ☐ 2 packs of #2 Ticonderoga pencils
- ☐ 1 pack of colored pencils
- ☐ 1 large **white** glue stick
- ☐ 1 pencil box/bag
- ☐ 2 highlighters
- ☐ 2 **black** dry erase markers
- ☐ 6 double-sided pocket folders
- ☐ 3 one subject spiral notebooks
- ☐ 1 marble composition book
- ☐ 2 pads of 'post-it' notes
- ☐ 1 3 ring binder (1 ½ in)- 6th gr math
- ☐ 1 pair of inexpensive ear buds
- ☐ 2 boxes of tissues
- ☐ 1 canister of Clorox wipes

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Mercer Elementary School

2025-2026 SUGGESTED SCHOOL SUPPLY LIST

If possible, please send these supplies with your child on the first day of school

August 27, 2025

Kindergarten

- ☐ 1 pack of colored pencils (12 count - girls)
- ☐ 1 pack of washable markers (10 count - boys)
- ☐ 1 box of **Crayola** crayons (24 count)
- ☐ 4 large glue sticks (or 8 small)
- ☐ 2 large cans of Play Dough
- ☐ 2 boxes of tissues
- ☐ 1 box of sandwich Ziploc bags (girls)
- ☐ 1 box of gallon Ziploc bags (boys)
- ☐ 1 full change of clothes (season appropriate) in labeled Ziploc gallon bag
- ☐ 1 container of Clorox wipes (girls)
- ☐ 1 package of baby wipes (boys)