

REGISTRATION CHECK LIST

Please bring with you:

- ___ Your Child's Birth Certificate
- ___ Proof of Residency (current water bill, gas/electric bill or current lease if you are a renter not paying utilities)
- ___ Tennessee Shot Record with 5 yr. checkup (if available). This needs to be brought to the school before the first day of school
- ___ Rocky Hill Student Information Sheet
- ___ Knox County New Student Enrollment Form
- ___ Student Medical Profile
- ___ Proof of Residence Enrollment Form
- ___ News Media Authorization
- ___ Special Education Services Letter
- ___ Occupational Survey

Rocky Hill Elementary School
Student Information Sheet



CHILD'S FULL LEGAL NAME: _____ SEX: _____

NAME CHILD WILL USE IN CLASSROOM: _____ BIRTH DATE: _____

LANGUAGE CHILD SPEAKS: _____

RACE (CHECK ONE): AMERICAN INDIAN ASIAN BLACK/AFRICAN AMERICAN PACIFIC ISLANDER WHITE
 HISPANIC

CHILD LIVES WITH (CHECK ONE): MOTHER FATHER BOTH PARENTS
 OTHER (PLEASE SPECIFY): _____

FATHER'S NAME: _____ CELL PHONE: _____ EMAIL: _____

MOTHER'S NAME: _____ CELL PHONE: _____ EMAIL: _____

ADDRESS: _____

PRIMARY PHONE (THIS NUMBER RECEIVES AUTOMATED CALLS FROM THE COUNTY): _____

NUMBER OF BROTHERS: _____ (AGES: _____) NUMBER OF SISTERS: _____ (AGES: _____)

IN CASE OF AN EMERGENCY AND PARENTS CANNOT BE REACHED,

CONTACT NAME: _____ PHONE: _____

CONTACT NAME: _____ PHONE: _____

CONTACT NAME: _____ PHONE: _____

HAS THIS CHILD EVER BEEN ENROLLED IN A KNOX COUNTY SCHOOL (INCLUDING SPEECH OR PRE-K)? YES NO

IF YES, WHAT SCHOOL: _____

LAST SCHOOL THIS CHILD ATTENDED: _____ PHONE NUMBER: _____

**KNOX COUNTY SCHOOLS
NEW STUDENT ENROLLMENT**

FOR OFFICE USE ONLY	
Student ID	_____
Homeroom	_____
School	_____
Bus Number	_____

Enrollment Date: _____ Grade _____

Student Name: _____
Last Name First Name Middle Name

Student PIN Number: _____
 Date of Birth: _____
 Birthplace / City: _____
 Birth County: _____
 Birth State: _____
 Birth Country: _____
 Mother's Maiden Name: _____

Gender: Female Male
 Ethnicity: Hispanic Non-Hispanic
 Race: (check all that apply)
 Asian
 Black
 American Indian
 Pacific Islander
 White
 Military Dependent: Reserve National Guard
 (if applicable) Active Military

Related Students attending any Knox County Schools (in same household) -- Please include Last Name, First Name, and Birthdate

Please list all legal guardians individually. If the student has more than two guardians, please use the additional space provided at the end of the form for the other contacts.

Main Contact: _____
 Relationship: _____
 Address: _____

 *Primary Phone #: _____
 Emergency #: _____
 Employer: _____
 Work #: _____
 Other #: _____
 *Cell: _____
 Primary E-mail: _____
 Alternate E-mail: _____

Contact: _____
 Relationship: _____
 Address: _____

 *Primary Phone #: _____
 Emergency #: _____
 Employer: _____
 Work #: _____
 Other #: _____
 *Cell: _____
 Primary E-mail: _____
 Alternate E-mail: _____

**This is the telephone number that receives automated telephone calls.*

Notes (Individuals other than parent/guardian who may pick up the child.)

Name _____ Phone Numbers _____

Student Name: _____
Last Name First Name Middle Name

Alerts (non-medical special instructions) _____

School History

Pre-schools attended (if kindergarten student): _____

Last school attended: _____

Address: _____

Other schools attended: _____

Is this student currently under suspension / expulsion from another school? Yes No

Has this student previously received Special Education services? Yes No

Has this student previously received services under Section 504? Yes No

Is this student currently receiving Special Education services? Yes No

Is this student currently receiving services under Section 504? Yes No

If YES, list program(s): _____

Does the student stay in any of the following places at night? Check any that apply:

- home/apartment owned or rented by the parent(s)/guardian(s)
- in a shelter
- in a motel / hotel
- in a car
- at a campsite
- in another location that is not appropriate for people (e.g., an abandoned building, no electricity or running water)
- temporarily with more than one family in a house, mobile home or apartment (because the family does not have a place of its own)
- other (in an arrangement that is not fixed, regular and adequate and is not described by the other choices)

Form completed by _____ Date _____

Relationship to the student _____

List additional contacts on the following page.

Student Guardians (Continued)

Student Name: _____
Last Name First Name Middle Name

Contact: _____
Relationship: _____
Address: _____

*Primary Phone #: _____
Emergency #: _____
Employer: _____
Work #: _____
Other #: _____
*Cell: _____
Primary E-mail: _____
Alternate E-mail: _____

Contact: _____
Relationship: _____
Address: _____

*Primary Phone #: _____
Emergency #: _____
Employer: _____
Work #: _____
Other #: _____
*Cell: _____
Primary E-mail: _____
Alternate E-mail: _____

**This is the telephone number that receives automated telephone calls.*

Contact: _____
Relationship: _____
Address: _____

*Primary Phone #: _____
Emergency #: _____
Employer: _____
Work #: _____
Other #: _____
*Cell: _____
Primary E-mail: _____
Alternate E-mail: _____

Contact: _____
Relationship: _____
Address: _____

*Primary Phone #: _____
Emergency #: _____
Employer: _____
Work #: _____
Other #: _____
*Cell: _____
Primary E-mail: _____
Alternate E-mail: _____

**This is the telephone number that receives automated telephone calls.*

KNOX COUNTY SCHOOLS
Student Medical Profile

This information will be used by the school nurse to provide care for your child.

Date: _____

Student's Name: _____
(Last) (First) (Middle)

Grade: _____ Homeroom: _____

Did the Student require medical care/hospitalization at birth or at any other time? ___ Yes ___ No. If yes, please explain: _____

Does the student require a daily medical procedure performed by a school nurse? If so explain: _____

What medications, if any, does the student take? _____

Does the student seem to have vision, hearing or speech problems? ___ Yes ___ No. If yes, please explain: _____

The student has a history of (Check any that apply):

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Cancer | <input type="checkbox"/> Down's Syndrome | <input type="checkbox"/> Shunts/hydrocephalus |
| <input type="checkbox"/> Amputation(s) | <input type="checkbox"/> Celiac disease | <input type="checkbox"/> "G" / "J" feeding tubes | <input type="checkbox"/> Skin problems |
| <input type="checkbox"/> Asthma/reactive
airway disease | <input type="checkbox"/> Cerebral palsy | <input type="checkbox"/> Heart defects | <input type="checkbox"/> Stomach problems |
| <input type="checkbox"/> Requires inhaler | <input type="checkbox"/> Crohn's Disease | <input type="checkbox"/> Hemophilia | <input type="checkbox"/> Swallowing problems |
| <input type="checkbox"/> Allergies: | <input type="checkbox"/> Cystic fibrosis | <input type="checkbox"/> Migraine headache | <input type="checkbox"/> Tracheotomy |
| <input type="checkbox"/> Bee stings | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Muscular dystrophy | <input type="checkbox"/> Traumatic Brain Syndrome |
| <input type="checkbox"/> Food: _____ | | <input type="checkbox"/> Spina bifida | <input type="checkbox"/> Traumatic spinal injury |
| <input type="checkbox"/> Latex | | <input type="checkbox"/> Orthopedic problems | <input type="checkbox"/> Urinary problems |
| <input type="checkbox"/> Requires Epi-pen | | <input type="checkbox"/> Sensitivity to light | <input type="checkbox"/> Other: _____ |
| | | <input type="checkbox"/> Seizure disorder | |

If any are checked above, please explain: _____

It is important for teachers and principals to have your child's special medical information so that any emergency can be handled appropriately. Summarize any special medical conditions: _____

Does the student get along well with other people?
___ Yes ___ No. If no, please explain: _____

Family physician: _____ Telephone: _____

Form completed by: _____ Date: _____

Relationship to the student _____

KNOX COUNTY SCHOOLS

PROOF OF RESIDENCE FOR SCHOOL ENROLLMENT

Student Name _____ Date of Birth _____ Current Grade Level _____

Student Name _____ Date of Birth _____ Current Grade Level _____

Student Name _____ Date of Birth _____ Current Grade Level _____

Student Name _____ Date of Birth _____ Current Grade Level _____

School student(s) zoned to attend _____

Parent / Guardian Name _____ Phone _____

Current Address _____ Zip _____

Former Address _____ Zip _____

In order to verify residency within the attendance zone of the requested school, one current document as listed below and dated within the past 60 days must be provided, showing the parent/guardian name and address. Post Office box numbers are not acceptable for verification of residence.

Proof of Residence provided by parent / guardian:

Deed/Lease/Rental Agreement

Utility Bill

Notarized Statement

If proof of residence is provided by a notarized statement from the homeowner or person responsible for lease/rent, please list the person's name and address. This person must also provide a deed/lease/rental agreement or utility bill for proof of residence.

Name of Renter/Owner _____ Phone _____

Address of Renter/Owner _____

WARNING: *Falsification of any information or document required for residence verification or the use of the address of another person without actually residing there will require that the student be withdrawn from this school and be assigned to the school which serves the actual residence address.*

I, _____ (print name), the parent/guardian of the student named above, declare under penalty of perjury that the above information is correct and that the student does reside at the address given above. If residency changes, I will notify the school within two weeks.

Signature of Parent / Guardian _____ Date _____

School Official's Signature _____ Date _____



Knox County Schools Student Media Release Form

I, as the parent/guardian of _____, hereby give Knox County Schools and its employees, representatives and authorized media organizations permission to photograph, interview and record my child and his/her likeness for use in audio, video, film or other electronic, digital and printed media. I also give Knox County Schools permission to release photos or recordings of any type to news media outlets including, but not limited to, newspapers and television stations.

I understand that neither Knox County Schools nor the news media has any obligation to use or be compensated for such rights. I am also aware that I will not receive monetary compensation for my child's participation, and I waive any right to inspect or approve final use of materials.

I agree to release and hold harmless Knox County Schools, its staff, the Board of Education and assignees from any liability or claims of damage, known or unknown, related to such use.

Please note if you opt out of the media release form, your child's photograph will still be included in yearbook and classroom publications as part of directory information unless you notify the district otherwise. Additionally, if at any time you wish to withdraw your consent, you may contact the Office of Public Affairs at 865-594-1905; however, any prior photos or recordings of your child will remain part of the district's archive.

Name of child's school:

Parent/legal guardian:

(print)

(signature)

Date: _____

KNOX COUNTY SCHOOLS
ANDREW JOHNSON BUILDING



To: Parents and/or Guardians of Students Who Are Entering or Withdrawing From Knox County Schools

From: Student Support Services

Re: Special Education Services Available Through Knox County Schools

Knox County Schools provides a full continuum of services for students who qualify for special education under the Individuals with Disabilities Education Improvement Act (IDEIA '04).

If you feel your child might require Special Education or other services and want Knox County Schools to provide those services, contact the school to which your child is zoned _____ or call Student Support Services at 594-1540.

If records are available for review or other information that the school might need in order to determine appropriate services for your child, please sign and return a release of information form available at your school so that we may review those records and plan services, if needed.

Thank you for your assistance in this matter.

Student Name

Parent/Guardian Signature

Date Signed

**(Please return a signed copy of this form to the school
and retain a copy for your files.)**

White Copy – School
Canary Copy – Parent

PP-155 (1/10)

P.O. Box 2188 • 912 South Gay Street • Knoxville, Tennessee 37901-2188 • Telephone (865) 594-1800



Under Title I, Part C of the Elementary and Secondary Education Act (ESEA) our school district provides supplemental services to the children of agricultural workers who have recently moved. This survey is to help the school identify if your child might qualify for these free supplemental services such as tutoring, school supplies, summer camps in select counties, and other free services. Please answer the following questions and return this form to your child's school. The information provided below will be kept confidential.

Today's Date	Parent/Guardian First & Last Name
Student First Name	Student Last Name
School Name	Student Grade

1. Have you or an immediate family member performed any agriculture or fishing jobs temporarily or seasonally, in any part of the United States, in the past 3 years? Check all that apply.

NO
 YES. Check all that apply:

Agriculture/Field Work: planting, picking, sorting crops, soil preparation, irrigation, fumigation  <input style="float: right;" type="checkbox"/>	Processing & Packaging: fruit, vegetables, chicken, pork, beef, eggs, etc.  <input style="float: right;" type="checkbox"/>	Dairy/Cattle Raising: feeding, milking, rounding up.  <input style="float: right;" type="checkbox"/>
Nursery/Greenhouse: planting, potting, pruning, watering, harvesting  <input style="float: right;" type="checkbox"/>	Forestry: soil preparation, planting, cutting trees; does not include landscaping.  <input style="float: right;" type="checkbox"/>	Other: Any other agriculture or fishing work, please list here: <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/>

2. In the past 3 years, has your family moved to another state, city, school district, and/or county?

NO
 YES. My family has moved within the past 3 years. Indicate how long ago below.
 _____ Years _____ Months _____ Weeks

If you answered "Yes" to question 1, please complete the information below. A staff from the Migrant Education Program will follow up with your family to verify if you qualify for free services.

Home Street Address	Apt #
City	Zip Code
Telephone Number	Language
Email Address	Best Day of Week and Time to Call

For School Use Only: Please forward all surveys with a "YES" response to Question 1 to your district migrant liaison for them to submit to the ID&R Team through tn.msedd.com. If you have any questions, email the TN MEP ID&R Team: idr@tn-mep.net

Student State ID:	Enrollment Date:	District ID:
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KNOX COUNTY SCHOOLS Home Language Survey

The Tennessee Department of Education requires *all* schools to identify the language of every student enrolled. This is accomplished by the Home Language Survey (HLS). This document is to be completed only **ONE TIME** at the student's initial enrollment into a school. If the student is a transfer student, schools must make every attempt to obtain the original HLS.

NOTE to registrar: If any language besides (or in addition to) English is given as an answer to questions 1-3, please give this document to the ELL teacher at your school (or who monitors your school) immediately.

Student Information

First Name	Middle Name	Last Name	M <input type="checkbox"/>	F <input type="checkbox"/>
Country of Birth	Date of Birth (mm/dd/yyyy)	Date first enrolled in ANY U.S. school (grades K-12)		

Date first entered the United States

THIS FORM IS NOT USED TO IDENTIFY STUDENT'S IMMIGRATION STATUS.
 This information gives us insight into the knowledge and skills your child is bringing to our schools.
 This information may enable the district to receive additional federal funding to provide support for your child

School Information

Enrollment Date in New School	Name of Former School and Town	Last Grade attended
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Questions for Parents/Guardians	
1. What is the first language the student learned to speak?	Has this child ever received ELL (ESL) classes in another school? Y <input type="checkbox"/> N <input type="checkbox"/> I don't know. <input type="checkbox"/> If yes, what year did this student 1 st qualify for ELL?
2. What language does the student speak most often outside of school?	Will you require an interpreter/translator at Parent-Teacher meetings? Y <input type="checkbox"/> N <input type="checkbox"/> If yes, what language?
3. What language is most often spoken to the student at home?	What is your preferred language for receiving emails and communications from KCS?
Parent/Guardian Signature: X	Today's Date: / /20 (mm/dd/yyyy)

NOTE to ELL teacher: Please forward a copy of this form to the ELL Central Office. Place another copy in the student's green folder and the original in the purple file which is kept in the student's CR.

HABIT Therapy Dog
Parent Permission Form

Rocky Hill is happy to announce that there are several HABIT Therapy Dogs in the building on a weekly basis from the University of Tennessee's College of Veterinary Medicine. HABIT dogs have been medically and behaviorally screened by the University HABIT program. HABIT provides therapy animals for many places in Anderson, Blount, Jefferson, Knox, Roane and Sevier counties. These animals work in local hospitals, nursing homes and schools.

The HABIT dogs at Rocky Hill spend time with children sharing a book or just enjoying each other's company. The dog may not be assigned to your child's specific classroom, but it will be in around the building during the day. We are proud to be able to offer this activity to our students and know it will be both an emotional and educational experience.

Please sign below and consider whether your child has allergies or may be uncomfortable around animals.

____ My child _____ (student's name) does have my permission to share quiet time with the HABIT dog.

____ My child _____ (student's name) does not have my permission to share some quiet time with the HABIT dog.

(Parent's Signature)

Date



HEALTH SERVICES PHYSICAL EXAMINATION AND IMMUNIZATION INFORMATION

Enrollment Requirements

Every student who enters a Knox County school for the first time or who is re-entering after being in another system must provide the following information.

Students entering school for the first time must provide:

1. A completed *Tennessee Department of Health, Certificate of Immunization*. A copy may be obtained from your physician or the Knox County Health Department. A student **CANNOT** be enrolled without a completed *Tennessee Department of Health Certificate of Immunization*.
2. A physical examination completed on the *Tennessee Department of Health, Certificate of Immunization* by a medical provider and dated within 12 months prior to the date entering a Knox County School. Students may be enrolled without this information, but must present it to the school within 30 calendar days or risk dismissal.
3. Birth Certificate

Students entering from another public or private system must provide:

1. A completed *Tennessee Department of Health, Certificate of Immunization* completed by your physician or the Knox County Health Department.
2. A physical examination completed by a medical provider and dated within 12 months prior to the date entering a Knox County School. A student may be enrolled without this information but must present it to the school within 30 calendar days or risk dismissal. The completed physical exam may be attached to the *Tennessee Department of Health, Certificate of Immunization*.

Note: Knox County Preschool and Knox County Head Start physical examinations are acceptable.

Immunization Exemptions:

Medical: Healthcare providers must indicate which specific vaccines are medically exempted (because of risk of harm) on the new form. Other vaccines are required.

Religious: Requires only a signed statement by the parent/guardian that vaccinations conflict with their religious tenets or practices. If documentation of a physical examination is required, it must be noted by the health care provider on the *Tennessee Department of Health, Certificate of Immunization*. In that case, the provider may explain the absence of immunization by checking that the parent has obtained a religious exemption.

Additional Information

Parents may contact the immunization clinic at the Knox County Health Department at (865) 215-5071 between 8:00 a.m. and 3:30 p.m. weekdays for students requiring immunizations.



**HEALTH SERVICES
ENROLLMENT REQUIREMENTS
PARENT LETTER**

Dear Parent:

Every student who enters the Knox County School System for the first time or who is reentering after being in another school system must provide the school with the following information:

Students entering school Pre-school – Grade 12 for the first time must provide:

Proof of up-to-date immunizations and a physical examination on a Tennessee School Immunization Certificate completed by a medical provider. The form may be obtained from a medical provider or the Health Department.

Students who will be entering school must provide proof of a physical exam completed by a medical provider. Students entering pre-school or kindergarten must have a physical exam that has been completed within the past year (12-month period) prior to entering school.

Physical examinations contained in records from students transferring from other school systems may be accepted if state guidelines are met.

Students/parents may contact the immunization clinic at the Health Department (215-5000) any weekday to obtain information regarding immunization certificates.

No student will be enrolled or allowed to attend school without a completed Tennessee School Immunization Certificate.

For further information or questions, you may call Health Services at 594-3735.

KNOX COUNTY SCHOOLS
ANDREW JOHNSON BUILDING

Bob Thomas, Superintendent



Dear Parent/Guardian:

The Tennessee Department of Health has specific immunization requirements for school entry. All vaccinations must be documented on the Tennessee Immunization certificate prior to enrolling in Pre-school, Kindergarten, and seventh grade or as a new student entering Knox County Schools. This certificate is available from your medical provider or local health department. The immunization requirements are:

PRE-SCHOOL REQUIREMENTS:

- DTaP or DT
- Hepatitis B (HBV)
- Poliomyelitis (IPV or OPV)
- H.influenzae (HiB): **age younger than 5 years only**
- Varicella (Chickenpox)
- Measles Mumps Rubella (MMR)
- Pneumococcal (PCV): **age younger than 5 years only**
- Hepatitis A

KINDERGARTEN REQUIREMENTS:

- DTaP or DT
- Polio (IPV or OPV): **(final dose on or after the 4th birthday)**
- Measles, Mumps, Rubella **(2 doses of each, usually given together as MMR)**
- Varicella (Chickenpox): **2 doses or history of disease**
- Hepatitis B (HBV)
- Hepatitis A **(2 doses)**

SEVENTH GRADE REQUIREMENTS:

- Tetanus-diphtheria-pertussis booster (Tdap)
- Verification of immunity to varicella **(2 doses or history of disease)**

NEW STUDENT REQUIREMENTS:

- DTaP or DT
- Hepatitis B (HBV)
- Polio (IPV or OPV): **final dose on or after the 4th birthday**
- Measles, Mumps, Rubella (MMR)
- Varicella (Chickenpox): **2 doses or history of disease**

Children with medical exemptions must provide documentation from their medical provider. Religious exemptions require a signed statement from the parent/guardian that vaccination (s) conflict with their religious tenets or practices.

For additional information, please contact the Knox County Health Department at (865) 215-5150 or Knox County Schools Health Services at (865) 594-3735.

TENNESSEE SEAT BELT LAWS

(TCA 55-9-602 & 603) PRIMARY LAWS

Effective July 1, 2005 - Present

Child's Age/ Weight/Height	Type of Seat	Location of Seat	Additional Information
0-1 year & 20 lbs. or less	Rear-Facing	Rear Seat If Available	Seat must meet Federal Motor Vehicle Safety Standards and be used according to child safety restraint system or vehicle manufacturer's Instructions.
1 yr. through 3 yrs; & Greater than 20 lbs.	Forward-Facing	Rear Seat If Available	
4 yrs. through 8 yrs. & Less than 4'9" tall	Belt-Positioning Booster Seat	Rear Seat If Available	
9 yrs. through 12 yrs. or 4'9" tall or greater	Vehicle Seat Belt System	Rear Seat Recommended	
13 yrs. through 17 yrs.	Vehicle Seat Belt System		

Produced and distributed by the TN Traffic Safety Resource Service, UT Center for Transportation Research with grant funds from the Governor's Highway Safety Office and the National Highway Transportation Safety Administration, 40,000 at \$ 0.68 per copy. Approval number: R01-1313-201-001-12. June 2011.

Additional NHTSA Recommendations

- ★ Never place a rear-facing seat in front of an active air bag!
- ★ Child safety seats cannot be used on side-facing jump seats.
- ★ A booster seat should always be used with the vehicle lap AND shoulder belt. High-back booster seats are required when vehicle headrests are not available. Never allow a child to place the shoulder belt behind their back or under their arm.
- ★ To maximize safety, keep your child in the car seat for as long as possible, as long as the child fits within the manufacturer's height and weight requirements.
- ★ Follow your car seat manufacturer's instructions and your vehicle owner's manual on how to install.
- ★ Get Help - To find the best answer or resources for your particular child seat situation visit www.tntrafficsafety.org and click on "Child Passenger Safety" tab.



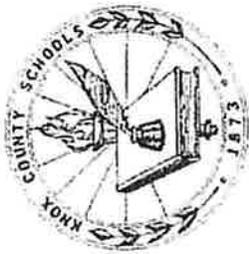
TN Traffic Safety Resource Service

www.tntrafficsafety.org

1.800.99BELTS (2.3587)

tsrs@utk.edu





expect more
achieve more

Knox County Schools

Targets for Kindergarten Entry

A five-year-old with these skills is **READY** to succeed at school.

Letters and Sounds:

- Enjoys being read to and can retell a story
- Recognizes letters (upper and lower case) and some letter sounds
- Repeats the first sound in a word
- Speaks in complete sentences
- Prints his or her first name

Math:

- Counts in order from 1-20
- Recognizes numbers and quantities to 5
- Names and sorts items by color, shape and size
- Understands concepts such as more, less, same, above, below, big, small

Social:

- Settles in to new groups or situations
- Can concentrate on a task for 5 minutes
- Follows simple directions
- Shows kindness and concern for others

**Reading together every day
helps your child
master these skills.**

What is the most important way to ensure my child has these skills?

Read aloud, read aloud, read aloud.....every day together with your child. Studies show children must hear and share in hundreds of stories and Nursery Rhymes before they are ready to learn and read in school. It is also important for them to talk and talk about what they see every day and say the sounds of the letters they are learning.

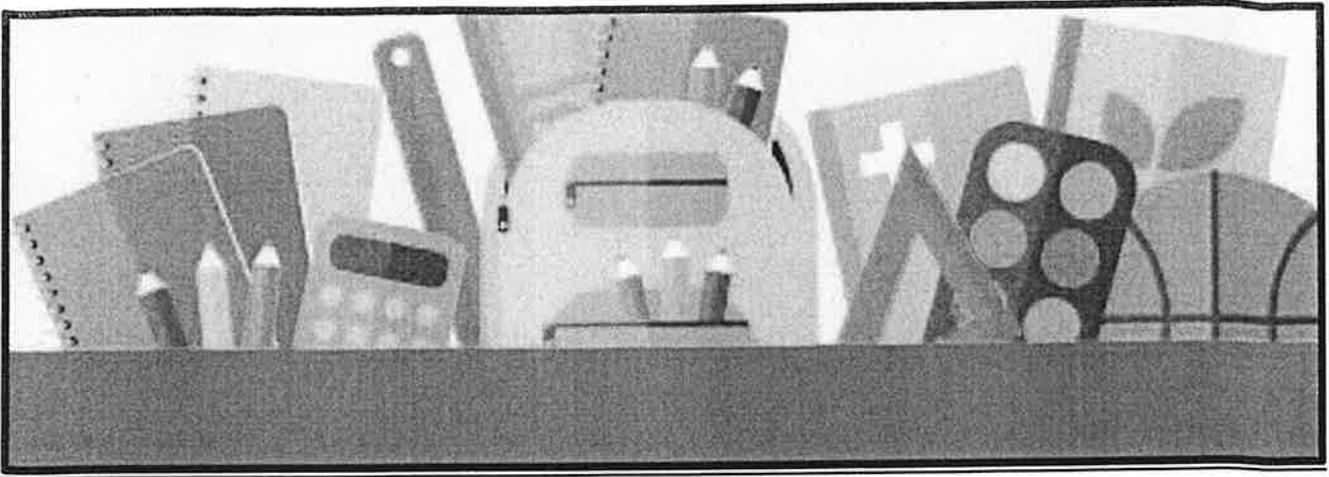
"The single most important activity for building the knowledge required for eventual success in reading is **reading aloud to children**. This is especially so during the preschool years." *The Report of the Commission on Reading*

What are some simple activities parents can do at home to teach their child these skills?

Whenever you are working with your child, it should always be fun! Early childhood advocates call it *playing with a purpose*. Some ideas are:

- **Snack Time** - Look for letters on food boxes or cans, and say them together
- **Driving** – Sing songs and read signs, such as McDonald's or Walmart – pointing out various letters

- **Preparing Meals** – Put magnetic letters on the refrigerator for play
- **Shopping** - Talk about beginning letters of food, clothes, or toys
- **Nap Time** – Read a story and talk about what's happening on each page. Let children predict what is going to happen next, or "read" the story to you.
- **Doing Chores** – Put sign on a few objects at home, such as "bed" and make a game of saying letters aloud
- **Play Time** – Point to an object and ask children to say words that rhyme, including silly words: ball, wall, tall, dall, jall, nail
- **Eating** – Say nonsense rhymes such as *Hey Diddle, Diddle*
- **Lesson Time** – Spell personal names with letter cards. Let children match each capital letter with its lowercase form, or put the letters in order. Draw a letter and find objects that begin with the same sound. (ball, boy, bike)
- **Library Time** – Make weekly trips to the library part of your family's fun time together. Books about going to school help build children's confidence about kindergarten. A librarian can help you find them.



Rocky Hill Elementary School 2025-2026 Supply List

Kindergarten:

- 1 Pack Crayola Thin Markers (10 Count)
- 1 Pack Crayola Thick Markers (10 Count)
- 2 Pack Colored Pencils
- 1 Pack Black Thin Expo Dry Erase Markers
- 1 Pack Crayola Water Colors (8 Count)
- 4 Packs Thin Crayola Crayons (24 Count)
- 2 1" White 3-Ring Binder (Clear Overlay)
- 2 24-Pack #2 Ticonderoga Sharpened Pencils
- 36 Glue Sticks (Small)
- 1 Pair Kid Fiskars Scissors (pointed)
- 1 Red Plastic Pocket Folder (w/Brads)
- 1 Pack of Multi-Colored Highlighters
- 1 Set of Headphones (not Bluetooth)
- 1 Green Plastic Folder (w/Brads)
- 1 Bottle Liquid School Glue

First Grade (Please do not label items)

- 1 Pencil Box (Plastic - No Zippers)
- 2 Packs of 3 Jumbo Glue Sticks
- 1 Pack Crayola Thick Washable Markers
- 3 Packs Crayola Crayons (24 Count)
- 3 Packs Colored Pencils (12 count)
- 1 Pack Thin Yellow Highlighters
- 36 Sharpened Ticonderoga #2 Pencils
- 2 Packs Thin Black Expo Markers
- 1 Pair Kid Fiskars Scissors (pointed)
- 1 Pack Pink Pearl Erasers
- 1 Set of Headphones (not Bluetooth)
- 1 Pad of Super Sticky Post-Its

Second Grade:

- 1 Pair Metal Kid Blade Scissors
- 1 Blue Folder (Plastic w/ Pockets)
- 1 Green Folder (Plastic w/ Pockets)
- 1 Yellow Folder (Plastic w/ Pockets)
- 2 Packs Sharpened #2 Ticonderoga Pencils
- 1 Pack of Pink Pearl Erasers (Rectangle)
- 2 Packs Crayola Crayons (24 Count)
- 1 Pencil Box
- 4 Glue Sticks
- 1 Pack Thin Black Dry Erase Markers (4)
- 1 set of Headphones (Not Bluetooth; No Earbuds)
- 1 Pack Colored Pencils
- 4 Highlighters
- 1 Pack of Post-it Notes

Third Grade: (Please do not label items)

- 4 Wide-Ruled Spiral Notebooks (Red, Yellow, Blue, Green)
- 2 Pink Erasers
- 1 1" Binder (Clear Overlay)
- 1 Packs #2 Sharpened Ticonderoga Pencils (24 ct)
- 12 Glue Sticks
- 2 Yellow Highlighters
- 1 Pack Crayons (24 Count)
- 1 Pack Colored Pencils (12 Count)
- 1 Pack Fine Tip Black Expo Markers (4 ct)
- 1 Pack Chisel Tip Black Expo Markers (4 ct)
- 1 Zipper Pouch (3-Hole Punched For Binder)
- 4 3-Ring Plastic Folders (no brads; Red, Blue, Yellow, Green)
- 1 Pair Fiskars Kid Scissors (pointed)
- 1 Set of Headphones
- 1 Pack Post-it Notes
- 1 Pencil Box

Fourth Grade:

- 4 Plastic Folders- with brads (Yellow, Blue, Orange, Green)
- 4 Composition Notebooks (Wide Ruled)
- 48 Ticonderoga Pencils
- 1 Pack Colored Pencils (No Twistables; 12 Count)
- 6 Glue Sticks
- 1 Pack multi-colored Highlighters
- 8 Dry Erase Markers - (Black Only; 4 Thick; 4 Thin)
- 1 Pair Kid Scissors
- 1 Pencil Sharpener with Shavings Catcher
- 1 Zippered Pencil Pouch for all Supplies (no boxes)
- 1 Set of Headphones or Earbuds
- Large pink erasers or pencil cap erasers

Fifth Grade (Please do not put names on folders and notebooks):

- 24 #2 Sharpened Pencils
- 1 Pack Colored Pencils (12 Count)
- 1 of each color: Black, Yellow, Green, Red, and Blue Plastic Pocket Folders (With Brads)
- 1 Pack Glue Sticks (12 Count)
- 1 Pack Red Pens
- 1 of each color: Yellow, Green, Red, and Blue 1-Subject Spiral Notebooks (Wide)
- 3 Packs of Thin Highlighters (6 Assort Colors)
- 2 Packs of 4 Expo Markers (Black or Blue) & Eraser
- 1 Pencil Pouch (No Boxes)
- 1 Headphone or Earbuds
- 1 Pair Kid Fiskars Scissors (pointed)

<i>As of 5/2/25</i>	2025-2026 RHES PTO Calendar	
Date	Event	Time
Tues. Aug. 5, 2025	Meet and Greet 1st-5th Grades Only Family Ice Cream Social	4:30-6:00 PM
Thurs. Aug. 7, 2025	First Day of School (half day) 1st-5th Grades Only	<i>Dismissal at 11:15</i>
Thurs. Aug. 7, 2025	Kindergarten Ice Cream Social	1:00-2:00 PM
Mon. Aug. 11, 2025	First Grade Parent Night PTO Committee Sign-Ups	5:45 PM
Tues. Aug. 12, 2025	Second Grade Parent Night PTO Committee Sign-Ups	5:45 PM
Thurs. Aug. 14, 2025	Third Grade Parent Night PTO Committee Sign-Ups	5:45 PM
Monday, Aug. 18, 2025	Fourth Grade Parent Night PTO Committee Sign-Ups	5:45 PM
Tues. Aug. 19, 2025	Kindergarten Parent Night PTO Committee Sign-Ups	5:45 PM
Wed. Aug. 20, 2025	Room Parent Meeting (Cafeteria)	8:45 AM
Thurs, August 21, 2025	First Full Day of Kindergarten	Arrival by 7:45 a.m.
Thurs, August 21, 2025	Fifth Grade Parent Night PTO Committee Sign-Ups	5:45 PM
Thurs, August 21, 2025	5th Grade Safety Patrol Parent Meeting (Cafeteria)	7:00 PM
Thursday, Sept. 11, 2025	PTO General Membership Meeting Parent Seminar: Technology & Safety	6:00 PM
Thurs. Sept. 25, 2025	Mad Science Night	5:00-7:00 PM
Friday, Oct. 17, 2025	Great Harvest @ The Press Room	6:00 PM
Tues. Nov. 25, 2025	Kindergarten Turkey Trot & Candy Cane Cottage Set Up	9:00 AM
Mon. Dec. 1 to Wed. Dec 3, 2025	Candy Cane Cottage	During school hours each day
Thurs. February 26, 2026	Literacy Night Dr. Seuss/Read Across America Week	5:00-7:00 PM
March 23-27, 2026	PTO Teacher Appreciation Week	During school hours each day
Tues. April 14, 2026	Kindergarten Round-Up	3:30-5:30 PM
Friday, May 15, 2026	Rodeo	During school hours
Thurs. May 21, 2026	Student Last Day (1/2 day)	<i>Dismissal at 11:15</i>