Student Last Name: ____________________________
Student First Name: __________________________

The forms and documents listed below are required to register your child. All forms and documents are required at enrollment unless otherwise noted.

☐ Current Year Enrollment Form
☐ Copy of Original Birth Certificate
☐ Copy of Guardian’s Drivers License/State Issued ID
☐ Proof of Residency
  ✓ Electric or Gas Bill
  ✓ Cable Bill
  ✓ Water or Sanitation Bill
  ✓ Lease Agreement or Mortgage Statement

☐ Kentucky Immunization Certificate—Parents obtain form from Health Care Provider or Health Department
☐ Copy of Child’s Social Security Number (optional)
☐ Court or Custody papers (if applicable)
☐ Transcript, report card, and/or other academic records from prior school(s)
☐ Medical Examination – Preventative Health Care Examination Form – due within 30 days of enrollment
☐ Dental Screening Form–Due Jan 1st of the school year for ages 5 & 6 only.
☐ Eye Examination Form–Due Jan 1st of the first school year that a 3-6 year old child is enrolled (must be completed by Optometrist or Ophthalmologist).

Copies of Physical, Dental and Eye forms are available on our website: www.kenton.k12.ky.us

_________________________________________  __________________________
Parent Signature                                    Date

White Copy - Office                               Yellow Copy – Parent/Guardian
Student Record Release Form

Date ____________ Student Name ________________________

Grade _______ Date of Birth _____________________________

Previous School Attended _______________________________

Previous School Address _______________________________

Previous School Fax number ( ) _________________________

Parent Signature _______________________________________

The above named student is presently enrolling in Kenton County School District. Please release the complete school records and send them to the above named school including:

- Grades for the previous grading periods and the grades at the time of withdrawal.
- Medical records and immunization certificate
- Special education due to process records (IEP, 504, etc.)
- Legal paperwork pertaining to custody of child
- Psychological evaluation – if any
- State test scores
- Attendance and Behavior records

________________________ School Official’s Signature

________________________ Title

Scan records electronically to:
kristi.mills@kenton.kyschools.us or jennifer.schmoll@kenton.kyschools.us
The Kenton County School District Enrollment/Information Update Form 2020-2021  Pg. 1

School: River Ridge Elementary School

Grade: ____________

Student Information

Legal Name of Student: (First, M, Last) _____________________________ Gender: ______ Date of Birth: ________

Check for 1st time enrollment in a Kentucky School

Student Nickname: _____________________________

Birth Place: _____________________________ (Birth Certificate or other reliable proof of birth required by State Law 158.032)

Ethnicity/Race Question 1: (Must choose one): Hispanic/Latino [ ]

Question 2: (Please choose all that apply): White [ ]

OR

Black/African American [ ]

Asian [ ]

American Indian/Native Alaskan [ ]

Native Hawaiian/Other Pacific Islander [ ]

Household Phone #: _____________________________

Household Address: _____________________________

(City) _____________________________ (Zip) __________

Household Mailing Address (IF DIFFERENT): _____________________________

(City) _____________________________ (Zip) __________

Has your child ever been enrolled in a Kentucky School? No: _____ Yes: _____ Last school attended and address:

Social Security Number (optional):

To participate in Kentucky Educational Excellence Scholarship (KEES) program in high school, students’ social security card MUST be on file.

LEGAL Parents/Guardians Living in same Household as Student (Student’s Primary Household)

Legal Name: _____________________________ Suffix: _____________________________

Relationship to Student: _____________________________ Foster [ ]

Phone: Other (____) Work: (____) Cell Phone: (____) E-Mail _____________________________

Place of Employment: _____________________________

Legal Name: _____________________________ Suffix: _____________________________

Relationship to Student: _____________________________ Foster [ ]

Phone: Other (____) Work: (____) Cell Phone: (____) E-Mail _____________________________

Place of Employment: _____________________________

School-Aged Siblings Living in Same Household as Student

Legal Name: _____________________________ Age: _____ School Attending: _____________________________ Grade: _____

Legal Name: _____________________________ Age: _____ School Attending: _____________________________ Grade: _____

Legal Name: _____________________________ Age: _____ School Attending: _____________________________ Grade: _____

LEGAL Parent/Guardian Living at a Different Address from Student (for mailing/parent portal)

1) Legal Name: _____________________________ Suffix: _____________________________

Relationship to Student: _____________________________ Foster [ ]

Does this parent/guardian have joint custody? ________

Address: _____________________________

City: _____________________________ State: ______ Zip: ______

Phone: Home (____) Work: (____) Cell Phone: (____) E-Mail _____________________________

Place of Employment: _____________________________

Is there a court order restricting this person access to this student? No: _____ Yes: _____ (A copy of the court order MUST be provided).

2) Legal Name: _____________________________ Suffix: _____________________________

Relationship to Student: _____________________________ Foster [ ]

Does this parent/guardian have joint custody? ________

Address: _____________________________

City: _____________________________ State: ______ Zip: ______

Phone: Home (____) Work: (____) Cell Phone: (____) E-Mail _____________________________

Place of Employment: _____________________________

Is there a court order restricting this person access to this student? No: _____ Yes: _____ (A copy of the court order MUST be provided).

Transportation

[ ] Transferred one (1) mile or more to school [ ] AM & PM Transportation [ ] AM Transportation Only [ ] PM Transportation Only

[ ] Not Transported by School Bus

Emergency Contacts (An emergency contact is someone the school will contact should something happen to your child. You can list up to three (3) emergency contacts. Legal parent/guardians will always be called first.)

Name: _____________________________ Relation: _____________________________ Phone 1: _____________________________ Phone 2: _____________________________

Name: _____________________________ Relation: _____________________________ Phone 1: _____________________________ Phone 2: _____________________________

Name: _____________________________ Relation: _____________________________ Phone 1: _____________________________ Phone 2: _____________________________

Medical/Physician

Doctor: _____________________________ Dentist: _____________________________ Do you have health insurance? No: _____ Yes: _____

It is the legal parent/guardian’s responsibility to send in writing any pertinent information each year to the school nurse about serious health conditions. This information will be shared with appropriate school staff. An Administration of Medication Permission Form must be on file for any medication given to a student during the school day.
Middle/High School Only: Has this student participated in varsity sports? No: ☐ Yes: ☐ If YES, this student must complete the KHSAA Transfer Form obtained through the Athletic Office.

Special Services
Has this student ever been enrolled in special education? No: ☐ Yes: ☐ What grade level(s): __________ School: ____________

Does this student have any physical disabilities? No: ☐ Yes: ☐ Please describe: ____________________________________________________________________

Does this student have a 504 Plan? No: ☐ Yes: ☐ Describe: ____________________________________________________________________

Has this student been formally identified as Gifted/Talented? No: ☐ Yes: ☐ If yes, in what area? ___________________________________________________________________

Home Language Survey
1. What language is most frequently spoken at home? ___________________________________________________________________
2. What language did your child learn when he/she first began to speak? ___________________________________________________________________
3. What language does your child most frequently speak at home? ___________________________________________________________________
4. In what language do you most frequently speak to your child? ___________________________________________________________________

Has your child ever been adjudicated guilty or previously expelled for homicide, assault or violations relating to weapons, alcohol, or drugs? No: ☐ Yes: ☐

KRS 158 requires that a parent/guardian report this conduct to school officials on the Kenton County School Disclosure/Compliance Form and verbally. (Please ask school administration for this form).

Is your child currently under suspension from previous school? No: ☐ Yes: ☐

I, as legal parent/guardian, hereby state that the information contained on both sides of this form is accurate to the best of my knowledge. I am aware and I authorize the school district to share pertinent medical information with any household member, emergency contact, school staff, paraprofessionals, coach volunteers and emergency personnel and to seek medical assistance for my child in an emergency. I also authorize the use of electronic sharing to communicate pertinent medical information to necessary personnel.

Parent/Guardian Signature: ____________________________ Date: ____________________________

IF YOU DID NOT RECEIVE THE STUDENT CODE OF ACCEPTABLE BEHAVIOR AND DISCIPLINE WHICH INCLUDES REGULATIONS FOR RIDING SCHOOL BUSES, PLEASE CONTACT THE SCHOOL FOR A COPY.

The Kenton County School District does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs or activities and provides equal access to the Boy Scouts, Girl Scouts of the United States of America, and other designated youth groups.

"El Distrito Escolar del Condado de Kenton no discrimina en base a raza, color, origen nacional, sexo, discapacidad o edad, en sus programas o actividades y proporciona un acceso igualitario a los Boy Scouts, Girl Scouts de los Estados Unidos de América, y otros grupos de jóvenes designados."

Revision Date: 02/04/2019
Home Language Survey

Student's Name: ____________________________

1. What language is most frequently spoken at home?

________________________________________

2. What language did your child learn when he/she first began to speak?

________________________________________

3. What language does your child most frequently speak at home?

________________________________________

4. In what language do you most frequently speak to your child?

________________________________________

For office use only:
Reviewed by: ____________________________
Forwarded to ESL: _______________________

River Ridge Elementary
2772 Amsterdam Road, Villa Hills, Kentucky 41017
Phone: 859.341.5260 Fax: 859.341.5962
Jena Smiddy, Principal
Natalie Ewald, Assistant Principal
Dominique Cruy, Assistant Principal
School Permission Slip
For completion of immunization records

Kentucky has a statewide immunization registry (KYIR) that medical practices use to help keep track of their patient’s immunizations. They use this system to record vaccines given to patients and to access information about their patients’ immunization histories, including vaccines given at other medical offices. KYIRZ makes it easy to keep track of a patient’s immunization status, even if the patient visits more than one medical practice. It also helps ensure doctors and nurses give the right vaccines at the right time, and allows them to remind their patients when vaccines are due or overdue.

The information in KYIR is CONFIDENTIAL—only authorized users may access the system. Authorized users include health departments, medical practices, schools, childcare facilities, WIC Programs, and health care plans.

Some records in KYIR may be incomplete or missing because an immunization was given in another state, or because the medical practice did not enter it into the system. Your child’s school wishes to help improve our community’s records by providing missing immunization information to KYIR, but requires your permission to do so, in accordance with the Family Educational Rights and Privacy Act (FERPA).

By signing below, you can make your child’s immunization history more complete, helping to ensure appropriate and timely future immunization.

Please sign this form if you agree to grant permission for your child’s school to provide your child’s immunization history to KYIR. This may include creating a new record, or updating an existing record. Please use a separate form for each additional child.

My Name: ________________________________

My Child’s Name: __________________________

My Child’s Date of Birth: _____________________

Signature: _________________________________

My Telephone Number: ______________________ Date Signed: ________________

Please submit this form to your school administrator/nurse—thank you!

Office Use Only

Name of school: ____________________________ Form Rec’d by (school staff): ______________

Immunization history attached to form? Y or N

Date Rec’d by KYIR: ________________________ Date Entered into KYIR: ________________

Kenton County Board of Education

Board Members: Carl Wicklund, Chairperson Karen L. Collins, Vice Chairperson Carla Egan Shannon Herold Jessica Jahn

“The Kenton County Board of Education provides Equal Education & Employment Opportunities.”
Kenton County School District
KINDERGARTEN REGISTRATION
INFORMATION

Age Requirements:
In order to enter The Kenton County School District Kindergarten Program, Kentucky law requires that your child be 5 years of age on or before **August 1**.

Registration Documents:
- Original legal certificate of birth or other reliable proof of birth required by State Law 158.032.
- Driver's license (State/Federal identification card)
- Proof of residency; such as current utility bill.
- Up to date health information on KY forms as listed below:

<table>
<thead>
<tr>
<th>Document</th>
<th>Deadline</th>
<th>Additional Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immunization Certificate</td>
<td>Upon enrollment</td>
<td>Must be current &amp; valid with all immunizations up to date upon &amp; throughout enrollment</td>
</tr>
<tr>
<td>Physical Exam</td>
<td>Preschool upon enrollment; others within 30 days of enrollment date</td>
<td>Required for 1st entry to a KY public school &amp; for all children enrolling in 6th grade. May be completed up to one year prior to initial entry.</td>
</tr>
<tr>
<td>Vision Exam</td>
<td>January 1st of first year of enrollment for a 3, 4, 5, or 6 year old child</td>
<td>Must be performed by an optometrist or ophthalmologist</td>
</tr>
<tr>
<td>Dental Exam</td>
<td>January 1st of enrollment year in Kindergarten for a 5 or 6 year old child</td>
<td>May be completed by a dentist, dental hygienist, physician, registered nurse, nurse practitioner, or physician assistant. Must be between Jan. 1 &amp; Dec. 31 of the year the child enrolls in kindergarten.</td>
</tr>
</tbody>
</table>

- Official custody documentation (if applicable)
- A completed enrollment sheet returned to the school office.
- The district requests a Social Security number for each student as it is used for KEES Scholarship purposes.
- Additional forms throughout the year as required by district, state and federal policies and procedures.

All forms may be obtained through the school office or downloaded from The Kenton County School District Web site at www.kenton.kyschools.us under Student Services - Essential Enrollment Information.

For more information, phone 859-344-8888
Ms. Ellen Zimmer, Director of Early Childhood Education
or contact your neighborhood elementary school
PREVENTATIVE HEALTH CARE EXAMINATION FORM

All local boards of education shall require a preventative health care examination of each child first entering a Kentucky public school within a period of twelve (12) months prior to initial admission to school and within one (1) year prior to entry to sixth grade. Local school boards may extend this time not to exceed two (2) months. (702 KAR 1:160)

PLEASE COMPLETE THE IDENTIFYING INFORMATION AND RECORDS

IDENTIFYING INFORMATION

Student Name: __________________________ Gender: M F Grade: ______

Date of Birth: ______________ Age: _____ yrs _____ months Preferred Language: __________________________

Parent or Guardian Name: __________________________________________

RECORD OF IMMUNIZATIONS TO BE REPORTED ON IMMUNIZATION CERTIFICATE FORM, EPID 230.

MEDICAL HISTORY

Allergies: _______________________________________________________

Current Prescribed Medications to be taken daily at school: __________________________________________

Significant Historical Information: ________________________________________

SCREENING RESULTS:

BP: _______ Height: _____ (ft.) _____ (inches) Weight ______ lbs. BMI ______ BMI% ______

<table>
<thead>
<tr>
<th>Vision</th>
<th>Right 20/_______</th>
<th>Passed</th>
<th>Failed</th>
<th>Hearing - Right</th>
<th>Passed</th>
<th>Failed</th>
<th>Referred</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Left 20/________</td>
<td>Passed</td>
<td>Failed</td>
<td>Hearing - Left</td>
<td>Passed</td>
<td>Failed</td>
<td>Referred</td>
</tr>
</tbody>
</table>

Optional: Hct/HGB: __________________________ Lead: __________________________ Urinalysis: __________________________

General appearance  □ Normal □ Abnormal Refer/Tx: __________________________

Gross dental (teeth and gums) □ Normal □ Abnormal Refer/Tx: __________________________

Head/scalp/skin □ Normal □ Abnormal Refer/Tx: __________________________

Eyes/Ears/Nose/Throat □ Normal □ Abnormal Refer/Tx: __________________________

Chest/Lungs/Heart □ Normal □ Abnormal Refer/Tx: __________________________

Abdomen/Genitalia □ Normal □ Abnormal Refer/Tx: __________________________

Extremities/back □ Normal □ Abnormal Refer/Tx: __________________________

Neuro □ Normal □ Abnormal Refer/Tx: __________________________

(Over)
This child has the following problems that may impact the educational experience:

☐ Vision  ☐ Hearing  ☐ Speech/Language  ☐ Physical  ☐ Social/Behavioral  ☐ Cognitive

Specify:

☐ This child has a health condition that may require emergency action at school, e.g. seizures, allergies. Specify below.

Recommendations (Attach additional sheet if necessary):

(Please Check One)

☐ This child may participate fully in school activities including physical education.

☐ This child may participate in school activities including physical education with the following restriction/adaptation.

(Specify reason and restriction)

ANTICIPATORY GUIDELINES

Discussed and/or handout given

☐ SCHOOL READINESS
  • Establish routines
  • After-school care/activities
  • Friends
  • Bullying
  • Communicate with teachers

☐ MENTAL HEALTH
  • Family time
  • Anger management
  • Discipline for teaching not punishment
  • Limit TV, computer

☐ NUTRITION AND PHYSICAL ACTIVITY
  • Healthy weight
  • Well-balanced diet, including breakfast
  • Fruits, vegetables, whole grains, dairy
  • 60 minutes of exercise/day

☐ ORAL HEALTH
  • Regular dentist visits
  • Brushing/Flossing
  • Fluoride

☐ SAFETY
  • Sexual safety
  • Pedestrian safety
  • Safety helmets
  • Swimming safety
  • Fire escape plan
  • Smoke/carbon monoxide detectors
  • Guns
  • Sun
  • Appropriately restrained in all vehicles

Additional comments or recommendations:

Signed: ________________________________  Date: ________________________________

Physician/APRN/FA/EPSDT Provider

Address: ________________________________  Telephone: ________________________________
Kentucky Eye Examination Form for School Entry

KRS 156.160 (1) (g) requires proof of a vision examination by an optometrist or ophthalmologist. This evidence shall be submitted to the school no later than January 1 of the first year that a three (3), four (4), five (5), or six (6) year old child is enrolled in public school, public preschool, or Head Start program.

PLEASE COMPLETE THE IDENTIFYING INFORMATION

Date of student's enrollment: ____________________________ Date of Vision Examination: ____________________________

IDENTIFYING INFORMATION

Student Name: ________________________________________

Date of Birth: ________________________________________

Parent or Guardian Name: ________________________________

CASE HISTORY

Date of Exam: ________________________________________

Ocular History: Normal or Positive for: __________________

Medical History: Normal or Positive for: __________________

Drug Allergies: NKDA or Allergic to: ______________________

Family Ocular and Medical History: Amblyopia Strabismus Glaucoma Diabetes

Other: __________________________________________________

Other Pertinent Information: ______________________________

Refractive with cycloplegic? (Please indicate one.) YES NO

<table>
<thead>
<tr>
<th></th>
<th>OD</th>
<th>OS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unaided Acuity</td>
<td>20/</td>
<td>20/</td>
</tr>
<tr>
<td>Best Corrected Acuity</td>
<td>20/</td>
<td>20/</td>
</tr>
</tbody>
</table>

Type of Examination | Normal | Abnormal  | Notable to Assess |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>External Exam (eye and adnexa)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Internal Exam (media, lens, fundus, etc)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neurological Integrity (retina)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Binocular Function (stereopsis)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accommodation and convergence</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Color Vision</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Diagnosis:

Normal Myopia Hyperopia Astigmatism Strabismus Amblyopia

Other: __________________________________________________

Recommendations:

1. Glasses prescribed: YES NO

2. ____________________________

3. ____________________________

Age appropriate and suggested anticipatory guidance (health assessments):

- Educate (parents/patients) about eye/vision disorders and needed vision care
- Counsel (parents/patients) regarding eye safety
- Stress importance of early, preventative eye care
- Recommend re-examination, as appropriate

Signed: ____________________________ Date: ____________________________

Optometrist/Ophthalmologist

Address: ____________________________ Telephone: ( )
Kentucky Dental Screening/Examination Form for School Entry

Kentucky law, KRS 156.160(l), requires proof of a dental screening or examination by a dentist, dental hygienist, physician, registered nurse, advanced registered nurse practitioner, or physician assistant. This evidence shall be presented to the school no later than January 1 of the first year that a five (5) or six (6) year old is enrolled in public school.

Student Name: ___________________________  Last  First  Middle

Birth date: ________/______/______  Gender:  □ 0 Male  □ 1 Female

Parent or Guardian: ___________________________  Name  Relationship

Address: ___________________________  City: ___________________________

Phone Number: ___________________________  School: ___________________________

Date of Exam/Screening: ________/______/______

Test Type (check one)

□ Screening

□ Exam

Screener's Name: ___________________________

Screener's Address: ___________________________

Phone Number: ___________________________  Screening Date: ________/______/______

Screener's Signature: ___________________________

Professional affiliation: (Please check one)

□ Dentist

□ Dental Hygienist

□ Physician Assistant

□ Registered Nurse with training

□ APRN

□ Physician

Comments:

OH-12

3/16/2015
COMMONWEALTH OF KENTUCKY
CERTIFICATE OF IMMUNIZATION STATUS

Name of Child: ____________________________ Birthdate: ____________________________

Name of Parent: ____________________________

Address: ____________________________

---

<table>
<thead>
<tr>
<th>VACCINE</th>
<th>DOSE 1 MM/DD/YYYY</th>
<th>DOSE 2 MM/DD/YYYY</th>
<th>DOSE 3 MM/DD/YYYY</th>
<th>DOSE 4 MM/DD/YYYY</th>
<th>DOSE 5 MM/DD/YYYY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis B</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alt. Adult Hepatitis B^1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DTaP/DTP/DT^2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hib^1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pneumococcal (PCV13)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Polio</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Influenza</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MMR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Varicella</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis A</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meningococcal</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Td</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tdap</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rotavirus</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HPV</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Men B</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pneumococcal (PPSV23)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

^Alternative two dose series of approved adult hepatitis B vaccine or a dose 1 through 7 years of age, "DTaP-DTP, DT, and Hib vaccine administered at 5 years of age or more.

□ This child is current for immunizations until ___/___/____ (14 days after the next shot is due) after which this certificate is no longer valid, and a new certificate must be obtained.

□ This child is not up-to-date at this time. This certificate is valid until ___/___/____ (14 days after the next shot is due) after which this certificate is no longer valid, and a new certificate must be obtained.

Reason child is not up-to-date:

□ Provisional Status - Child is behind on required immunizations.

□ Medical Exemption - The following immunizations are not medically indicated: ____________________________________________

If Medical Exemption, can these vaccines be administered at a later date? No: _____ Yes: _____ Date: __/__/____

□ Religious Objection

I CERTIFY THAT THE ABOVE NAMED CHILD HAS RECEIVED IMMUNIZATIONS AS STIPULATED ABOVE.

__________________________
(Signature of physician, APRN, PA, pharmacist, LHD administrator, RN or LPN designee)

__________________________
(Date)

This certificate should be presented to the school or facility in which the child intends to enroll and should be retained by the school or facility and filed with the child's health record.

EPID-230 (Rev 06/2017)
## River Ridge 2020-2021 Supply Lists
### Grades K-5

**Kindergarten**
- 4 - boxes of crayons (24 count)**
- 24 - #2 yellow pencils (preferably pre-sharpened)**
- 2 - pack jumbo glue sticks**
- 2 - dry erase markers for student whiteboards**
- 2 - sturdy plastic two pocket folder with prongs
- 1 - pack of 3x5 unruled, white index cards
- 1 - spiral notebook - wide ruled
- 1 - pack of colored pencils - 12 count or less

**Some supplies in each grade level will need to be replenished as the year continues.**

**1st Grade**
- 2 - 1.5 inch binders
- 2 - plastic, 2-pocket folders (3-hole punched, no prongs)
- 2 - composition books wide ruled
- 2 - packs of crayons (24 count)**
- 2 - packages of #2 pencils (preferably pre-sharpened)**
- 2 - packages of index cards (3x5 size)
- 1 - pack of glue sticks
- 1 - pair of 5 inch scissors (Kid-friendly)
- 1 - pack erase markers for student whiteboards**
- 1 - pencil box (standard size)
- 1 - yellow highlighter

**2nd Grade**
- 1 - 1 inch heavy duty binder with clear sleeve on the front
- 12 - small glue sticks OR 6 jumbo glue sticks
- 4 - spiral notebooks (wide ruled with solid colors) - red, yellow, blue, green
- 1 - pair of 5 inch scissors (Kid-friendly)
- 3 - pack of 24 crayons**
- 4 - packages of yellow #2 pencils (presharpened)**
- 2 - highlighters**
- 1 - pencil bag (large)
- 2 - packs of black dry erase markers (thick) for student whiteboards**
- 4 - plastic folders with 3 holes/NO prongs - red, yellow, blue, green
- 2 - packs of post it notes**

**3rd Grade**
- 4 - packages of #2 pencils (preferably pre-sharpened)**
- 1 - pack of crayons (16 or 24)
- 3 - package of wide ruled filler paper**
- 3 - glue sticks**
- 8 - dry erase markers for student whiteboards**
- 1 - pair of pointed 5-inch scissors (Kid-friendly)
- 2 - Yellow highlighters**
- 1 - plastic zippered pencil pouch/box
- 4 - folders (2 pockets, no prongs)
- 1 - pack of post-it notes (3x3)
- 1 - handheld pencil sharpener
- 2 - spiral notebooks
- 2 - composition notebooks
- 1 - pack pencil erasers

**4th Grade**
- 1 - 2 inch binder (BOB)
- 6 - 3 hole prepunched plastic folders w/holes (black, red, purple, green, blue, orange)
- 1 - pencil pouch with holes for the binder
- 1 - 24 - pack of crayons
- 4 - dozen presharpened pencils**
- 4 - composition notebooks
- 1 - package of markers (8 count)
- 2 - spiral notebooks
- 1 - pair of scissors
- 4 - dry erase markers**
- 2 - highlighters**
- 6 - large glue sticks**
- 3 - packs wide-rule loose leaf paper**
- 1 - pack of pencil top erasers**
- 1 - pack of rectangular large erasers

**5th Grade**
- 1 - 2 inch sturdy binder (BOB)
- 6 - 3 hole prepunched plastic folders w/holes (red, purple, green, blue, orange)
- 1 - pencil pouch with holes for the binder
- 1 - 1 inch binder
- 1 - 5 tab binder dividers
- 2 - Three Subject notebooks (in Purple)
- 1 - Three Subject notebook (in Red, Yellow, and Green)
- 2 - packages loose leaf wide ruled notebook paper**
- 1 - pack of pencil top erasers
- 3 - packages of #2 pencils (no mechanical pencils)**
- 1 - pack of colored pencils (12 count)
- 4 - highlighters**
- 6 - glue sticks
- 1 - pack of dry eraser markers for student whiteboards (4 count)**
- 1 - pair of scissors
- 2 - package of index cards (3x5 size)

headphones/earbuds for computer