

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: _____

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)

Emergency Contact #3:

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/Latino

Yes , **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/Latino

Yes , **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/Latino

Yes , **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/Latino

Yes , **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.)

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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/Latino

Yes , **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/Latino

Yes , **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.)

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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 navigation 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 _____

(Parent/Guardian Signature)

Date _____

Health Services

Riverton USD 404
2023-2024 School Year

Riverton USD 404 has a 24-hour fever free policy. If your child has a fever, he/she may not return to school until they:

- have been fever free for 24 hours WITHOUT the use of tylenol or ibuprofen
- OR the child has a doctor's note saying they may return to school earlier than 24 hours

	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 have on file at 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).

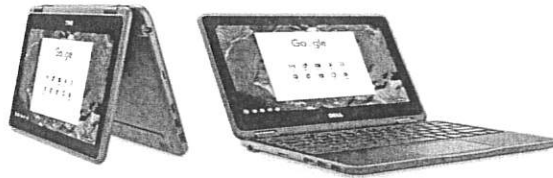
I hereby certify that I have read and understand the school requirements for my child. Furthermore, permission is hereby granted to the attending team physician, athletic trainer, coach, school nurse, sponsor and/or teacher to render any necessary first aid treatment to the child listed below. I understand 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 USD 404 District Laptop Care Policy Agreement Student Pledge Sign Off 2023-24



- ✓ Laptops are never to be left unattended, or in an unsecured or unsupervised location.
- ✓ Individuals are not to loan laptops to any other individual.
- ✓ The location of the laptop should be known by the user at all times.
- ✓ Each evening the laptop battery will be charged to full capacity.
- ✓ The laptop will be kept away from food and drinks.
- ✓ The laptop will not be repaired or disassembled by the individual.
- ✓ At all times when the laptop is not in use and between classes, the device will be kept in a safe place.
- ✓ The laptop will be shutdown prior to placing it in any carrying case or backpack.
- ✓ The laptop will not be altered or vandalized in any way.
- ✓ The laptop is the property of the district and is subject to inspection at any time, with or without notice.
- ✓ The parent will be responsible for filing a police report in case of theft, vandalism, and other acts covered by personal insurance.
- ✓ The student is responsible for all damage or loss caused by negligence or abuse.
- ✓ The student is responsible for replacement of the power cord in the event that this item is lost, damaged, or stolen.
- ✓ The student will return the laptop and all issued accessories in the same condition as when they were issued.

Student Name _____ Grade _____

Parent Signature _____ Date _____

***The complete Technology User Agreement is located at
<https://www.usd404.org/cms/lib/KS01001120/Centricity/Domain/1/ElementaryLaptopPolicy2023-24.doc>

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 _____

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

Riverton Elementary 2023-2024

Preschool

2 - 24 pack box of crayons
4 glue sticks
1 8-color washable water colors
1 pkg washable markers
2 Antibacterial Hand Wet Wipes
2 2-pocket folder
1 pkg Dry Erase markers
1 pair Fiskar's Scissors dull metal blade
1 plastic school box 5x8
1 box of tissues
1 quart size Ziplock bags - girls
1 gallon size Ziplock bags - boys

Kindergarten

1 box quart size bags
1 box gallon bags
1 Kindergarten Writing Tablet
1 large pink eraser
1 pkg jumbo crayons 8 pk
4 Boxes Crayola crayons 24 pk
2 Pkg Crayola markers 8 pkg
2 pkg Crayola watercolor paints
8 Elmer glue sticks
1 pair Fiskar's scissors dull metal blade
Backpack (no wheels)
1 Kindermat
1 Plastic school box 5x8
Inexpensive On-ear headphones
4 2-pocket heavy duty folders w/pictures
2 boxes Kleenex
1 box of small Dixie cups
1 box/bag of dry cereal

First Grade

2 Water color paints - Crayola
1 Spiral Notebook - wide ruled
2 boxes of 24 Crayola crayons
1 Pair Fiskar Scissors
6 glue sticks
1 Pkgs. #2 Ticonderoga brand pencils (not decorative or plastic)
2 pink erasers
2 Heavy duty pocket folder w/2 pockets &brads
2 black Expo markers
1 Plastic school box
1 Box color pencils
Headphones - no ear buds
1 permanent marker

Second Grade

4 oz Bottle of Elmer's school 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 - 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
2 Big erasers
Sharp pointed scissors
4 Large glue sticks
2 spiral notebooks (70 page)
2 Boxes Kleenex
1 Container Disinfecting wipes (girls only)
1 box Ziplock bags (boys only)
Headphones (no ear buds)
1 Dry Erase marker

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

Third Grade

1 pkg colored pens
1 pkg highlighters
2 pkgs Ticonderoga pencils
Crayola Crayons 24 count
Crayola Colored pencils 24 count
Crayola markers 10 count
1 Pointed metal scissors
1 Watercolor set
1 Bottle Elmer's glue
4 Large glue sticks
1 hard plastic pocket folder w/brads (durable)
1 Package wide-ruled notebook paper
1 Composition Notebook
Three ring binder - 2 inch
1 pkg of dividers w/5 tabs
2 boxes of tissues
1 pkg quart Ziplock bags - boys
1 pkg Clorox wipes - girls

*Please put child's initials on each item

Riverton Elementary 2023-2024

4th/5th Grades

Fourth Grade

- 2 Boxes of Kleenex
- 1 box gallon bags - girls
- 1 box sandwich bags - boys
- 8 Glue sticks
- 2 Box of Crayola crayons (24 count)
- 1 Box Crayola colored pencils (24 count)
- 1 box Crayola Classic washable markers
- 4 Expo Markers
- 2 Boxes #2 Ticonderoga pencils (no mechanical)
- 1 Package wide-ruled notebook paper
- 1 Large eraser
- 3 Composition notebooks
- 1 pair of scissors (sharp pointed)
- 4 Highlighters
- 1 Handheld pencil sharpener
- 2 pack Clorox wipes
- 1 Large, soft pencil bag
- 3 sturdy plastic pocket folders (w/holes NOT brads)
- 2 sturdy plastic pocket folders (w/brads)
- 1 pair of earbuds
- *

*All labeled w/childs name

Fifth Grade

- 6 Glue sticks
- 1 box **each** Crayola Colored pencils, 24 ct crayons, & markers
- 6 Pocket paper folders
- 2 boxes of Ticonderoga #2 pencils
- 1 Packages wide ruled notebook paper
- 1 pkg of multicolored highlighters
- 2 Erasers
- Scissors (sharp pointed)
- 4 Expo markers
- 1 pkg grading pens
- Deodorant to keep in cubby
- 1 3-pack Clorox wipes
- 1 quart size Ziplock bags
- Inexpensive earbuds
- 6 Composition notebooks
- 2 Plastic pocket folders w/brads
- 2 Boxes of Kleenex
- *