



**REGISTRATION REQUIREMENTS**

Thank you for your interest in Howard Lake-Waverly-Winsted Schools!

Howard Lake-Waverly-Winsted's mission is to provide a positive learning environment that recognizes diversity, instills life-long learning skills, and nurtures each individual's unique potential, talents and self-worth through academics, fine arts, and athletics.

**1) Proof of Identity**

- Valid Driver's License

**2) Proof of Address**

- Purchase Agreement, Rental/Lease Agreement **OR** current utility bill displaying parent name and address  
Purchase Agreement, Rental/Lease Agreement is the preferred document for proof of address.  
Only street addresses will be accepted as proof of address, post office boxes do not meet proof of address requirements.

**3) Legal Guardianship**

- This documentation is required when only the child is living at a district address, while parents reside outside the district. The assigned legal guardian must register the child.

**4) Immunization Record**

- State law requires parents provide written proof of their child's immunization. Your child will not be allowed to attend school until current immunization record is received.

**5) Birth Certificate (or passport)**

- Must be an original birth certificate from the state they were born in, not a hospital certificate.

**6) Early Childhood Screening (for children entering kindergarten)**

- In order for your child to start kindergarten in any Minnesota Public School, you will need to provide us with a copy of your child's Early Childhood Screening Summary Form.

**7) Legal/Custody Paper**

- Custody Order - If child's legal guardianship is determined by a court order, please submit a copy.
- Order For Protection – If there is a current circumstance that we need to be aware of, please provide a copy of the current legal document.
- Legal Name Change – All student's record need to show the student's full legal name. If the student's name has been legally changed, please provide a copy of the court document.

**8) Transcript Or Grades**

- A copy of transcript or grades from previous schools and test results if available. If not available, please provide us with the name and address of the last school attended so that we can request records.

**9) Medication**

- Under certain conditions it is in the best interest of the child to take prescribed medications during the school day. Please see Health Office or building secretary for appropriate paperwork if needed.



# Howard Lake-Waverly-Winsted Schools ISD 2687

8700 County Road 6 SW, Howard Lake, MN 55349

District Phone: 320-543-4646

Brad Sellner, Superintendent



## RECORD REQUEST

### Last School Attended Information

Name of School, City/State, Phone:

Records Requested:

Fax:

Email:

### The following student(s) recently enrolled at Independent School District 2687.

| Student Name | Birthdate | Gender | Grade | Start Date |
|--------------|-----------|--------|-------|------------|
|              |           |        |       |            |
|              |           |        |       |            |
|              |           |        |       |            |
|              |           |        |       |            |

Please send all of the following student(s) information to the school indicated:

Birth Certificate

Health Records

Early Childhood Screening Records

Psychological Reports (if any)

Cumulative Records

Special Education Records (if any)

Grades

Test Data

Attendance

MARSS State ID \_\_\_\_\_

### Please send records to:

|              |  |
|--------------|--|
| Grades 9-12  | <b>HLWW High School</b> , PO Box 708, Howard Lake, MN 55349<br>Phone:320-543-4600 Ext. 4305, Fax: 320-543-4601, Email: athompson@hlww.k12.mn.us  |
| Grades 5-8   | <b>HLWW Middle School</b> , PO Box 708, Howard Lake, MN 55349<br>Phone:320-543-4660, Fax: 320-543-4632, Email: kmesser@hlww.k12.mn.us  |
| Grades K-4   | <b>Humphrey Elementary</b> , PO Box 248, Waverly, MN 55390<br>Phone:320-543-4680, Fax: 763-658-4497, Email: tknuth@hlww.k12.mn.us  |
| Grades K-4   | <b>Winsted Elementary School</b> , PO Box 160, Winsted, MN 55395<br>Phone: 320-543-4690, Fax: 320-485-4183, Email: jstifter@hlww.k12.mn.us   |
| Preschool    | <b>HLWW Community Education</b> , PO Box 708, Howard Lake, MN 55349<br>Phone:320-543-4670, Fax: 320-543-4631, Email: shorsch@hlww.k12.mn.us  |
| SpEd Records | <b>HLWW Schools</b> , PO Box 708, Howard Lake, MN 55349<br>Phone:320-543-4646 Ext. 5, Fax: 320-543-4630, Email: lwharram@mawseco.k12.mn.us<br>If your school utilizes SPED Forms, please send the student to Linda Wharram, District 2687: Howard Lake |

Student and/or parental signatures are no longer required when records are requested by authorized school personnel. (Family Educational Rights and Privacy Act, Final Rule of Educational Records, Federal Register, June 17, 1976 - Vol. 41 No. 118 page 24673.)



|                                |
|--------------------------------|
| Enrollment Date _____          |
| Dwelling # _____               |
| Family # _____ Student # _____ |

**STUDENT INFORMATION**

Student's Legal Name \_\_\_\_\_ Gender \_\_\_\_\_ Current Grade \_\_\_\_\_  
 (Last) (First) (Middle)

Date of Birth \_\_\_\_\_ Country of Birth \_\_\_\_\_

If country of birth is not USA, date of first enrollment in USA school \_\_\_\_\_

To verify your child's date of birth, please provide us with a copy of your child's original birth certificate.

Home Phone \_\_\_\_\_

Dwelling Address \_\_\_\_\_  
 (House #, Street, Apt/Lot, City, State, Zip)

Mailing Address (if different from home address) \_\_\_\_\_

Student lives with?  Both Father/Mother  Father Only  Mother Only  Father/Stepmother  Mother/Stepfather  
 Legal Guardian  Foster Parent(s)  Other Relative

**NOTE** – If there is an ACTIVE Order of Protection, Restraining Order or Custody Order that affects your student, please provide a copy of the court document for the student's file.

| STUDENT'S RACE/ETHNICITY  |  | STUDENT'S LANGUAGE   |
|---|--|--|
| <p><u>State Reporting Requirement</u></p> <p>Check ONE.</p> <p><input type="checkbox"/> Not North American Indian</p> <p><input type="checkbox"/> North American Indian (this would include Central or South American Indian)</p> | <p><u>Federal Reporting Requirement</u></p> <p>Is the student Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>What is the student's race? Check ALL that applies.</p> <p><input type="checkbox"/> American Indian or Alaska Native</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> Native Hawaiian or Pacific Islander</p> <p><input type="checkbox"/> White</p> | <p>Which language did your student first learn to speak?</p> <p>_____</p> <p>Which language is most often spoken by adults in the home?</p> <p>_____</p> <p>What language does your student usually speak?</p> <p>_____</p> <p>Interpreter needed? <input type="checkbox"/> Yes, language _____<br/> <input type="checkbox"/> No</p> |

**TRANSPORTATION**

To-and-From school transportation is defined as the student's trip to school at the beginning of the school day and the trip home at the end of the school day. Elementary students (grades K-6) must live one mile or more from school and secondary students (grades 7-12) must live two miles or more from school.

Does student require transportation?  Yes  No (student lives \_\_\_\_\_ miles from school)

Pick Up/Drop Off Location:

## GENERAL ENROLLMENT QUESTIONS

Early Childhood Screening: If enrolling student for Kindergarten where did student receive screening? \_\_\_\_\_

Has student previously attended Howard Lake-Waverly-Winsted?  Yes  No If YES, when \_\_\_\_\_

Last School Attended \_\_\_\_\_

Grade \_\_\_\_\_

Date of Withdrawal \_\_\_\_\_

Is this school you last attended a  Public  Private  Out-of-state

Is this student attending Howard Lake-Waverly-Winsted under the Enrollment Options Program?  Yes  No  
If yes, what School District do you reside in? \_\_\_\_\_

Did student receive any of the following services at their previous school?  English As A Second Language  Title I  
 Gifted/Talented  504 Plan (Americans with Disabilities Act)  Tutoring  None

Does student have a Special Education IEP (Individual Education Plan)?  Yes  No

If YES, what is your student's disability? (Check ALL that apply)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Autism Spectrum Disorders          | <input type="checkbox"/> Emotional/Behavioral Disorders | <input type="checkbox"/> Speech/Language Impairments |
| <input type="checkbox"/> Developmental Cognitive Disability | <input type="checkbox"/> Other Health Disabilities      | <input type="checkbox"/> Severely Multiple Impaired  |
| <input type="checkbox"/> Developmental Delay                | <input type="checkbox"/> Physically Impaired            | <input type="checkbox"/> Traumatic Brain Injury      |
| <input type="checkbox"/> Deaf – Hard of Hearing             | <input type="checkbox"/> Specific Learning Disabilities | <input type="checkbox"/> Visually Impaired           |

Is student considered homeless (lacks a fixed, regular or adequate nighttime residence)?  Yes  No

If YES, what district and school did your student attend prior to becoming homeless? \_\_\_\_\_

If YES, what district does the primary legal parent live? \_\_\_\_\_

Does student have an immediate family member (parent or sibling) who is currently in the armed forces?  Yes  No  
 Active  Reserve

Is student identified as military-connected youth?  Yes  No

Military-Connected Youth means any student having an immediate family member, including a parent, step-parent or sibling or any other person RESIDING IN THE SAME HOUSEHOLD who is on active duty, serving in the reserve component, or recently retired (within 18 months prior to September 30 of the current school year) from a branch of the United States armed forces.

In compliance with federal regulations, have you recently moved to the Howard Lake-Waverly-Winsted School District within the last 36 months for temporary or seasonal agriculture or fishing work?  Yes  No

### HEAD(S) OF HOUSEHOLD

|  |  |
|--|--|
| <b>Primary Parent/Guardian Name</b><br><br>Please check <u>ALL</u> that apply: <input type="checkbox"/> Contact Allowed <input type="checkbox"/> Ed. Rights<br><input type="checkbox"/> Has Custody <input type="checkbox"/> Mailings Allowed <input type="checkbox"/> Enrolling Parent<br><input type="checkbox"/> Release To <input type="checkbox"/> Financial Responsibility | <b>Secondary Parent/Guardian Name</b><br><br>Please check <u>ALL</u> that apply: <input type="checkbox"/> Contact Allowed <input type="checkbox"/> Ed. Rights<br><input type="checkbox"/> Has Custody <input type="checkbox"/> Mailings Allowed <input type="checkbox"/> Enrolling Parent<br><input type="checkbox"/> Release To <input type="checkbox"/> Financial Responsibility |
| <b>Dwelling Address</b>  | <b>Dwelling Address</b>  |
| <b>Mailing Address</b>   | <b>Mailing Address</b>   |
| <b>Cell Phone</b>  | <b>Cell Phone</b>  |
| <b>Work Phone</b>  | <b>Work Phone</b>  |
| <b>Email Address</b>   | <b>Email Address</b>   |

**NOTE** –  To verify your Proof of Identity provide us with a copy of your Valid Driver's License.  
 To verify your Proof of Residency provide us with a copy of your Purchase Agreement, Rental/Lease Agreement or current utility bill.

### OTHER MEMBERS LIVING IN THE HOUSEHOLD

| Last Name, First Name, Initial | Birthdate | Gender | Relationship To Head(s) of Household | School Attending | Grade |
|--------------------------------|-----------|--------|--------------------------------------|------------------|-------|
|                                |           | M F    |                                      |                  |       |
|                                |           | M F    |                                      |                  |       |
|                                |           | M F    |                                      |                  |       |

### MUNICIPALITY (CHECK ONE)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> 11 - City of Howard Lake | <input type="checkbox"/> 12 - Middleville Township | <input type="checkbox"/> 13 - Victor Township     |
| <input type="checkbox"/> 14 - Stockholm Township  | <input type="checkbox"/> 21 - City of Waverly      | <input type="checkbox"/> 22 - Marysville Township |
| <input type="checkbox"/> 23 - Woodland Township   | <input type="checkbox"/> 31 - City of Winsted      | <input type="checkbox"/> 32 - Winsted Township    |
| <input type="checkbox"/> 33 - Hollywood Township  |  |   |

### COUNTY (CHECK ONE)

- 10 - Carver     
  43 - McLeod     
  86 - Wright     
  Other -

### NONCUSTODIAL PARENT

I would like the noncustodial parent listed below to be placed on the school's mailing list.     Yes     No

Name \_\_\_\_\_

Contact Allowed     Ed. Rights     Has Custody     Mailings Allowed     Enrolling Parent     Release To     Financial Resp.

Home Address (House #, Street, Apt/Lot, City, State, Zip) \_\_\_\_\_

Mailing Address (if different from home address) \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Work Number \_\_\_\_\_

Minnesota Statutes and Rules require the school district to keep accurate records and updated personal records for all students. The information will become a part of the student's permanent cumulative record and will be available to appropriate staff members of District 2687. Certain information, known as "directory information," is available to the public unless the district receives a written request from a parent. I hereby verify that the above information is true and correct to the best of my knowledge and belief.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



**Howard Lake-Waverly-Winsted Schools ■**  
**Independent School District No. 2687 ■**

**STUDENT HEALTH HISTORY**

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Does your student have any health issues? Check ALL that apply.

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> <b>No Health Problems</b> | <input type="checkbox"/> Cancer            | <input type="checkbox"/> Heart Problem |
| <input type="checkbox"/> ADD/ADHD                  | <input type="checkbox"/> Diabetes          | <input type="checkbox"/> Orthopedic    |
| <input type="checkbox"/> Arthritis                 | <input type="checkbox"/> Epilepsy/Seizures | <input type="checkbox"/> Vision Loss   |
| <input type="checkbox"/> Asthma/Respiratory        | <input type="checkbox"/> Food Intolerances | <input type="checkbox"/> Other _____   |
| <input type="checkbox"/> Bladder/Kidney            | <input type="checkbox"/> Hearing Loss      |  |

Describe the health issues that you checked above.

Does student have any allergies?  Yes  No

Describe student's allergy (food, bee stings, animals, medication)? Is it seasonal, mild, severe, life threatening (Anaphylaxis)?

Does student take medications at school?  Yes  No

Does student have an Epi-Pen?  Yes  No

Does student have an inhaler?  Yes  No

The Howard Lake-Waverly-Winsted District's medication policy requires a licensed prescriber signature for all prescription medication given during school hours. Medications must be sent in a current labeled prescription bottle. Please ask your pharmacy to label a separate school bottle. Please have an adult drop off/pick up medications. Medication will be started when ALL REQUIRED signatures are received. Parent/guardian is responsible for making sure medications are refilled.

Has student been hospitalized for illness, surgery or injury?  Yes  No

If YES, explain:

Does your child have any activity restrictions?  Yes  No

If YES explain:

- I understand the information on this form is given voluntarily. This information is collected to provide your student's health and safety while at school. Your signature gives permission to share health concerns with appropriate staff for your student's safety.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



Family # \_\_\_\_\_

**FAMILY EMERGENCY RECORD**

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_  
 (Last) (First) (Middle)

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_  
 (Last) (First) (Middle)

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_  
 (Last) (First) (Middle)

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_  
 (Last) (First) (Middle)

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_  
 (Last) (First) (Middle)

Mailing Address \_\_\_\_\_

Dwelling Address \_\_\_\_\_

**PARENT CONTACT**

Automated Telephone Notification System (this system allows us to send a telephone or email message to all parents/guardians providing information about school closings, school events or emergencies.) Please include area code with phone numbers.

|                   |                     |                              |  |
|-------------------|---------------------|------------------------------|--|
| Parent/Guardian 1 |                     | Relationship To Student      |  |
| Home Phone        | Cell Phone          | Automated Notification Phone |  |
| Email             | Place of Employment |                              |  |

|                   |                     |                              |  |
|-------------------|---------------------|------------------------------|--|
| Parent/Guardian 2 |                     | Relationship To Student      |  |
| Home Phone        | Cell Phone          | Automated Notification Phone |  |
| Email             | Place of Employment |                              |  |

**IN CASE OF AN EMERGENCY**

Two emergency contacts that would care for student(s) in case the parent/guardian cannot be reached.

|  |         |  |  |
|--|---------|--|--|
| Contact 1  |         | Relationship To Student  |  |
| Phone 1  | Phone 2 |  |  |
| Is this phone a <input type="checkbox"/> home phone or <input type="checkbox"/> cell phone |         | Is this phone a <input type="checkbox"/> home phone or <input type="checkbox"/> cell phone |  |

|  |         |  |  |
|--|---------|--|--|
| Contact 2  |         | Relationship To Student  |  |
| Phone 1  | Phone 2 |  |  |
| Is this phone a <input type="checkbox"/> home phone or <input type="checkbox"/> cell phone |         | Is this phone a <input type="checkbox"/> home phone or <input type="checkbox"/> cell phone |  |

Our procedure will be to contact the parent/guardian at home or work. If we cannot reach you we will call the relative, friend or neighbor that you have listed above and ask them to care for your student. In an extreme emergency, an ambulance will be called and student child will be taken to the nearest hospital. The cost of this will be covered by the parent/guardian.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



**STUDENT TRANSPORTATION**

The bus transportation service for District 2687 allows a family to determine their bus pick up and drop off sites. These morning and afternoon sites may be at different locations.

Please establish a **permanent pick up/drop off location**. This location might be at home, a neighbor or a day care provider. Temporary pick up/drop off location may be possible if it does not affect pick up/drop off of other students.

If there is a permanent change in your child's transportation a note is required three days in advance.

Please remember your child will be sent home every day on his/her assigned bus unless we receive a note (each and every day) stating differently! It is not enough for your child to tell the teacher that he/she should go to someone else's home.

This form needs to be completed and returned to the school office.

Student's Name \_\_\_\_\_

Does student require transportation?  Yes  No (student lives \_\_\_\_\_ miles from school)

**PICK UP LOCATION**

Student will ride bus to school from:  home  day care  other: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

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

**DROP OFF LOCATION**

Student will ride bus from school to:  home  day care  other: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

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

Families are encouraged to contact the bus garage at 320-543-4650 or [jtulkki@hlww.k12.mn.us](mailto:jtulkki@hlww.k12.mn.us) if they have any questions.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



**Howard Lake-Waverly-Winsted ISD 2687**  
**INTERNET ACCEPTABLE USE AND SAFETY POLICY 524**

Please reference full statement of policy within the HLWW District Policy Manual (Policy 524) available at your child's school. Students who use the Internet must be responsible. Some Internet activities are simply not appropriate for school.

**SUMMARY OF POLICY**

1. Users will not use the school district system to access, review, upload, download, store, print, post, receive, transmit or distribute:
  - a. pornographic, obscene or sexually explicit material or other depictions that are harmful to minors;
  - b. obscene, abusive, profane, lewd, vulgar, rude, inflammatory, threatening, disrespectful, or sexually explicit language;
  - c. materials that use language or images that are inappropriate in the educational setting or disruptive to the educational process;
  - d. information or materials that could cause damage or danger of disruption to the educational process;
  - e. materials that use language or images that advocate violence or discrimination toward other people (hate literature) or that may constitute harassment or discrimination.
2. Users will not use the school district system too knowingly or recklessly post, transmit or distribute false or defamatory information about a person or organization, or to harass another person, or to engage in personal attacks, including prejudicial or discriminatory attacks.
3. Users will not use the school district system to engage in any illegal act or violate any local, state or federal statute or law.
4. Users will not use the school district system to vandalize, damage or disable the property of another person or organization, will not make deliberate attempts to degrade or disrupt equipment, software or system performance by spreading computer viruses or by any other means, will not tamper with, modify or change the school district system software, hardware or wiring or take any action to violate the school district system's district's security system, and will not use the school district system in such a way as to disrupt the use of the system by other users.
5. Users will not use the school district system to gain unauthorized access to information resources or to access another person's materials, information or files without the implied or direct permission of that person.
6. Users will not use the school district system to post private information about another person, personal contact information about themselves or other persons, or other personally identifiable information and will not repost a message that was sent to the user privately without permission of the person who sent the message.
7. Users must keep all account information and passwords on file with the designated school district official. Users will not attempt to gain unauthorized access to the school district system or any other system through the school district system, attempt to log in through another person's account, or use computer accounts, access codes or network identification other than those assigned to the user. Messages and records on the school district system may not be encrypted without the permission of appropriate school authorities.
8. Users will not use the school district system to violate copyright laws or usage licensing agreements, or otherwise to use another person's property without the person's prior approval or proper citation, including the downloading or exchanging of pirated software or copying software to or from any school computer, and will not plagiarize works they find on the Internet.

9. Users will not use the school district system for the conduct of conducting business, for unauthorized commercial purposes or for financial gain unrelated to the mission of the school district. Users will not use the school district system to offer or provide goods or services or for product advertisement. Users will not use the school district system to purchase goods or services for personal use without authorization from the appropriate school district official.

10. Users will not use the school district system to engage in bullying or cyberbullying in violation of the school districts Bullying Prohibition Policy (MSBA/MASA Model Policy 514). This prohibition includes using any technology or other electronic communication off school premises to the extent that student learning or the school environment is substantially and materially disrupted.

Depending on the nature and degree of the violation and number of previous violations, unacceptable use of the Howard Lake-Waverly-Winsted School District's system of the Internet may be subject to disciplinary action for such conduct, including, but not limited to, suspension or cancellation of the use or access to the school district computer system and the Internet and discipline under other appropriate school district policies, including suspension, expulsion, or exclusion.

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**HLWW ISD 2687 INTERNET USE AGREEMENT** (Please sign, date and return to your child's school).

**STUDENT** - I have read and do understand the school district policies relating to safety and acceptable use of the school district computer system and the Internet and agree to abide by them. I understand that school district officials may conduct a search of a school district computer and any personal electronic device I possess at school that has been used to access the school district's computer system. By signing this Agreement, I consent to a search of my personal electronic device. I further understand that should I commit any violation, or refuse to consent to a search of my personal electronic device, my access privileges may be revoked, school disciplinary action may be taken, and/or appropriate legal action may be taken.

Student's Full Name (print): \_\_\_\_\_

Student's Signature: \_\_\_\_\_

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

**PARENT OR GUARDIAN** - As the parent or guardian of this student, I have read the school district policies relating to safety and acceptable use of the school district computer system and the Internet. I understand that this access is designed for educational purposes. The school district has taken precautions to eliminate controversial material. However, I also recognize it is impossible for the school district to restrict access to all controversial materials and I will not hold the school district or its employees or agents responsible for materials acquired on the Internet. Further, I accept full responsibility for supervision if and when my child's use is not in a school setting. I hereby give permission to issue an account for my child and certify that the information contained on this form is correct. To the extent my child uses a personal electronic device to access the school district computer system and Internet, I consent to a search of such device by school district officials.

Parent or Guardian's Name (please print): \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_

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

Howard Lake-Waverly-Winsted School District provides parent access through ParentVUE to further promote educational excellence, and to enhance communications. ParentVUE provides parents with an opportunity to review their student's grades, assignments, schedule, attendance, health emergency information and much more.

**If you DO NOT have a ParentVUE account, you can create a ParentVUE account by:**

- Sending an email to [ParentVue@hlww.k12.mn.us](mailto:ParentVue@hlww.k12.mn.us)
- Include the following information about your child:
  - First and last name
  - Grade level
  - School currently attending
  - You will receive a confirmation email with an activation code and instructions for completing the setup process.

**Web Portal and Mobile App**

(iPhone/iPod Touch/Android) it works wherever you are – at work, after school activities, or weekend events.

**Who do I contact?**

- Duane Lichy 320-543-4610
- Jesse Robertson 320-543-4617





## 2018-2019 School Supply List

### Howard Lake-Waverly-Winsted School District ISD #2687

### Humphrey Elementary School – Winsted Elementary School

#### Kindergarten

- √ backpack (large enough to fit a pocket folder and zip closed with ease)
- √ plastic two-pocket folder (2)
- √ Kleenex (1 large box)
- √ small blanket or towel for rest time
- √ disinfecting wipes or baby wipes (1 container)
- √ one set of clothes – shirt, pants, socks, underwear (in a labeled zip-lock or plastic bag)
- √ \$20.00 school supply fee paid at Open House. (The following will be purchased in bulk through school: Fiskars scissors, glue, pencils, erasers, Crayola crayons, washable markers, dry erase markers, pocket folders, highlighters, spiral bound notebooks and plastic school box.)



#### Grade One-Humphrey Only

- √ 5"x8" plastic school box with flat bottom (no handles)
- √ backpack (large enough to fit a pocket folder, reading book and zip closed with ease)
- √ plastic two-pocket folder (2)
- √ Kleenex (1 large box)
- √ baby wipes (1 container)
- √ napkins
- √ \$20.00 school supply fee paid at Open House. (The following will be purchased in bulk through school: Crayola crayons, Crayola markers, dry erase markers, school glue, glue sticks, folders, pencils, spiral bound notebooks, erasers, scissors, and watercolor paints.)

#### Grades K-4 PE Shoes

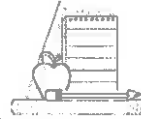
A separate pair of shoes is NOT required for physical education (PE) classes. However, snow boots, sandals, high heels, etc., may not be worn on PE days. Please have your child bring a pair of tennis shoes for physical education classes.

#### Grade One-Winsted Only

- √ school box (5"x 8")
- √ backpack
- √ Kleenex (1 large box)
- √ plastic two-pocket folder
- √ disinfecting wipes (1 container)
- √ \$20.00 school supply fee paid at Open House. (The following will be purchased in bulk through school: Crayola crayons, Crayola markers, dry erase markers, school glue, glue stick, folders, pencils, spiral notebook, erasers, scissors, and watercolor paints.)

#### Grade Two

- √ pencil box (5" x 8")
- √ school bag
- √ plastic two-pocket folder
- √ paint shirt (optional)
- √ Kleenex (1 large box)
- √ disinfecting/baby wipes, paper towels/napkins --- Students bring item based on the beginning letter of their last name. *A-K* disinfecting wipes OR baby wipes (1 container). *L-Z* paper towels OR napkins (1 roll/package).
- √ \$25.00 school supply fee paid at Open House. (The following will be purchased in bulk through school: Crayola crayons, Crayola markers, glue sticks, school glue, folders, pencils, spiral bound notebooks, index cards, colored pencils, highlighters, scissors, erasers and scotch tape.)



#### Grade Three

- √ Kleenex (2 large boxes)
- √ #2 pencils (pack of 24 yellow)
- √ large eraser (2)
- √ highlighters
- √ multiplication flashcards
- √ scissor
- √ pencil box (5"x8")
- √ loose leaf paper
- √ two-pocket folders (2)
- √ spiral bound notebooks (2)
- √ colored pencils
- √ Expo dry erase markers
- √ school bag
- √ clorox disinfecting wipes (1 container)
- √ non-alcoholic hand sanitizer (1 bottle)
- √ glue stick

#### Grade Four

- √ pens (3)
- √ colored pencils/crayons
- √ eraser
- √ scissor
- √ Kleenex (2 large boxes)
- √ #2 pencils (pack of 24 yellow)
- √ two-pocket folders (1 each color: blue, green, yellow, and red, 3 hole punched/no prongs)
- √ spiral bound notebooks (1 each color: blue, green, yellow, and red)
- √ school bag
- √ glue
- √ dry erase expo markers
- √ highlighters
- √ clorox disinfecting wipes (1 container)
- √ 1.5" 3-ring binder



Please **label all supplies** (using permanent marker or tape) with your child's name.

**School Supply Fee:** For those grades that pay a school supply fee, you will not need to send replacement supplies throughout the school year.

**Baby Wipes:** For those grades that need baby wipes, they should be unscented, hypoallergenic and alcohol free.