



**Pond Gap Elementary**  
909-9040 (office) or 909-9012 (fax)

**Students New to Knox County School System:** Required forms

- \_\_\_ **Certified Birth Certificate**
- \_\_\_ **Social Security Card** *(requested not required)*
- \_\_\_ **Immunizations**
- \_\_\_ **Physical Examination (30 day grace period)**
- \_\_\_ **Proof of Address (KUB bill or Lease Only)**
- \_\_\_ **Knox County New Student Enrollment Packet** (attached)  
Including:
  - \_\_\_ **New Student Enrollment (3 pages)**
  - \_\_\_ **Media Release Form**
  - \_\_\_ **Habit Form**
  - \_\_\_ **Proof of Residence Form**
  - \_\_\_ **Special Education Services Form**
  - \_\_\_ **Home Language Survey**
  - \_\_\_ **Migrant Education Program Survey**

**Students Transferring from Another Knox County School needs:**

- \_\_\_ **Knox County New Student Enrollment Packet**
- \_\_\_ **Proof of Address (KUB bill or Lease Only)**

**Other Resources if Needed:**

**Knox County Health Department**  
140 Dameron Avenue  
Knoxville, TN 37917  
865-215-5150

**Social Security Admin.**  
710 Locust Street  
Knoxville, TN  
1-800-772-1213

**Transfer Information: Brian Hartsell's Office**  
Andrew Johnson Building, (brick bldg on corner before bridge)  
1<sup>st</sup> Floor  
912 S. Gay Street  
Knoxville, TN 37902  
865-594-1502

**Transportations #594-1550**



## **PARENTS & GUARDIANS**

When packets are completed you must go to the following website to schedule an appointment to drop off your student's registration:



**[picktime.com/pondgap](http://picktime.com/pondgap)**



Please remember, only one parent/guardian will be admitted in school to drop off registration. To help complete processing, make sure to include all required documents (list on next page).

**We look forward to meeting you!**





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**Transportations** #594-1550

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

Social Security (optional) or  
Student PIN Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Birthplace / City: \_\_\_\_\_

Birth County: \_\_\_\_\_

Birth State: \_\_\_\_\_

Birth Country: \_\_\_\_\_

Citizenship: \_\_\_\_\_

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

What is the first language this child learned to speak? \_\_\_\_\_

What language does this child speak most often outside of school? \_\_\_\_\_ US Entry Date \_\_\_\_\_

What language do people usually speak in this child's home? \_\_\_\_\_ US School Entry Date \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please list all 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 \_\_\_\_\_

Name \_\_\_\_\_ Phone Numbers \_\_\_\_\_

Name \_\_\_\_\_ Phone Numbers \_\_\_\_\_

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 \_\_\_\_\_

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



## 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: \_\_\_\_\_

H.A.B.I.T. (Human-Animal Bond in Tennessee)

Pond Gap has the privilege to have a full-time therapy dogs recognized and approved by the University of Tennessee College Of Veterinary Medicine's HABIT program. These dogs visit classrooms or spend time with a child who needs some extra love or attention. In addition to Pond Gap dogs, other HABIT dogs will be coming to spend the day at Pond Gap to participate in UT's Ruff Reading Program. (This highly successful program is now in 20 schools in 3 counties.) Please complete one of the statements below.

My child, \_\_\_\_\_, has permission to possibly spend some quiet time with a HABIT dog from UT and has no known allergies to, or fear of, dogs.

I would prefer my child, \_\_\_\_\_, does not spend time with a HABIT dog.

I have read and understood all of the above information.

\_\_\_\_\_  
Parent or Guardian's signature

\_\_\_\_\_  
Date

## 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  
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)



## 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"/> Gender
Country of Birth _____	Date of Birth (mm/dd/yyyy) <u>    </u> / <u>    </u> / <u>    </u>	Date first enrolled in ANY U.S. school (grades K-12) <u>    </u> / <u>    </u> / <u>    </u>	
Date first entered the United States <u>    </u> / <u>    </u> / <u>    </u>	<b>THIS FORM IS NOT USED TO IDENTIFY STUDENT'S IMMIGRATION STATUS.</b> 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 <u>    </u> / <u>    </u> / <u>20</u>	Name of Former School and Town _____	Last Grade attended _____
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### Questions for Parents/Guardians

1. What is the first language this child 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"/>
2. What language does this child speak most often outside of school?	If yes, what year did this student 1 <sup>st</sup> qualify for ELL? 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 do people usually speak in this child's home?	_____
Parent/Guardian Signature:  X _____	_____  Today's Date: <u>    </u> / <u>    </u> / <u>20</u> (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.

## Tennessee Parent Occupational Survey

In order to better serve your child, our school district wants to identify students who may qualify to receive additional educational services, such as tutoring, school supplies, free or reduced-price lunch, summer camps, and other services. **The information provided below will be kept confidential.** Please answer the following questions and return this form to your, child's school.

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 of the jobs listed below temporarily or seasonally, in any part of the United States, in the past three years?**

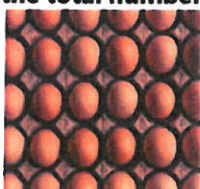
☐ No

☐ Yes. Check all that apply and list the total number of months worked:



☐ **Agriculture/Field Work** (planting, picking, sorting crops; soil preparation; irrigation; fumigation)

Total Months Worked: \_\_\_\_\_



☐ **Processing & Packaging** (fruit, vegetables, chicken, eggs, pork, beef)

Total Months Worked: \_\_\_\_\_



☐ **Dairy/Cattle Raising** (feeding, milking, rounding up)

Total Months Worked: \_\_\_\_\_



☐ **Nursery/Greenhouse** (planting, potting, pruning, watering, harvesting)

Total Months Worked: \_\_\_\_\_



☐ **Forestry** (soil preparation, planting, cutting trees; landscaping not included)

Total Months Worked: \_\_\_\_\_



☐ **Commercial Fishing & Processing** (catching, sorting, packing, transporting)

Total Months Worked: \_\_\_\_\_

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

☐ No

☐ Yes. How long have you resided in your current address?

\_\_\_\_\_ Years

\_\_\_\_\_ Months

\_\_\_\_\_ Weeks

**If you answered "Yes" to questions 1 and 2, please complete the information below.**

Home Street Address \_\_\_\_\_

Apt # \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_

Best Day of Week & Time of Day to Call \_\_\_\_\_

**For School Use Only:** Please send survey with two **YES** responses to your district migrant liaison. If you have questions, call (931) 212-9539 to speak with the Tennessee Migrant Education Program.

Student State ID: \_\_\_\_\_

Enrollment Date: \_\_\_\_\_

District ID: \_\_\_\_\_

## OPT IN Parent/Legal Guardian Consent form

For many years, the Knox County Schools has utilized an automated parent notification system to quickly and efficiently notify parents of important school and district information – important information such as school closures/delays, security alerts, absence notifications, cafeteria balances, upcoming school activities and more.

Recent updates to the Telephone Consumer Protection Act (TCPA) will require school systems and organizations across the nation to potentially modify the ways in which it contacts consumers via their mobile device.

In the Knox County Schools, updates to the TCPA law **will now require all parents to “opt in” to receive automated communications on their mobile device** – this means parents must provide written permission to receive automated calls and SMS text messages on their mobile device(s). An exception to this updated law is if the call or text is for emergency purposes, in which consent is not required. Additionally, revisions to the law do not require a parent to “opt in” to receive non-automated calls directly from a principal, teacher or other staff member.

Please take a moment to fill out this very important consent form so that we can obtain your permission, as well as contact you according to your preferences.

Instead of filing out this form, parents can take action now through the SchoolMessenger InfoCenter. Simply go to [schoolmessenger.com/start](http://schoolmessenger.com/start) – create an account by clicking “Sign Up” on the top right menu, and use the email address that you have provided the school. Parents or legal guardians can choose how to be contacted based on the category of message (from emergencies to school activities) and provide contact permission. There is also a SchoolMessenger InfoCenter app that can be used directly from your mobile device. *If you provide consent through the online SchoolMessenger InfoCenter, you do not need to fill out this consent form.*

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### PARENT/LEGAL GUARDIAN CONSENT:

I, \_\_\_\_\_ (PRINTED parent/guardian name) give the Knox County Schools and its schools permission to contact me via my cellular device for automated phone calls and SMS text messages for general messages. I understand that emergency notifications are excluded from this permission and will be sent as normal. By signing, I certify that I am the owner of this cellular device and its user contract.

\_\_\_\_\_  
Parent/legal guardian signature AND date

\_\_\_\_\_  
Cellular number

Student Name \_\_\_\_\_

## **2020-2021 Knox County Schools Calendar**

*(Board approved revisions, 9/11/2019)*

August 3 (Monday)	First Day for Teachers – In-service (Building)
August 4 (Tuesday)	In-service Day (PreK-12 System-wide)
August 5 (Wednesday)	Administrative Day (Teacher Workday)
August 6 (Thursday)	In-service Day (1/2 day--School-based); Administrative Day (1/2 day--Teacher Workday); Orientation for 6 <sup>th</sup> and 9 <sup>th</sup> graders
August 7 (Friday)	Administrative Day (Teacher Workday)
August 10 (Monday)	First Day for Students (1/2 day for students)
September 7 (Monday)	Labor Day – Holiday
September 17 (Thursday)	Constitution Day (Students in school)
October 9 (Friday)	End First 9-weeks Grading Period (44 days)
October 12-16 (Monday-Friday)	Fall Break
November 3 (Tuesday)	In-service Day (PreK-12 System-wide) (Student Holiday)
November 25-27 (Wednesday-Friday)	Thanksgiving Holidays
December 18 (Friday)	1/2 day for students End Second 9-weeks Grading Period (41 days) End First Semester (85 days)
December 21 – January 1 (10 days)	Winter Holidays
January 4 (Monday)	In-service Day (1/2 day--School-based); Administrative Day (1/2 day--Teacher Workday) (Student Holiday)
January 5 (Tuesday)	First Day for Students after Winter Holidays
January 18 (Monday)	Martin Luther King, Jr. Day – Holiday
February 15 (Monday)	In-service (Building) (Student Holiday)
March 12 (Friday)	End First 9-weeks Grading Period (Third 9-weeks Grading Period) (47 days)
March 15-19 (Monday-Friday)	Spring Break
April 2 (Friday)	Holiday
April 5 (Monday)	In-service Day (PreK-12 System-wide) (Student Holiday)
May 25 (Tuesday)	Last Day for Students (1/2 day for students) End Second 9-weeks Grading Period (Fourth 9-weeks Grading Period) (45 days) End Second Semester (92 days)
May 26 (Wednesday)	Administrative Day (Teacher Workday) – Last Day for Teachers

### **Calendar Summary**

177 Instructional Days (excludes days earned through extended hours)
4 Scheduled Administrative Days
2 Unscheduled In-service Days
1 Unscheduled Parent-Teacher Contact Hours (formerly Teacher-Parent Conference Day)
6 Scheduled In-service Days
<u>10</u> Vacation Days
200 Days Total

Under this calendar the Knox County Schools may cancel up to ten (10) instructional days due to inclement weather before any makeup days will be required.



**DAY CARE CENTERS  
FOR  
POND GAP ELEMENTARY**

**Lily Pad  
1408 Hollywood Road  
Knoxville, TN 37909  
865-330-9895**

**Just Lead  
A Ministry of Emerald Youth  
Laurel Church of Christ  
3457 Kingston Pike  
Knoxville, TN 37919  
Rebecca Woodall-Winston  
Children's Ministry Coordinator  
865-208-5044**

# SPECIAL BULLETIN TO PARENTS

## Knox County Schools Attendance Policy

Since May 1998, Knox County Schools have been operating under a Court Order requiring all principals in every school to record all unexcused absences. Unexcused absences above ten (10) days are automatically reported to Juvenile Court through the Truancy Initiative. Knox County's Attorney General is charged with enforcement of this Court Order as well as enforcement of Tennessee's mandatory school attendance laws. Knox County Schools and the Attorney General's staff work closely together to ensure that all schools are consistent in their attendance policy enforcement.

Knox County Board of Education policy allows students' absences from school to be excused only for the following reasons:

1. Personal Illness
2. Illness in the family temporarily requiring help from the child
3. Death in the family
4. Recognized religious holidays regularly observed by persons of the student's faith
5. Verifiable family emergency

Any absence not complying with the above reasons for excused absences will be unexcused.

A student may be absent, due to illness, no more than ten (10) days per school year with written parent excuse(s). Beyond ten (10) days per school year, a medical statement will be required.

Although illness is an excused absence, Knox County Schools' guidelines require a statement from a medical provider for illness beyond ten (10) days per school year. After the tenth (10<sup>th</sup>) day per school year, days absent for personal illness without a statement from a medical provider will be unexcused. Students have five (5) days after being absent to bring a written excuse for the absence into the school.

## CERTIFICATE OF IMMUNIZATION



Child's Name (Last name, first name, middle)

Birthdate (mm/dd/yy)

Parent/Guardian Name (Last name, first name)

Phone (please include area code 100-1000-1000)

Address

City, State, Zip Code

☐ Check here if religious exemption to immunization selected by parent/guardian

## Health Examination Documentation (if required)

☐ This child has been examined: MM / DD / YY

## Check if needed

☐ Dental Screening

☐ Vision Screening

Unless specifically exempted by law, Tennessee law requires a certificate on file for each child in attendance in any school or child care facility in Tennessee. Detailed instructions for this form and explanation of requirements are in "Instructions for Completion of Immunization Certificates" and the "Official Immunization Schedule" at the Tennessee Department of Health website (<http://health.state.tn.us/CEDS/required.htm>) and on the Tennessee Web Immunization System.

VACCINE	DATE MM/DD/YY	DATE MM/DD/YY	DATE MM/DD/YY	DATE MM/DD/YY	DATE MM/DD/YY	DATE MM/DD/YY	Total Doses	Diagnosed (Y)	Immunology (Y)	History (Y)	Medical Exemption (X)
<b>Required Vaccines for School or Child Care Attendance</b>											
Hib Child Care Only (<5 years)											
Pneumococcal (PCV) Child Care Only (<5 years)											
DTP, DTaP, DT, Td											
Poliomyelitis											
Hepatitis B <input type="checkbox"/> Check here if 11-15 years 2-dose schedule used											
Hepatitis A Child Care Effective 7/2010 Kindergarten Effective 7/2011											
Measles											
Mumps											
Rubella											
Varicella											
Tdap Booster 7 <sup>th</sup> Grade Entry Only											
<b>Recommended Vaccines (Documentation Optional)</b>											
Rotavirus											
Influenza											
Meningococcal											
HPV											

This section must be completed by provider (✓select one\*)

- ☐ A) Temporary - Expiration Date MM / DD / YYYY  
Expiration one month after date next catch-up immunization is due.
- ☐ B) Child Care Up to Date  
Requirements incomplete, but up to date for age. Certificate valid until 19 months of age.
- ☐ C) Child Care / Pre-School / Pre-K Complete\*  
Fulfills requirements for child care / pre-school <5 years of age.
- ☐ D) Complete K-6<sup>th</sup> Grade\*  
Fulfills requirements, Kindergarten through 6<sup>th</sup> grade.
- ☐ E) Complete 7<sup>th</sup> grade or higher  
Fulfills requirements 7<sup>th</sup> grade or higher.

\*If age 4 years and fulfills requirements for Pre-School and Kindergarten, check BOTH Boxes C and D.

Printed or Stamped Name, Address, Phone of Qualified Healthcare Provider or Health Department:




Certified by (Signature/Stamp)

Date of Issue




# Pond Gap Elementary 2020-2021 Supply Lists

## Pre-K

For Your Child Only:

Backpack( no wheels please)	
1 pair of Headphones (No earbuds)	
Change of Clothes in Large Storage Bag	

Community items that your child will use all year:

1 Box of Tissues	
Disinfectant Wipes	
Hand Sanitizer	
Freezer Bags -Quart & Gallon sizes	