

**Riverton U.S.D. 404 School District Enrollment Form
Household Information**

School Year _____

Date _____

Student(s) Household Information:

Residence Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different than residence): _____

City: _____ State: _____ Zip: _____

Telephone number for Primary Residence: _____

Telephone number for SchoolReach messages: _____

Transportation mileage to school: _____

Parent/Guardian 1:

Name: _____

Relationship to student(s): _____

Employer: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

Parent/Guardian 2:

Name: _____

Relationship to student(s): _____

Employer: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

Parent(s)/Guardian(s) at Second Residence:

Do you want an additional mailing to go to this address? yes _____ no _____

Residence Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different than residence): _____

City: _____ State: _____ Zip: _____

Telephone number for Second Residence: _____

Telephone number for SchoolReach messages: _____

Parent/Guardian 1:

Name: _____

Relationship to student(s): _____

Employer: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

Parent/Guardian 2:

Name: _____

Relationship to student(s): _____

Employer: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

Riverton U.S.D. 404 School District Enrollment Form

Contact Information

Name of household: _____

List all children in the household ages 0 to 5 not attending school at this time.

1. _____ 2. _____
3. _____ 4. _____
-

Emergency Information: Emergency Contacts are those people to whom we may release this student(s) in the event of an illness or injury if the Parent/Guardian can not be reached. **DO NOT put the names of any previously listed Parent/Guardians in the following spaces.**

Emergency Contact #1:

Name: _____

Relationship to student: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Pager: _____

This individual is a valid contact for:

All students in my household

Only for _____ (student) who's in _____ (grade)

Emergency Contact #2:

Name: _____

Relationship to student: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Pager: _____

This individual is a valid contact for:

All students in my household

Only for _____ (student) who's in _____ (grade)

Riverton U.S.D. 404 School District Enrollment Form Student Information

Student 1:

Legal Name: _____

Nickname: _____

Gender: _____

Birthdate: _____

Grade: _____

Social Security #: _____

Race and Ethnicity: (Note: Both Part A and Part B of the question **must be** answered.)Part A: **Is this student Hispanic/Latino?** (Choose only one)No , Not Hispanic/LatinoYes , Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.)

The above part of the question is about ethnicity, not race. No matter what you selected above, **please continue to answer the following** by marking one or more boxes to indicate what you consider your student's race to be.

Part B: **What is the student's race?** (Circle one or more)

American Indian or Alaska Native (A person having origins in any of the original peoples of North and South American (including Central America), and who maintains tribal affiliation or community attachment.)

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, Indian, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)

Black or African American (A person having origins in any of the black racial groups of Africa.)

Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)

White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

Language Spoken at Home: _____

¿En qué idioma se comunica más Uds. con su hijo/a? _____

Student 2:

Legal Name: _____

Nickname: _____

Gender: _____

Birthdate: _____

Grade: _____

Social Security #: _____

Race and Ethnicity: (Note: Both Part A and Part B of the question **must be** answered.)Part A: **Is this student Hispanic/Latino?** (Choose only one)No , Not Hispanic/LatinoYes , Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.)

The above part of the question is about ethnicity, not race. No matter what you selected above, **please continue to answer the following** by marking one or more boxes to indicate what you consider your student's race to be.

Part B: **What is the student's race?** (Circle one or more)

American Indian or Alaska Native (A person having origins in any of the original peoples of North and South American (including Central America), and who maintains tribal affiliation or community attachment.)

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, Indian, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)

Black or African American (A person having origins in any of the black racial groups of Africa.)

Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)

White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

Language Spoken at Home: _____

¿En qué idioma se comunica más Uds. con su hijo/a? _____

Riverton U.S.D. 404 School District Enrollment Form Student Information

Student 3:

Legal Name: _____

Nickname: _____

Gender: _____

Birthdate: _____

Grade: _____

Social Security: _____

Race and Ethnicity: (Note: Both Part A and Part B of the question **must be** answered.)

Part A: Is this student Hispanic/Latino? (Choose only one)

No , Not Hispanic/LatinoYes , Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.)

The above part of the question is about ethnicity, not race. No matter what you selected above, **please continue to answer the following** by marking one or more boxes to indicate what you consider your student's race to be.

Part B: What is the student's race? (Circle one or more)

American Indian or Alaska Native (A person having origins in any of the original peoples of North and South American (including Central America), and who maintains tribal affiliation or community attachment.)

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, Indian, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)

Black or African American (A person having origins in any of the black racial groups of Africa.)

Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)

White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

Language Spoken at Home: _____

¿En qué idioma se comunica más Uds. con su hijo/a? _____

Student 4:

Legal Name: _____

Nickname: _____

Gender: _____

Birthdate: _____

Grade: _____

Social Security #: _____

Race and Ethnicity: (Note: Both Part A and Part B of the question **must be** answered.)

Part A: Is this student Hispanic/Latino? (Choose only one)

No , Not Hispanic/LatinoYes , Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.)

The above part of the question is about ethnicity, not race. No matter what you selected above, **please continue to answer the following** by marking one or more boxes to indicate what you consider your student's race to be.

Part B: What is the student's race? (Circle one or more)

American Indian or Alaska Native (A person having origins in any of the original peoples of North and South American (including Central America), and who maintains tribal affiliation or community attachment.)

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, Indian, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)

Black or African American (A person having origins in any of the black racial groups of Africa.)

Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)

White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

Language Spoken at Home: _____

¿En qué idioma se comunica más Uds. con su hijo/a? _____

Riverton U.S.D. 404 School District Enrollment Form Student Information

Student 5:

Legal Name: _____

Nickname: _____

Gender: _____

Birthdate: _____

Grade: _____

Social Security #: _____

Race and Ethnicity: (Note: Both Part A and Part B of the question **must be** answered.)Part A: **Is this student Hispanic/Latino?** (Choose only one)No , Not Hispanic/LatinoYes , **Hispanic/Latino** (A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.)

The above part of the question is about ethnicity, not race. No matter what you selected above, **please continue to answer the following** by marking one or more boxes to indicate what you consider your student's race to be.

Part B: **What is the student's race?** (Circle one or more)

American Indian or Alaska Native (A person having origins in any of the original peoples of North and South American (including Central America), and who maintains tribal affiliation or community attachment.)

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, Indian, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)

Black or African American (A person having origins in any of the black racial groups of Africa.)

Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)

White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

Language Spoken at Home: _____

¿En qué idioma se comunica más Uds. con su hijo/a? _____

Student 6:

Legal Name: _____

Nickname: _____

Gender: _____

Birthdate: _____

Grade: _____

Social Security #: _____

Race and Ethnicity: (Note: Both Part A and Part B of the question **must be** answered.)Part A: **Is this student Hispanic/Latino?** (Choose only one)No , Not Hispanic/LatinoYes , **Hispanic/Latino** (A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.)

The above part of the question is about ethnicity, not race. No matter what you selected above, **please continue to answer the following** by marking one or more boxes to indicate what you consider your student's race to be.

Part B: **What is the student's race?** (Circle one or more)

American Indian or Alaska Native (A person having origins in any of the original peoples of North and South American (including Central America), and who maintains tribal affiliation or community attachment.)

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, Indian, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)

Black or African American (A person having origins in any of the black racial groups of Africa.)

Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)

White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

Language Spoken at Home: _____

¿En qué idioma se comunica más Uds. con su hijo/a? _____

PICTURE PERMISSION FORM

Dear Parents,

There may be occasions over the course of the school year that your child will have the opportunity to have his or her picture posted on our school website or in the local newspaper. You may view that website by navigating to: www.usd404.org and then clicking on the building tab at the top of the page. In order to comply with our technology policy, we need your signed permission to post your child's picture. Please complete the following so that we may abide by your wishes.

_____ Yes, you may post _____ picture on the U.S. D. 404 website or local newspaper. (Student's Name)

_____ No, please do NOT post _____ picture on the U.S.D. 404 website or local newspaper. (Student's Name)

X _____

Date _____

(Parent/Guardian Signature)

Health Services

2020-2021 School Year Riverton USD 404

Students name	DOB	Grade		
YES	NO			
			Attention Deficit Disorder (if YES circle) ADHD ADD Medication:	
			Allergies (if YES, circle below and explain) Food Insect bites/stings Pollen Animals Medication Will your child have an Epi-pen at school? YES NO	
			Asthma Will your child have an inhaler at school? YES NO	
			Diabetes Medication:	
			Emotional Problems Medication &/or Counseling:	
			Seizure Disorder Type of seizure: Medication:	
			Other Health Concerns Including Hospitalizations, Operations Or Medications Not Previously Mentioned:	

Kansas State Law requires that each student must present to the school:

An **up to date immunization record** or a religious or medical exemption.

A **physical exam** performed by a licensed health care provider

A copy of an **official state issued Birth Certificate**

All medications given at school must be provided by the parent and come in a properly labeled original container with a signed consent form from the parent (over-the-counter) and/or doctor (prescription).

I hereby certify that I have read and understand the school requirements for my child. Furthermore, permission is hereby granted to the attending team physician, athletic trainer, coach, school nurse, sponsor and/or teacher to render any necessary first aid treatment to the child listed below. I understand that in an emergency, effort will be made to contact the Parent/Guardian or other contact persons listed. If such a contact is not possible, the transportation and treatment necessary for the best interest of the student may be given.

I also authorize Riverton USD 404 schools to release, exchange and obtain immunization and/or health information in his/her/their possession relating to the named student to the Health Department, physician(s), school personnel working with student, and/or Kansas Immunization Registry. I understand that this authorization will expire when the student is no longer enrolled in the above named school district and that I may revoke this authorization in writing at any time.

Parent/Guardian Signature

Today's Date

Riverton Elementary School Attendance Policy

Regular attendance is vital for a successful school experience. Punctual and regular attendance is necessary to ensure the success of your child's future goals. Cooperation between school and home is vital for students success. Please read the policy carefully and contact the principal if you have any questions:

Absences will be classified into four (4) categories. They are:

Type 1: Exceptional: death in the immediate family, funeral attendance, visit to the counselor's office, assignment to the in-school suspension room, other situations deemed as an emergency by the principal.

Type 2: Medical: visit to the doctor, dentist, or other medical personnel verified by a note on the doctor's stationary submitted to the office within (2) school days of the absence; also counted in this category is dismissal from school by our school nurse.

Type 3: Parent Verified: absence verified by a note or phone call from the parents within two (2) school days of the absence. Per Kansas State Law, school attendance is mandatory. Excessive parent excuses for student absences will be considered as Type 4.

Type 4: Unexcused/Unverified: ~~absence with no communication from the parents within two (2) school days of the absence;~~ also includes skipping school, cutting class, etc.

****Please remember that the school district has the full authority to make decisions regarding the excused/unexcused status of absences. Parents are responsible for verifying all student absences.**

Truancy

A student is considered truant if; (1) he is subject to the Compulsory Attendance Law, but is not enrolled in a public or non-public school, (2) he is subject to the Compulsory Attendance Law and is enrolled in a public or non-public school, **but is inexcusably absent for either three consecutive days, five or more days in any semester, or 7 or more days in a school year.** The school will allow for 8 parent calls, or notes per semester, before a doctor note is required to have an excused absence.

Any absence from school other than illness, death in the family, or family emergency is discouraged. **Upon return to school all students will be expected to bring a note signed by their parents /guardian or from the attending physician. The parent may call the school to inform us of the absence. However, if the school does not receive a note or call from the parents that absence is unexcused** and subject to the limits mentioned above. When any of the truancy criteria mentioned above is met, the school will contact the Department for Children and Families, and the County Attorney. Students who have excused absences have the opportunity to make up assignments.

Computer and Device Acceptable Use:

Students shall have no expectation of privacy when using district e-mail, computer systems, or electronic devices. E-mail messages shall be used only for approved educational purposes. Students must use appropriate language in all messages. Students are expected to use the system following guidelines approved by teachers or the administration.

Any e-mail or computer application or information stored in district computers, computer systems, or electronic devices is subject to monitoring by the staff and/or administration. The district retains the right to duplicate any information created by students in a computer system, on any individual computer, or on any electronic device.

Computer and Device Violations:

Students who violate these rules or any other classroom rules relating to computer or electronic device use are subject to the following disciplinary actions:

- **1st Offense:** The student will receive a verbal warning and parents will be contacted
- **2nd Offense:** The student will be suspended from computer usage for 3 days
- **3rd Offense:** The student will be suspended from computer usage for 5 days
- **4th Offense:** The student will be suspended from computer usage for 5 days and will serve a Saturday School
- **Subsequent offenses** may result in loss of computer privileges for the remainder of the school year.

Cellular Phones: Students are permitted to have cell phones on school property, during school hours (7:00-3:10). There are certain restrictions that all students must adhere to. **The cell phones must remain off and out of sight before entering the school for the school day This includes bus lines.** Any student found to have a cell phone visible (in use or not) will be in violation of this policy and subject to the stated consequences.

1st violation: cell phone confiscated and returned to student at the end of school day.

2nd violation: cell phone confiscated and returned to parent/guardian.

3rd violation: cell phone confiscated and returned to parent/guardian and student assigned to Saturday School

4th violation: cell phone confiscated and returned to parent/guardian. Conference is held with the parent to determine further disciplinary action.

Taking pictures by means of camera phone or other cellular devices is prohibited at all time during school hours. This is to include, but not limited to, locker rooms, rest rooms, and other locations one can expect privacy. Failure to adhere to this policy will result in the cell phone or device being confiscated, returned to the parent/guardian, and student suspension issued.

Dear Parents:

Throughout the school year Riverton USD 404 are asked to participate in surveys containing information that is essential to local and state grant funding and to planning effective prevention programs in our school and community. Surveys such as the *Kansas Communities That Care Student Survey*, Local Student Needs Assessment Surveys, and various other surveys are valuable tools to help us understand how students perceive things like substance use, bullying, teacher effectiveness, and many other important topics. These surveys give us insight into the problems students face and shows what we can do to help them succeed.

Surveys given within the Riverton USD 404 School system:

1. **Are completely anonymous.** Students will not be asked for their names on the questionnaire, nor will anyone be able to connect any individual student with his/her responses. School staff will not see any one student's responses, but only summaries of results. To further guarantee anonymity, results will not be reported on any particular question without sufficient response from enough students to guarantee anonymity.
2. **Participation is entirely voluntary.** Your child may decline to participate in surveys, or may simply skip any particular question they do not wish to answer.
3. **Annual participation is important.** Even if your child has participated in previous surveys, annual data is extremely helpful in determining the effectiveness of previous efforts and changes in program areas.

I hope you will allow your child to participate in our district's surveys. . Please check the appropriate box below. Thank you in advance for your cooperation.

Sincerely,

Todd Berry
Superintendent
Riverton USD 404

Please check one:

- Yes, I give permission** for my child to participate in surveys conducted by Riverton USD 404.
- No, I do not** give permission for my child to participate in surveys conducted by Riverton USD 404

Signature of Parent/Guardian

Printed Parent/Guardian Name

Printed Name of Child

Date

GREENBUSH HOME LANGUAGE SURVEY

Upon enrollment, every student or parent/guardian must be given a Home Language Survey. This survey will be used to determine which students should be assessed for English proficiency. Knowledge of, or exposure to another language does not, in and of itself, qualify a student for ESOL services. If a language other than English is indicated in any of questions 1-4, the student will be assessed to determine eligibility for English for Speakers of Other Languages (ESOL) services. The assessments approved by Kansas State Department of Education include: The Language Assessment Scales (LAS)/LAS LINKS/Pre-LAS, the IDEA Proficiency Test (IPT)/Pre-IPT, the Language Proficiency Test Series (LPTS), and the Kansas English Language Proficiency Assessment (KELPA)/KELPA-P. If a student scores below proficient/fluent in any of the language domains: listening, speaking, reading, or writing, s/he is eligible for ESOL services. Please complete one form for each child.

Student Information:

Name	Grade
Address	Date of Birth
Date first enrolled in a school in the U.S.	Phone Number

Student Language Information:

1. What language did your child first learn to speak/use?
 English _____ Spanish _____ Other (please specify) _____

2. What language does your child speak/use at home? Do not include language learned in a class or through television or other such programming.
 English _____ Spanish _____ Other (please specify) _____

3. What language do you speak/use with your child?
 English _____ Spanish _____ Other (please specify) _____

4. What language do the adults regularly present or living in the home speak/use while in presence of the child?
 English _____ Spanish _____ Other (please specify) _____

Parent/Guardian Information:

Which language do you prefer? English ___ Spanish ___ Other (specify) _____
 (Please specify "written" or "spoken". To the extent practicable, communication from the school will be provided in this language.)

Migrant Education Program Information:

The Migrant Education Program (MEP) is authorized by Title I Part C of the Elementary and Secondary Education Act of 1965 (ESEA). The MEP provides formula grants to local education agencies to establish or improve education programs for children who may qualify for the Migrant Program. Please help us determine your child's eligibility for the Migrant Program by responding to the following questions.

Have you or a member of your family moved in the last 36 months to do, or apply for, agriculture or fishing related work, including dairies, nurseries, meat or vegetable processing, feed yards, or field work?
 Yes _____ No _____

Have your children moved with or to join the worker above in the past 36 months?
 Yes _____ No _____

For the School: If the answer to either of the previous two questions is Yes, please contact the Greenbush Migrant office at jennifer.delee@greenbush.org, toll free 866-806-9026, or fax 620-724-6284.

 Signature of Parent or Guardian

 Date

U.S.D. 404 – Riverton Public Schools
Enrollment Residency Questionnaire

If your family lives in any of the following situations:

- In a shelter, motel, vehicle, or campground
- On the street
- In an abandoned building, trailer, or other inadequate accommodations, or
- Doubled up with friends or relatives because you cannot find or afford housing

Then, your preschool-aged and school-aged children have rights or protections under the McKinney-Veto Homeless Education Assistance Act.

These questions cover the definition of homeless that is within the No Child Left Behind Act. This enrollment form will meet MSIP Standard 8.3.1 for enrollment identification.

1. Are you sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason? Yes _____ No _____

Explain if it is a similar reason.

Explain: _____

2. Are you currently residing at a motel, hotel, in a car, or at a campsite because your home has been damaged or because of economic reasons?

Yes _____ No _____

3. Are you currently residing in a shelter? Yes _____ No _____

4. Are you currently living in a temporary housing arrangement due to economic hardship? Yes _____ No _____

Student Name _____ Date of Birth _____

Grade _____ Male _____ Female _____

Parent/Guardian(s) _____

Present Address _____

City _____ State _____ Zip _____ Phone _____

Last School Attended _____ City _____ State _____

Riverton Elementary 2020-2021

PK-3rd Grades

Preschool

8 basic regular sized crayons (2 packs)
1 Regular sized backpack
Stick glue (2)
8 color washable water colors (1)
Kleenexes (2 boxes)
Clorox wipes (1)
2 pocket folder - any design (2)
1 quart size Ziplock bags-girls
1 gallon size Ziplock bags-boys
1 pair Fiskar's Scissors dull metal blade
3 oz can of Play-Doh (1) any color

Kindergarten

1 Kindergarten Writing Tablet
1 Large pink eraser
4 Boxes Crayola crayons 24 pk
1 Crayola crayon 8pk jumbo size
1 Pkg Crayola markers washable 8 basic colors
2 pkg Crayola watercolor paints
8 Elmer glue sticks
1pair Fiskar's scissors dull metal blade
1 box quart size bags (girls)
1 box gallon bags (boys)
1 Plastic school box 5x8
1 pkg Ticonderoga brand pencils (plain)
Inexpensive On-ear headphones
4 2-pocket heavy duty folders w/pictures (no plastic)
2 pkgs plain index cards
Backpack (no wheels)
1 Kindermat
1 pkg Dry Erase markers jumbo size multi color

First Grade

1 box of 24 Crayola crayons
1 Box of washable Crayola markers (classic colors)
1 Pair Fiskar Scissors
4 Glue sticks
2 Pkgs. #2 Ticonderoga brand pencils (not decorative or plastic)
2 pink erasers
3 Heavy duty pocket folder w/2 pockets &brads
1 plastic 3 ring pencil holder
1 Plastic school box
1 Box color pencils
2 Large boxes of Kleenex
2 Clorox wipes
1 Box quart Ziploc baggies - girls
1 Box gallon Ziploc bags - boys
1 Spiral Notebook - wide ruled
1 Water color paints - crayola
1 bottle Elmer's glue

Second Grade

8 oz Bottle of white Elmer's glue (no gel)
1 Box Crayola crayons (24 count)
2 2-pocket heavy duty folders w/picture (no brads)
2 2-pocket plastic folders w/brads
2 Packages of Ticonderoga #2 pencils (no decoration/plastic)
1 Clear 3 ring zippered pencil holder
1 Box of washable Crayola markers (classic colors)
1 Box watercolor paints (Prang or Crayola)
1 Box Crayola brand colored pencils (12 count)
1 5x8 Plastic school box
Big eraser
Sharp pointed scissors
4 Large glue sticks
2 spiral notebooks (70 page)
1 Box Kleenex
1 Container Disinfecting wipes
Earphones (no ear buds)

*If possible, Crayola brand is preferred over Rose Art or Craz-Z-Art due to its quality and longevity

Third Grade

Crayola Crayons – no larger than 24 count
Colored pencils – no larger than 24 count
1 Watercolor set
1 Bottle Elmer's glue
2 Large glue sticks
1 Package of No. 2 Ticonderoga pencils
1 Big pink eraser
1 Pointed metal scissors
1 Composition Notebook
4 Plastic pocket folders w/brads (blue, red and two of your choice)
1 Package wide-ruled notebook paper
2 Boxes of tissues
1 Highlighter
1 Grading pen (NOT blue or black)
OPTIONAL FOR DONATIONS:
1 quart size Ziploc Bag
1 gallon size Ziploc Bag
1 Clorox Wipe
Crayola markers 12 count, broad line

*Please put child's initials on each item

Riverton Elementary 2020-2021

4th/5th Grades

Fourth Grade

2 Boxes of Kleenex
6 Glue sticks
1 Box of Crayola crayons (24 count)
2 Expo Markers
1 Box Crayola colored pencils (24 count)
2 Boxes #2 Ticonderoga pencils (no mechanical)
3 Packages wide-ruled notebook paper
1 Large eraser
3 Composition notebooks (no spirals)
1 Scissors (sharp pointed)
Crayola Classic washable markers
2 Highlighters
Handheld pencil sharpener
1 pair of earbuds
2 pack Clorox wipes
Large, ZIP Binder
Large, soft pencil bag w/zipper and holes
3 sturdy plasticpocket folders (w/holes not brads)
2 sturdy plastic pocket folders (w/brads)

Fifth Grade

2 Boxes of Kleenex
6 Glue sticks
Colored pencils or Crayons
4 Plastic pocket folders w/brads
2 Pocket folders w/holes
2 Packages of Ticonderoga #2 pencils
1 Packages wide ruled notebook paper
1 Highlighter
2 Erasers
Scissors (sharp pointed)
Pencil bag
5 Composition notebooks
4 Expo markers
Grading pen
1 Sharpie
Deoderant to keep in cubby
Clorox wipes
Inexpensive earbuds

*All labeled w/childs name