

# KINDER N.F.O.

JULY 2021

GreatHearts  
Live Oak





**GreatHearts**  
Live Oak

## Orientation Video Links

*Did you miss our orientation events? Click on the link below to view a recording.*

### **Kindergarten:**

<https://cloud.swivl.com/v/f01068a9cfefcfeea2e30bd350e557db>

### **1<sup>st</sup> – 8<sup>th</sup> grades:**

<https://cloud.swivl.com/v/1822ffaeb7f46bd7a12ad3d990b234ee>



# GreatHearts®

## Live Oak

Dear Great Hearts Live Oak Parents and Guardians,

Books are at the core of a classical, liberal arts education. At Great Hearts Academies, it has always been the tradition for students to develop a personal library of books which constitute the core reading of a Great Hearts education. We call these books “Classics to Keep.” Parents and guardians are strongly encouraged to purchase these books for their students’ personal collections so that they can thoughtfully annotate them during class discussions and then keep them for years after—allowing students to develop their own impressive personal library of classics over the course of their academic career with Great Hearts.

The 2021-22 “Classics to Keep” list can be found below. When purchasing Classics to Keep, families may choose whichever vendor they wish; however, **it is imperative that the ISBN is an exact match to the linked text.** This promotes effective instruction and high level engagement by ensuring that all students are literally “on the same page.” For families who do not purchase the texts, their student will be given access to a copy of these books, and will be asked to return the books in good condition once their class has finished working with them. **Caution: Search engines for Amazon and used book vendors may take you to an edition that does not match the required ISBN.**

Finally, it is important to note that the “Classics to Keep” booklist is by no means exhaustive of the rich literature read as part of our curriculum. In addition to the books listed below, there is an impressive list of poetry, short stories, and books read aloud at every grade level.

Happy reading!

Headmaster Audelo



## Great Hearts Live Oak Classics to Keep

### KINDERGARTEN

<b>Title</b>	<b>ISBN</b>
<i>Little Bear</i>	<a href="#">97800644440042</a>
<i>Mouse Soup</i>	<a href="#">97800644440417</a>
<i>Aesop's Fables</i>	<a href="#">9780486280202</a>
<i>Mike Mulligan and His Steam Shovel</i>	<a href="#">9780395259399</a>
<i>The Story of Jumping Mouse</i>	<a href="#">9780688087401</a>
<i>The Velveteen Rabbit</i>	<a href="#">9780380002559</a>

### 1ST GRADE

<b>Title</b>	<b>ISBN</b>
<i>A Bargain for Frances</i>	<a href="#">97800644440011</a>
<i>Anansi the Spider</i>	<a href="#">9780805003116</a>
<i>Frog and Toad are Friends</i>	<a href="#">97800644440202</a>
<i>My Father's Dragon</i>	<a href="#">9780440421214</a>
<i>Owl at Home</i>	<a href="#">97800644440349</a>
<i>Sam the Minuteman</i>	<a href="#">9780064441070</a>
<i>The Tale of Peter Rabbit</i>	<a href="#">9780448435213</a>

## 2ND GRADE

<b>Title</b>	<b>ISBN</b>
<i>Charlotte's Web</i>	<a href="#">9780064400558</a>
<i>Cinderella and Other Stories from "The Blue Fairy Book"</i>	<a href="#">9780486293899</a>
<i>The Cricket in Times Square</i>	<a href="#">9780312380038</a>
<i>Little House in the Big Woods</i>	<a href="#">9780064400015</a>
<i>Sarah, Plain and Tall</i>	<a href="#">9780062399526</a>
<i>The Boxcar Children</i>	<a href="#">9780807508527</a>

## 3RD GRADE

<b>Title</b>	<b>ISBN</b>
<i>The Lion, the Witch, and the Wardrobe</i>	<a href="#">9780064471046</a>
<i>Little House on the Prairie</i>	<a href="#">9780064400022</a>
<i>Rolf and the Viking Bow</i>	<a href="#">9781495446634</a>
<i>Trumpet of the Swan</i>	<a href="#">9780064408677</a>
<i>Pinocchio</i>	<a href="#">9781463714413</a>

## 4TH GRADE

<b>Title</b>	<b>ISBN</b>
<i>The Wonderful Wizard of Oz</i>	<a href="#">9781950435432</a>
<i>The Adventures of Robin Hood</i>	<a href="#">9780141329383</a>
<i>Carry On, Mr. Bowditch</i>	<a href="#">9780618250745</a>
<i>The Princess and the Goblin</i>	<a href="#">9780141332482</a>
<i>The Phantom Tollbooth</i>	<a href="#">9780394820378</a>

### 5TH GRADE

<b>Title</b>	<b>ISBN</b>
<i>The Voyage of the Dawn Treader</i>	<a href="#">9780064471077</a>
<i>Island of the Blue Dolphins</i>	<a href="#">9780547328614</a>
<i>The Secret Garden</i>	<a href="#">9780064401883</a>
<i>Where the Red Fern Grows</i>	<a href="#">9780440412670</a>
<i>Across Five Aprils</i>	<a href="#">9780425182789</a>
<i>Grimm's Fairy Tales</i>	<a href="#">9781402767029</a>

### 6TH GRADE

<b>Title</b>	<b>ISBN</b>
<i>The Wind in the Willows</i>	<a href="#">9780143039099</a>
<i>Anne of Green Gables</i>	<a href="#">9780451528827</a>
<i>Shane</i>	<a href="#">9780544239470</a>
<i>The Hound of the Baskervilles</i>	<a href="#">9780451528018</a>
<i>Tales of the Greek Heroes</i>	<a href="#">9780141325286</a>
<i>A Wrinkle in Time</i>	<a href="#">9780312367541</a>

### 7TH GRADE

<b>Title</b>	<b>ISBN</b>
<i>The Pearl</i>	<a href="#">9780140177374</a>
<i>The Fall of the House of Usher and Other Writings</i>	<a href="#">9780141439815</a>
<i>Fahrenheit 451</i>	<a href="#">9781451673319</a>
<i>Julius Caesar</i>	<a href="#">9780743482745</a>
<i>Sir Gawain and the Green Knight</i>	<a href="#">9780345277602</a>
<i>The Miracle Worker</i>	<a href="#">9781416590842</a>
<i>The Call of the Wild</i>	<a href="#">9780451531346</a>

## 8TH GRADE

<b>Title</b>	<b>ISBN</b>
<i>The Chosen</i>	<a href="#">9780449213445</a>
<i>A Christmas Carol</i>	<a href="#">9789176370513</a>
<i>Beowulf</i>	<a href="#">9780393320978</a>
<i>To Kill a Mockingbird</i>	<a href="#">9780060935467</a>
<i>A Midsummer Night's Dream</i>	<a href="#">9780743477543</a>
<i>Anne Frank: The Diary of a Young Girl</i>	<a href="#">9780553577129</a>
<i>Lord of the Flies</i>	<a href="#">9780399501487</a>



## Section 504

*Eligibility:* To protect against discrimination based on disability under Section 504 of the Rehabilitation Act, a student must be determined, as a result of an evaluation, to have a “physical or mental impairment” that substantially limits one or more major life activities\*.

\**Major life activities:* learning, reading, concentrating, thinking, communicating, caring for oneself, walking, standing, bending, lifting, seeing, hearing, eating, sleeping, speaking, breathing, working, performing manual tasks or the operation of a major bodily function.

*Evaluation:* An evaluation may include but is not limited to: a private doctor’s evaluation, data collected from the classroom teacher, and data given by parents.

*Accommodations:* A 504-plan provides accommodations and/or changes to the learning environment to enable students to learn alongside their peers and access our curriculum.

If you would like to know more about 504 services/evaluation or have questions, please contact:

Laura Jackson

[laura.jackson@greatheartsliveoak.org](mailto:laura.jackson@greatheartsliveoak.org)

210-888-9474



Great Hearts, 2018-2019 Multi-Use Application for Free and Reduced-Price School Meals

Complete one application per household. Please use a pen (not a pencil). Apply online at [www.mymealtime.com](http://www.mymealtime.com)

This Box for School Use Only.

Date Withdrawn:

**Step 1:** Definition of Household Member: *anyone who is living with you and shares income and expenses, even if not related.* Children in Foster care; children who meet the definition of Homeless, Migrant, or Runaway or who participate in Head Start are eligible for free meals. Please read the directions for more information.

**A. List ALL Household Members Who Are Infants, Children, and Students up to and Including Grade 12.** If more spaces are needed, use the Additional Names section on the back.

List each child's name.

Student Attends School in District?

Optional: Student

Check all that apply.

First Name	MI	Last Name	Yes	No	Grade	ID Number	Foster	Head Start	Homeless	Migrant	Runaway
1.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**B. Participation in a Categorical Program**

- If every child listed in Step 1 is a participant any one of the following programs—Foster, Head Start, Homeless, Migrant, or Runaway, skip Step 2 and complete Step 3.
- SNAP, TANF, or FDPIR: Do any Household Members (including you) currently participate in SNAP, TANF, and/or FDPIR?  
If No, complete Steps 2 and 3. If Yes to SNAP/TANF > Write the Eligibility Determination Group (EDG) number in this space \_\_\_\_\_, skip Step 2, and complete Step 3.  
If Yes to FDPIR, check this box , skip Step 2, and complete Step 3.

**Step 2:** Please read the directions for more information for the following questions.

Report Income for ALL Household Members (Skip this step if you entered an EDG number or checked the box to indicate participation in FDPIR in Step 1).

**A. Total Household Members** (Children & Adults) \_\_\_\_\_

**B. Last Four Digits of Social Security Number (SSN) of an Adult Household Member:** XXX-XX \_\_\_\_ \_\_\_\_ \_\_\_\_  Check if no SSN

**C. Income for Adult Household Members** (Include Yourself, But Not Children. If more spaces are needed, use the Additional Names section on the back.)

List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total income (without deductions) for each source in whole dollars only. Indicate the frequency of income: W=Weekly, E=Every 2 Weeks, T=Twice per Month, M=Monthly, A=Annually. If they do not receive income from any source, write '0.' If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Adult's First/Last Name (Do not include the income of children in this section. The income of children goes in 2D.)	Work Earnings (Enter Amount)	Frequency (Circle One)	Public Assistance/ Child Support/ Alimony (Enter Amount)	Frequency (Circle One)	Pensions/Retirement/ Social Security/Supplemental Security Income (Enter Amount)	Frequency (Circle One)	All Other (Enter Amount)	Frequency (Circle One)
1.	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A
2.	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A
3.	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A

**D. Income for Children in the Household** (Do not include adult income. Do report any type of regular income for children in the household. If more spaces are needed, use the Additional Names section on the back.)

Record combined total income by frequency for all children listed in Step 1.

	Weekly	Every 2 Weeks	Twice per Month	Monthly	Annually
1.	\$	\$	\$	\$	\$
2.	\$	\$	\$	\$	\$
3.	\$	\$	\$	\$	\$

**Step 3:** Please read the directions for more information on signing this form.

Provide Contact Information and Adult Signature. Return this application to Great Hearts School Office Manager

I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.

Street Address/Apt #

City

State

Zip

Daytime Phone and Email (Optional)

Printed Name of Adult Household Member Signing the Form

Signature of Adult Household Member Signing the Form

Today's Date

**Step 1: Additional Names**

**A. List ALL Household Members Who Are Infants, Children, and Students up to and Including Grade 12.**

List each child's name.

First Name	MI	Last Name	Student Attends School in District?		Grade	Optional: Student ID Number	Check all that apply.				
			Yes	No			Foster	Head Start	Homeless	Migrant	Runaway
5.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Step 2: Additional Names**

**C. Income for Adult Household Members (Include Yourself, But Not Children)**

Adult's First/Last Name (Do not include the income of children in this section. The income of children goes in 2D.)	Work Earnings (Enter Amount)	Frequency (Circle One)	Public Assistance/ Child Support/ Alimony (Enter Amount)	Frequency (Circle One)	Pensions/Retirement/ Social Security/Supplemental Security Income (Enter Amount)	Frequency (Circle One)	All Other (Enter Amount)	Frequency (Circle One)
4.	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A
5.	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A

**D. Income for Children in the Household (Do not include adult income. Do report any type of regular income for children in the household.)**

Record combined total income by frequency for all children listed in Step 1.

	Weekly	Every 2 Weeks	Twice per Month	Monthly	Annually
4.	\$	\$	\$	\$	\$
5.	\$	\$	\$	\$	\$

**Step 4 (Optional), Sharing Information with Other Programs**

For the following programs, we must have your permission to share your information. Please circle any program or benefit from the list below that you want to receive information from this application. Completing this section will not change whether your children are eligibility for free or reduced-price meals.

After School Care, Clubs, Field Trips, School Fees, Athletics, Uniforms, Edukits (school supplies), Summer Programs, Academic Resources

The **Richard B. Russell National School Lunch Act** requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.

**Do Not Fill Out This Part. This Is For School Use Only.**

<i>Income Determination: Multiple income frequencies must be converted to annual amounts and combined to determine household income. Do not convert if only one income frequency is provided by the household. If converting income to annual, round only the final number—Annual Income Conversion: Weekly x 52   Every 2 Weeks x 26   Twice a Month x 24   Monthly x 12</i>							Date Received:				
Household Size: _____	Total Income: _____	Weekly <input type="checkbox"/>	Every 2 Weeks <input type="checkbox"/>	Twice a Month <input type="checkbox"/>	Monthly <input type="checkbox"/>	Annually <input type="checkbox"/>	Categorical Determination <input type="checkbox"/>	Eligibility:			
								Free <input type="checkbox"/>	Reduced <input type="checkbox"/>	Denied <input type="checkbox"/>	
Reviewing/Determining Official's Signature/Date		Confirming Official's Signature/Date									

Great Hearts, Solicitud para Comidas Escolares Gratuitas y a Precio Reducido para Varios Usos del 2018-2019

Llene una solicitud para cada hogar. Favor de usar un bolígrafo (no un lápiz). Llene su solicitud por internet al <http://www.mymealtime.com>

This Box for School Use Only.

Date Withdrawn:

**Parte 1: Definición de Miembro del hogar:** Una persona que vive con usted y comparte los ingresos y los gastos, aunque no estén relacionados. Los niños temporalmente adoptados (foster), niños que satisfacen la definición de migrantes, sin hogar, (homeless), fugitivo, (runaway), o que participan en Head Start son elegibles para alimentos gratis. Por favor, lea las instrucciones para obtener más información.

A. Liste a TODOS los Miembros del Hogar, Infantes, Niños y Estudiantes hasta el Grado 12. Si necesita más espacio, usen la sección de nombre adicional en parte de atrás de la página.

Liste el nombre de cada niño.

¿Asiste a la escuela en el distrito?

Opcional: Número de Identificación del Estudiante

Niño Adoptivo Temporal (Foster)

Marque todo lo que aplique.

Primer Nombre	Inicial del Segundo Nombre	Apellido	Si	No	Grado	Opcional: Número de Identificación del Estudiante	Niño Adoptivo Temporal (Foster)	Head Start	Sin Hogar	Migrante	Fugitivo
1.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**B. Participación en las Diferentes Categorías de Elegibilidad**

- Si todos los niños indicados en la Parte 1 participan en un programa de la lista arriba, ignore las Partes 2, y pase directamente a la Parte 3.
- ¿Recibe algún miembro del hogar (incluya a usted mismo) beneficios de los programas de asistencia: SNAP, TANF, o FDPIR?

No > Completé 2 y 3. Si > Escriba el número de Determinación de Elegibilidad (EDG, por sus siglas en inglés) en este espacio \_\_\_\_\_, y pase directamente a la Parte 3.

SI > FDPIR, marque en la casilla , ignore las Partes 2, y pase directamente a la Parte 3.

**Parte 2: Lea las instrucciones para obtener más información para las siguientes preguntas.**

Report Income for ALL Household Members (Skip this step if you entered an EDG number or checked the box to indicate participation in FDPIR in Step 1).

A. Total Household Members (Children & Adults) \_\_\_\_\_

B. Los últimos cuatro números del Seguro Social (SSN) del miembro del hogar que llenó la solicitud: XXX-XX \_\_ \_\_ \_\_ \_\_  Marque aquí si no tiene un SSN

C. Ingresos (Brutos) de los Adultos del Hogar (incluya a usted mismo, pero no los menores). Si necesita más espacio, usen la sección de nombre adicional en parte de atrás de la página.

Liste a todos los Miembros del Hogar que no son listados en la Parte 1 (incluya a usted mismo) incluso si no reciben ingresos. Para cada Miembro del Hogar indicado que recibe ingresos, anote el ingreso (sin deducciones) total de cada fuente en dólares redondeados. Ponga la frecuencia en que recibe su ingreso: W=Semanal, E=Cada 2 semanas, T=2 veces por mes, M=Mensual, A=Anualmente. Si la persona no recibe ingreso, escriba '0.' Si escribe '0' o deja algún espacio en blanco, está certificando (prometiéndolo) que no hay ingreso para reportar.

Primer Nombre del Adulto/ Apellido (No incluya los ingresos de los niños en esta sección. Los ingresos de los menores se anota en 2D)	Sueldo de Trabajo (Ponga el monto)	Frecuencia (Marque la frecuencia con un círculo)	Asistencia Social/ Manutención de niños / Pensión alimenticia (Ponga el monto)	Frecuencia (Marque la frecuencia con un círculo)	Pensiones/Jubilación/ Seguro social/ SSI (Ponga el monto)	Frecuencia (Marque la frecuencia con un círculo)	Otros Ingresos (Ponga el monto)	Frecuencia (Marque la frecuencia con un círculo)
1.	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A
2.	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A
3.	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A

D. Ingresos (Brutos) de los Niños del Hogar (No incluya los ingresos de los adultos.) Si necesita más espacio, usen la sección de nombre adicional en parte de atrás de la página.

Liste los ingresos para todos los niños indicados en Parte 1 por la frecuencia que se recibe.

	Semanal	Cada dos semanas	Dos veces por me	Mensual	Anualmente
1.	\$	\$	\$	\$	\$
2.	\$	\$	\$	\$	\$
3.	\$	\$	\$	\$	\$

**Parte 3: Lea las instrucciones para obtener más información sobre cómo firmar este formulario.**

Proporcione Su Información de Contacto y Firma de Adulto. Regrese esta solicitud a: Great Hearts oficina de administración.

Certifico (juro) que toda la información en esta solicitud es cierta y que he reportado todos los ingresos. Entiendo que esta información se da con el propósito de recibir fondos federales y que los funcionarios de la escuela pueden verificar tal información. Entiendo que si falsifico información a propósito, mis hijos pueden perder los beneficios de comida y que puedo ser procesado de acuerdo con las leyes estatales y federales que aplican.

Dirección/Apt. \_\_\_\_\_ Ciudad \_\_\_\_\_ Estado \_\_\_\_\_ Código Postal \_\_\_\_\_ Número de teléfono y correo electrónico (opcional) \_\_\_\_\_

Miembro (Adulto) del hogar que lleno solicitud \_\_\_\_\_ Firma del adulto que llenó la solicitud \_\_\_\_\_ Fecha de hoy \_\_\_\_\_

**Parte 1: Nombres Adicional**

Liste a TODOS los Miembros del Hogar, Infantes, Niños y Estudiantes Hasta el Grado 12.

Liste el nombre de cada niño.

¿Asiste a la escuela en el distrito?

Opcional: Número de Identificación del Estudiante

Niño Adoptivo Temporal (Foster)

Marque todo lo que aplique.

Primer Nombre	Inicial del Segundo Nombre	Apellido	¿Asiste a la escuela en el distrito?		Grado	Opcional: Número de Identificación del Estudiante	Niño Adoptivo Temporal (Foster)	Marque todo lo que aplique.			
			Sí	No				Head Start	Sin Hogar	Migrante	Fugitivo
4.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Parte 2: Nombres Adicional**

C. Ingresos (Brutos) de los Adultos del Hogar (incluya a usted mismo, pero no los menores).

Primer Nombre del Adulto/ Apellido (No incluya los ingresos de los niños en esta sección. Los ingresos de los menores se anota en 2D)	Sueldo de Trabajo (Ponga el monto)	Frecuencia (Marque la frecuencia con un círculo)	Asistencia Social/ Manutención de niños / Pensión alimenticia (Ponga el monto)	Frecuencia (Marque la frecuencia con un círculo)	Pensiones/Jubilación/ Seguro social/ SSI (Ponga el monto)	Frecuencia (Marque la frecuencia con un círculo)	Otros Ingresos (Ponga el monto)	Frecuencia (Marque la frecuencia con un círculo)
4.	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A
5.	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A
6.	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A

D. Ingresos (Brutos) de los Niños del Hogar (No incluya los ingresos de los adultos.) Si necesita más espacio, usen la sección de nombre adicional en parte de atrás de la página.

Añote los ingresos para todos los niños indicados en Parte 1 por frecuencia.

	Semanal	Cada dos semanas	Dos veces por mes	Mensual	Anualmente
4.	\$	\$	\$	\$	\$
5.	\$	\$	\$	\$	\$
6.	\$	\$	\$	\$	\$

**Step 4 (Optional), Permiso para Compartir Información con Otros Programas**

Para los siguientes programas, necesitamos su permiso para compartir su información. Por favor, marque con un círculo cualquier programa o beneficio de la lista siguiente del que usted desee recibir la información en esta solicitud. El hecho de llenar esta sección no cambiará si sus niños pueden recibir o no comida gratuita o a precio reducido.

Programas: **deportes, uniformes, Edukits (materiales de escuela), clubs, programas de verano, guardería extraescolar, excursión escolar, matrícula escolar, recursos académicos.**

La Ley Nacional de Alimentos Escolares Richard B. Russell pide la información arriba en esta solicitud. No tiene que dar la información, pero si usted no la provee, no podemos aprobar comida gratuita o de precio reducido para sus niños. Usted debe incluir los últimos cuatro números del Seguro Social (SSN) del adulto que firma la solicitud. Los últimos cuatro números del SSN no se requieren cuando usted solicita de parte de un niño adoptivo temporal o usted incluye un número de caso del Programa de Asistencia Nutricional Suplementaria (SNAP, por sus siglas en inglés), el Programa de Asistencia Temporal Para Familias Necesitadas (TANF, por sus siglas en inglés) o el Programa de Distribución de Comida en Reservaciones Indígenas (FDPIR, por sus siglas en inglés) u otra identificación FDPIR de su niño. Tampoco necesita indicar el número del SSN si el adulto del hogar que firma la solicitud no tiene. Utilizamos su información para determinar si su niño es elegible para la comida gratuita o de precio reducido, y para administrar y hacer respetar los programas de almuerzo y desayuno. Podemos compartir la información sobre su elegibilidad con los programas de educación, salud, y nutrición para ayudarles a evaluar, financiar, o determinar los beneficios de sus programas, así como con los auditores de revisión de programas, y los oficiales encargados de investigar violaciones del reglamento programático.

De conformidad con la Ley Federal de Derechos Civiles y los reglamentos y políticas de derechos civiles del Departamento de Agricultura de los EE. UU. (USDA, por sus siglas en inglés), se prohíbe que el USDA, sus agencias, oficinas, empleados e instituciones que participan o administran programas del USDA discriminen sobre la base de raza, color, nacionalidad, sexo, discapacidad, edad, o en represalia o venganza por actividades previas de derechos civiles en algún programa o actividad realizados o financiados por el USDA. Las personas con discapacidades que necesiten medios alternativos para la comunicación de la información del programa (por ejemplo, sistema Braille, letras grandes, cintas de audio, lenguaje de señas americano, etc.), deben ponerse en contacto con la agencia (estatal o local) en la que solicitaron los beneficios. Las personas sordas, con dificultades de audición o discapacidades del habla pueden comunicarse con el USDA por medio del Federal Relay Service [Servicio Federal de Retransmisión] al (800) 877-8339. Además, la información del programa se puede proporcionar en otros idiomas. Para presentar una denuncia de discriminación, complete el [Formulario de Denuncia de Discriminación del Programa del USDA](#), (AD-3027) que está disponible en línea en: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html) y en cualquier oficina del USDA, o bien escriba una carta dirigida al USDA e incluya en la carta toda la información solicitada en el formulario. Para solicitar una copia del formulario de denuncia, llame al (866) 632-9992. Haga llegar su formulario lleno o carta al USDA por: (1) correo: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; o (3) correo electrónico: [program.intake@usda.gov](mailto:program.intake@usda.gov). Esta institución es un proveedor que ofrece igualdad de oportunidades.

**Do Not Fill Out This Part. This Is For School Use Only.**

<p><i>Income Determination: Multiple income frequencies must be converted to annual amounts and combined to determine household income. Do not convert if only one income frequency is provided by the household. If converting income to annual, round only the final number—Annual Income Conversion: Weekly x 52   Every 2 Weeks x 26   Twice a Month x 24   Monthly x 12</i></p>							<p>Date Received:</p>				
Household Size: _____	Total Income: _____	Weekly <input type="checkbox"/>	Every 2 Weeks <input type="checkbox"/>	Twice a Month <input type="checkbox"/>	Monthly <input type="checkbox"/>	Annually <input type="checkbox"/>	<p>Categorical Determination <input type="checkbox"/></p>	<p>Eligibility:</p>			
								Free <input type="checkbox"/>	Reduced <input type="checkbox"/>	Denied <input type="checkbox"/>	
<p>Reviewing/Determining Official's Signature/Date</p>		<p>Confirming Official's Signature/Date</p>									

## 2021 - 2022 Texas Minimum State Vaccine Requirements for Students Grades K - 12

This chart summarizes the vaccine requirements incorporated in the Texas Administrative Code (TAC), Title 25 Health Services, §§97.61-97.72. This document is not intended as a substitute for the TAC, which has other provisions and details. The Department of State Health Services (DSHS) is granted authority to set immunization requirements by the Texas Education Code, Chapter 38.

### IMMUNIZATION REQUIREMENTS

A student shall show acceptable evidence of vaccination prior to entry, attendance, or transfer to a public or private elementary or secondary school in Texas.

Vaccine Required (Attention to notes and footnotes)	Minimum Number of Doses Required by Grade Level												Notes	
	Grades K - 6th						Grade 7th	Grades 8th - 12th						
	K	1	2	3	4	5	6	7	8	9	10	11		12
Diphtheria/Tetanus/Pertussis (DTaP/DTP/DT/Td/Tdap)	5 doses or 4 doses						3 dose primary series and 1 booster dose of Tdap / Td <i>within the last 5 years</i>	3 dose primary series and 1 booster dose of Tdap / Td <i>within the last 10 years</i>					12	<p><b>For K – 6<sup>th</sup> grade:</b> 5 doses of diphtheria-tetanus-pertussis vaccine; 1 dose must have been received on or after the 4<sup>th</sup> birthday. However, 4 doses meet the requirement if the 4<sup>th</sup> dose was received on or after the 4<sup>th</sup> birthday.<sup>1</sup> For students aged 7 years and older, 3 doses meet the requirement if 1 dose was received on or after the 4<sup>th</sup> birthday.<sup>1</sup></p> <p><b>For 7<sup>th</sup> grade:</b> 1 dose of Tdap is required if at least 5 years have passed since the last dose of tetanus-containing vaccine.*</p> <p><b>For 8<sup>th</sup> – 12<sup>th</sup> grade:</b> 1 dose of Tdap is required when 10 years have passed since the last dose of tetanus-containing vaccine.*</p> <p>*Td is acceptable in place of Tdap if a medical contraindication to pertussis exists.</p>
Polio	4 doses or 3 doses												<p><b>For K – 12<sup>th</sup> grade:</b> 4 doses of polio; 1 dose must be received on or after the 4<sup>th</sup> birthday.<sup>1</sup> However, 3 doses meet the requirement if the 3<sup>rd</sup> dose was received on or after the 4<sup>th</sup> birthday.<sup>1</sup></p>	
Measles, Mumps, and Rubella <sup>2</sup> (MMR)	2 doses												<p><b>For K – 12<sup>th</sup> grade:</b> 2 doses are required, with the 1<sup>st</sup> dose received on or after the 1<sup>st</sup> birthday.<sup>1</sup> Students vaccinated prior to 2009 with 2 doses of measles and one dose each of rubella and mumps satisfy this requirement.</p>	
Hepatitis B <sup>2</sup>	3 doses												<p>For students aged 11 – 15 years, 2 doses meet the requirement if adult hepatitis B vaccine (Recombivax®) was received. Dosage (10 mcg /1.0 mL) and type of vaccine (Recombivax®) must be clearly documented. If Recombivax® was not the vaccine received, a 3-dose series is required.</p>	
Varicella <sup>2,3</sup>	2 doses												<p><b>For K – 12<sup>th</sup> grade:</b> 2 doses are required, with the 1<sup>st</sup> dose received on or after the 1<sup>st</sup> birthday.<sup>1</sup></p>	
Meningococcal (MCV4)							1 dose						<p><b>For 7<sup>th</sup> – 12<sup>th</sup> grade,</b> 1 dose of quadrivalent meningococcal conjugate vaccine is required on or after the student’s 11<sup>th</sup> birthday.</p> <p><b>NOTE:</b> If a student received the vaccine at 10 years of age, this will satisfy the requirement.</p>	
Hepatitis A <sup>2</sup>	2 doses												<p><b>For K – 12<sup>th</sup> grade:</b> 2 doses are required, with the 1<sup>st</sup> dose received on or after the 1<sup>st</sup> birthday.<sup>1</sup></p>	

**NOTE:** Shaded area indicates that the vaccine is not required for the respective grade.

↓ Notes on the back page, please turn over.↓

- <sup>1</sup> Receipt of the dose up to (and including) 4 days before the birthday will satisfy the school entry immunization requirement.
- <sup>2</sup> Serologic evidence of infection or serologic confirmation of immunity to measles, mumps, rubella, hepatitis B, hepatitis A, or varicella is acceptable in place of vaccine.
- <sup>3</sup> Previous illness may be documented with a written statement from a physician, school nurse, or the child's parent or guardian containing wording such as: "This is to verify that (name of student) had varicella disease (chickenpox) on or about (date) and does not need varicella vaccine." This written statement will be acceptable in place of any and all varicella vaccine doses required.

Information on exclusions from immunization requirements, provisional enrollment, and acceptable documentation of immunizations may be found in §97.62, §97.66, and §97.68 of the Texas Administrative Code, respectively and online at <https://www.dshs.texas.gov/immunize/school/default.shtm>.

### **Exemptions**

Texas law allows (a) physicians to write medical exemption statements which clearly state a medical reason exists that the person cannot receive specific vaccines, and (b) parents/guardians to choose an exemption from immunization requirements for reasons of conscience, including a religious belief. The law does not allow parents/guardians to elect an exemption simply because of inconvenience (for example, a record is lost or incomplete and it is too much trouble to go to a physician or clinic to correct the problem). Schools should maintain an up-to-date list of students with exemptions, so they may be excluded in times of emergency or epidemic declared by the commissioner of public health.

Instructions for requesting the official exemption affidavit that must be signed by parents/guardians choosing the exemption for reasons of conscience, including a religious belief, can be found at [www.dshs.texas.gov/immunize/school/exemptions.aspx](http://www.dshs.texas.gov/immunize/school/exemptions.aspx). The original Exemption Affidavit must be completed and submitted to the school.

For children claiming medical exemptions, a written statement by the physician must be submitted to the school. Unless it is written in the statement that a lifelong condition exists, the exemption statement is valid for only one year from the date signed by the physician.

### **Provisional Enrollment**

All immunizations must be completed by the first date of attendance. The law requires that students be fully vaccinated against the specified diseases. A student may be enrolled provisionally if the student has an immunization record that indicates the student has received at least one dose of each specified age-appropriate vaccine required by this rule. Student must not be overdue for the next dose in a series to be considered provisional. To remain enrolled, the student must complete the required subsequent doses in each vaccine series on schedule and as rapidly as is medically feasible and provide acceptable evidence of vaccination to the school.

A school nurse or school administrator shall review the immunization status of a provisionally enrolled student every 30 days to ensure continued compliance in completing the required doses of vaccination. If, at the end of the 30-day period, a student has not received a subsequent dose of vaccine, the student is not in compliance and the school shall exclude the student from school attendance until the required dose is administered.

Additional guidelines for provisional enrollment of students transferring from one Texas public or private school to another, students who are dependents of active duty military, students in foster care, and students who are homeless can be found in the TAC, Title 25 Health Services, Sections 97.66 and 97.69.

### **Documentation**

Since many types of personal immunization records are in use, any document will be acceptable provided a physician or public health personnel has validated it. Validation includes a signature, initials, or stamp. An immunization record generated from an electronic health record must include clinic contact information and the provider's signature/stamp, along with the vaccine name and vaccination date (month, day, and year). An official record generated from a health authority is acceptable. An official record received from school officials, including a record from another state is acceptable.



## Requisitos mínimos de vacunas en el estado de Texas de 2021 - 2022 para estudiantes de kínder a 12.o grado

Esta gráfica resume los requisitos de vacunación incorporados al Código Administrativo de Texas (TAC), título 25, Servicios de salud, secciones 97.61 a 97.72. Este documento no tiene como propósito sustituir al TAC, el cual contempla otras disposiciones y detalles. El Código de Educación de Texas, capítulo 38, confiere al Departamento Estatal de Servicios de Salud (DSHS) la autoridad para establecer los requisitos de inmunización.

### REQUISITOS DE INMUNIZACIÓN

Los estudiantes deberán mostrar comprobantes de vacunación aceptables antes de inscribirse, asistir o ser transferidos a una guardería o una escuela primaria o secundaria pública o privada de Texas.

Vacuna requerida (Vea las notas y notas de pie de página)	Número mínimo de dosis requeridas por nivel de grado												Notas	
	De kínder a 6.o grado						7.o grado	De 8.o a 12.o grado						
	K	1	2	3	4	5	6	7	8	9	10	11		12
Difteria, tétanos, tos ferina (DTaP, DTP, DT, Td, Tdap)	5 dosis o 4 dosis						Una serie primaria de 3 dosis y 1 refuerzo de la vacuna Tdap / Td dentro de los últimos 5 años	Una serie primaria de 3 dosis y 1 refuerzo de la vacuna Tdap / Td dentro de los últimos 10 años						<p><b>Para los grados kínder a 6.o:</b> 5 dosis de la vacuna contra la difteria, el tétanos y la tosferina; debe haberse recibido 1 dosis en o después del 4.o cumpleaños. Sin embargo, con 4 dosis se cubre el requisito si la 4.a dosis se recibió en o después del 4.o cumpleaños.<sup>1</sup> Para los estudiantes de 7 años de edad o más, con 3 dosis cumplen con el requisito si recibieron 1 de las dosis en o después del 4.o cumpleaños.<sup>1</sup></p> <p><b>Para el 7.o grado:</b> Se requiere 1 dosis de la vacuna Tdap si han pasado al menos 5 años desde la última dosis de una vacuna que contenga tétanos.*</p> <p><b>Para los grados 8.o a 12.o:</b> Se requiere 1 dosis de la vacuna Tdap cuando hayan pasado 10 años desde la última dosis de una vacuna que contenga tétanos.*</p> <p>*La vacuna Td es aceptable en lugar de la vacuna Tdap si existe una contraindicación médica para la vacuna contra la tosferina.</p>
Polio	4 dosis o 3 dosis												<p><b>Para los grados kínder a 12.o:</b> 4 dosis de la vacuna contra la polio; debe recibirse 1 dosis en o después del 4.o cumpleaños.<sup>1</sup> Sin embargo, con 3 dosis se cumple con el requisito si la 3.a dosis se recibió en o después del 4.o cumpleaños.<sup>1</sup></p>	
Sarampión, paperas y rubeola <sup>2</sup> (MMR)	2 dosis												<p><b>Para los grados kínder a 12.o:</b> Se requieren 2 dosis de la vacuna, la 1.a de las cuales debe recibirse en o después del 1.er cumpleaños.<sup>1</sup> Los estudiantes que fueron vacunados antes de 2009 con 2 dosis contra el sarampión y una dosis contra la rubeola y una dosis contra las paperas cumplen con este requisito.</p>	
Hepatitis B <sup>2</sup>	3 dosis												<p>Para los estudiantes de 11 a 15 años de edad, con 2 dosis cumplen con el requisito si recibieron la vacuna contra la hepatitis B para adultos (Recombivax®). Tanto la dosis (10 mcg / 1.0 mL) como el tipo de vacuna (Recombivax®) deben documentarse claramente. Si la vacuna recibida no fue Recombivax®, se requiere una serie de 3 dosis.</p>	
Varicela <sup>2,3</sup>	2 dosis												<p><b>Para los grados kínder a 12.o:</b> Se requieren 2 dosis, de las cuales la 1.a dosis debe recibirse en o después del 1.er cumpleaños.<sup>1</sup></p>	
Vacuna antimeningocócica (MCV4)							1 dosis						<p><b>Para los grados 7.o a 12.o,</b> se requiere 1 dosis de la vacuna antimeningocócica tetravalente conjugada en o después del 11.o cumpleaños del estudiante.</p>	
Hepatitis A <sup>2</sup>	2 dosis												<p><b>Para los grados kínder a 12.o:</b> Son necesarias 2 dosis, la 1.a de las cuales debe recibirse en o después del 1er cumpleaños.<sup>1</sup></p>	

**NOTA:** Las casillas sombreadas indican que no se requiere la vacuna para el grupo de edad correspondiente.

↓ Notas al reverso, por favor dé la vuelta. ↓



- <sup>1</sup> Recibir la dosis hasta (e inclusive) 4 días antes del cumpleaños satisfará el requisito de inmunización para inscribirse en la escuela.
- <sup>2</sup> Son aceptables en lugar de la vacuna una prueba serológica de infección o la confirmación serológica de inmunidad al sarampión, las paperas, la rubeola, la hepatitis B, la hepatitis A o la varicela.
- <sup>3</sup> Si se ha tenido la enfermedad previamente, puede documentarse con una declaración escrita de un médico, un enfermero escolar o uno de los padres o tutor del niño, la cual diga algo como: “Esto es para comprobar que (nombre del estudiante) tuvo la enfermedad de la varicela (*varicella* o *chickenpox*) el (fecha) o alrededor de esa fecha y no necesita la vacuna contra la varicela”. Dicha declaración escrita será aceptable en lugar de alguna o todas las dosis requeridas de la vacuna contra la varicela.

Podrá encontrar información sobre las exclusiones de requisitos de vacunas, la inscripción provisional y la documentación aceptada de las vacunas en las secciones 97.62, 97.66 y 97.68 del Código Administrativo de Texas, respectivamente, y en línea en <https://www.dshs.texas.gov/immunize/school/default.shtm> (en inglés).

### **Exenciones**

La ley de Texas autoriza a que (a) los médicos redacten declaraciones de exención médica, las cuales deben indicar claramente que existe una razón médica que le impide a la persona recibir determinadas vacunas específicas, y (b) los padres o tutores opten por una exención de los requisitos de inmunización por razones de conciencia, incluidas las creencias religiosas. La ley no permite que los padres o tutores opten por una exención simplemente para evitarse inconvenientes (por ejemplo, cuando un registro se haya perdido o esté incompleto y sea mucha molestia ir con un médico o a una clínica para corregir el problema). Las escuelas deben mantener una lista actualizada de los estudiantes con exenciones, de forma que se les pueda excluir en casos de emergencias o epidemias declaradas por el comisionado de salud pública.

Encontrará las instrucciones para solicitar la declaración jurada de exención oficial, la cual debe ser firmada por los padres o tutores que elijan la exención por razones de conciencia, incluidas las creencias religiosas, en [www.dshs.texas.gov/immunize/school/exemptions.aspx](http://www.dshs.texas.gov/immunize/school/exemptions.aspx) (en inglés). El original de la declaración jurada de exención debe llenarse y entregarse en la escuela.

En el caso de los niños para quienes se reclamen exenciones médicas, es necesario presentar a la escuela una declaración escrita del médico. A menos que en la declaración conste por escrito que existe una afección de por vida, la declaración de exención es válida solo por un año a partir de la fecha en que el médico la firmó.

### **Inscripción provisional**

Todas las inmunizaciones deben haberse completado antes del primer día de asistencia. La ley exige que los estudiantes estén completamente vacunados contra las enfermedades específicas. Un estudiante puede inscribirse de manera provisional si cuenta con un registro de inmunización que indique que el estudiante ha recibido al menos una dosis de cada vacuna específica apropiada para su edad según lo exige esta regla. Para que el estudiante se considere como inscrito de manera provisional, no debe estar atrasado en su calendario para recibir la siguiente dosis que le corresponda en la serie de dosis de la vacuna. Para seguir inscrito, el estudiante debe completar las dosis posteriores requeridas de cada serie de vacunas a tiempo según el calendario y tan rápidamente como sea médicamente posible, y debe proporcionar a la escuela un comprobante aceptable de que ha sido vacunado.

Un enfermero escolar o administrador escolar revisará cada 30 días el estado de inmunización de los estudiantes inscritos de manera provisional para garantizar el cumplimiento ininterrumpido de la aplicación de las dosis de vacunas requeridas. Si, al final del periodo de 30 días, un estudiante no ha recibido una dosis posterior de la vacuna, el estudiante no está cumpliendo con las normas, y la escuela excluirá al estudiante de su asistencia a la escuela hasta que se le administre la dosis requerida.

Las normas adicionales para la inscripción provisional de estudiantes transferidos de una escuela pública o privada de Texas a otra, estudiantes que dependen de militares en servicio activo, estudiantes que viven en hogar de acogida y estudiantes en situación sin hogar, se encuentran en el TAC, título 25, Servicios de salud, secciones 97.66 y 97.69.

### **Documentación**

Dado que se usan muchos tipos de registros de inmunización personales, cualquier documento es aceptable si un médico o el personal de salud pública lo ha validado. La validación debe incluir una firma del responsable, sus iniciales o el sello. Un registro de vacunas generado a partir de un registro de salud electrónico debe incluir la información de contacto de la clínica y la firma o sello del proveedor, junto con el nombre de la vacuna y la fecha de vacunación (mes, día y año). Se acepta un registro oficial elaborado por una autoridad sanitaria. Se acepta un registro oficial recibido de parte de los funcionarios de la escuela, incluido un registro procedente de otro estado.



**TEXAS**  
Health and Human  
Services

Texas Department of State  
Health Services



**STUDENT ASTHMA INFORMATION SHEET**

(To be filled out by parent/guardian)

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Describe the type of symptoms your child experiences (e.g. wheezing, coughing, tightness, other)

\_\_\_\_\_

What usually helps if an attack occurs?

\_\_\_\_\_

Medications child takes: (name, dose, frequency)

\_\_\_\_\_

\_\_\_\_\_

Side effects of medication that your child experiences:

\_\_\_\_\_

Does your child use a peak flow meter? Yes / No (please circle one)

If yes, what is the current peak flow? \_\_\_\_\_

Additional information/instructions:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Number of times the child has been taken to an emergency facility for an acute attack of asthma in the past 12 months \_\_\_\_\_

Details, if you wish to disclose:

\_\_\_\_\_

Please contact the school nurse if information or child's condition changes during the school year.

Thank you for your assistance in providing the best care for your child.

Kari Leal, RN

Great Hearts Live Oak School Nurse



# GreatHearts®

Live Oak

## LIVE OAK OPERATIONS

VERUM - PULCHRAM -  
BONUM

**GHLO Front Desk**  
**210-888-9474**



Our medical clinic staffs two Registered Nurses who act as health advocates for our scholars.



Breakfast and Lunch programs are available at Great Hearts Live Oak







Pick up and Drop off routines prioritize the safety of our scholars.



The Operations Department includes Facilities, Front Office Staff, the Registrar, and the Medical Clinic. We apply our servant's heart to the care and safety of our Live Oak Owls.

Operations is headed by our Director of Campus Operations: Christine Cowen  
[christine.cowen@greatheartsliveoak.org]

### CORE SERVICES

-  Breakfast and Lunch Services
-  Experienced Nursing Staff
-  Pick up and drop off coordination
-  Building and grounds care



## **Community Engagement and Academy Giving at Great Hearts Live Oak FAQ**

1. **What does it look like to be a parent at a Great Hearts school?** Being a parent at a Great Hearts school is fun and easy! At GHLO, we rely heavily on parent support and partnership for the success of our school. We encourage and appreciate parents who volunteer where and when they can, support our school's Community Investment campaign if they are able, and stay involved by reading school weekly communications!

2. **Do I have to register to become part of the Parent Service Organization (PSO)?** All parents with students at GHLO are already considered part of the PSO! There are no annual dues required and no mandatory volunteering hours. Simply help when you can and make sure you have a background check on file with us so you can be on campus. They meet on a quarterly basis and are a huge component of facilitating our copy room, lunchroom and front desk support. For more information, e-mail [PSO@greatheartsliveoak.org](mailto:PSO@greatheartsliveoak.org).

3. **What is Community Investment and why is it important for my child's education?** The Community Investment campaign is an annual school fundraiser that seeks to close the gap in funding our school is faced with every year. As a public charter school, we receive \$1,200 less per pupil per school year than traditional neighborhood public schools. This creates a large gap in funding, and we ask parents to partner with us financially to ensure we can continue providing the life changing liberal arts education Great Hearts provides. All gifts are tax deductible and stay 100% at our campus to provide our school with basic necessities (textbooks, safety materials, technology, specials equipment, etc.). Please contact Ms. McCullum, our Director of Community Engagement and Academy Giving [Kimeisha.McCullum@greatheartsliveoak.org](mailto:Kimeisha.McCullum@greatheartsliveoak.org) for more information or to set up your one-time or monthly gift today!

4. **How will the school send me important information I need to know?** We take pride in communicating well with our parents so there is clarity and consistency. During the school year, the all-school GHLO Family Newsletter comes out at the end of every week and has important information about the happenings of our school (events coming up, PSO newsletter, district updates, important school links, pictures from the week, etc.). This is the primary source of information where school leadership communicates with parents, so please ensure you are subscribed to our list. Please visit our Family Resources page at <https://liveoak.greatheartsamerica.org/family-resources/> to subscribe to the newsletters

if you aren't on the list already. Additionally, homeroom teachers will also send a classroom weekly newsletter with details about what is coming up in the classroom for the next week. If there is an urgent matter, we may use one-off emails, text messages or phone calls to communicate to our school community.

**5. Who do I contact when I have questions?** If there are any questions not answered in the weekly newsletter, please e-mail [info@greatheartsliveoak.org](mailto:info@greatheartsliveoak.org) or [Kimeisha.McCullum@greatheartsliveoak.org](mailto:Kimeisha.McCullum@greatheartsliveoak.org) with your question(s) and contact information and we will ensure your inquiry gets sent to the appropriate staff/faculty member.

**6. Where can I get one of the Great Hearts Live Oak stickers for my car?** The stickers often seen on our Owl family's vehicles are a thank you gift for supporting the Community Investment (CI) campaign. When a family makes a gift of any size to our school, they will receive a sticker in the mail or in their child's backpack. Please reach out to Ms. McCullum, Director of Community Engagement and Academy Giving or visit <https://liveoak.greatheartsameric.org/support/> for more information.

**7. What opportunities will there be for me to become involved with the school and interact with the school leaders?** We have many events throughout the year for parents to get involved with our school! We have frequent Coffee with the Headmaster events, curriculum nights, class field trips, lunchroom/copy room volunteers, music concerts, teacher help and more! Please contact the PSO at [PSO@greatheartsliveoak.org](mailto:PSO@greatheartsliveoak.org) for information about volunteering and keep an eye on the newsletter for events coming up!

**PLACE  
PICTURE  
HERE**

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Allergy to: \_\_\_\_\_

Weight: \_\_\_\_\_ lbs. Asthma: [ ] Yes (higher risk for a severe reaction) [ ] No

**NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.**

**Extremely reactive to the following allergens:** \_\_\_\_\_

THEREFORE:

[ ] If checked, give epinephrine immediately if the allergen was **LIKELY** eaten, for ANY symptoms.

[ ] If checked, give epinephrine immediately if the allergen was **DEFINITELY** eaten, even if no symptoms are apparent.

FOR ANY OF THE FOLLOWING:  
**SEVERE SYMPTOMS**



**LUNG**

Shortness of breath, wheezing, repetitive cough



**HEART**

Pale or bluish skin, faintness, weak pulse, dizziness



**THROAT**

Tight or hoarse throat, trouble breathing or swallowing



**MOUTH**

Significant swelling of the tongue or lips



**SKIN**

Many hives over body, widespread redness



**GUT**

Repetitive vomiting, severe diarrhea



**OTHER**

Feeling something bad is about to happen, anxiety, confusion

**OR A COMBINATION**  
of symptoms from different body areas.



- 1. INJECT EPINEPHRINE IMMEDIATELY.**
- 2. Call 911.** Tell emergency dispatcher the person is having anaphylaxis and may need epinephrine when emergency responders arrive.
  - Consider giving additional medications following epinephrine:
    - » Antihistamine
    - » Inhaler (bronchodilator) if wheezing
  - Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
  - If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
  - Alert emergency contacts.
  - Transport patient to ER, even if symptoms resolve. Patient should remain in ER for at least 4 hours because symptoms may return.

**MILD SYMPTOMS**



**NOSE**

Itchy or runny nose, sneezing



**MOUTH**

Itchy mouth



**SKIN**

A few hives, mild itch



**GUT**

Mild nausea or discomfort

**FOR MILD SYMPTOMS FROM MORE THAN ONE SYSTEM AREA, GIVE EPINEPHRINE.**

**FOR MILD SYMPTOMS FROM A SINGLE SYSTEM AREA, FOLLOW THE DIRECTIONS BELOW:**

1. Antihistamines may be given, if ordered by a healthcare provider.
2. Stay with the person; alert emergency contacts.
3. Watch closely for changes. If symptoms worsen, give epinephrine.

**MEDICATIONS/DOSES**

Epinephrine Brand or Generic: \_\_\_\_\_

Epinephrine Dose: [ ] 0.15 mg IM [ ] 0.3 mg IM

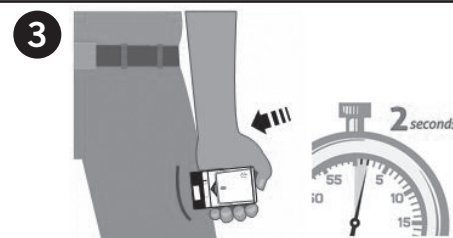
Antihistamine Brand or Generic: \_\_\_\_\_

Antihistamine Dose: \_\_\_\_\_

Other (e.g., inhaler-bronchodilator if wheezing): \_\_\_\_\_

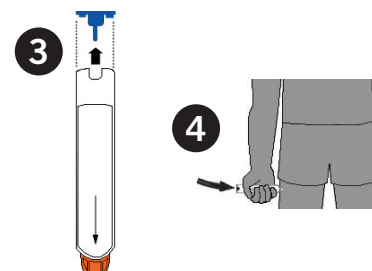
## HOW TO USE AUVI-Q® (EPINEPHRINE INJECTION, USP), KALEO

1. Remove Auvi-Q from the outer case.
2. Pull off red safety guard.
3. Place black end of Auvi-Q against the middle of the outer thigh.
4. Press firmly until you hear a click and hiss sound, and hold in place for 2 seconds.
5. Call 911 and get emergency medical help right away.



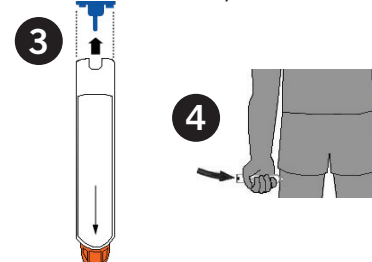
## HOW TO USE EPIPEN® AND EPIPEN JR® (EPINEPHRINE) AUTO-INJECTOR, MYLAN

1. Remove the EpiPen® or EpiPen Jr® Auto-Injector from the clear carrier tube.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward.
3. With your other hand, remove the blue safety release by pulling straight up.
4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'.
5. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
6. Remove and massage the injection area for 10 seconds.
7. Call 911 and get emergency medical help right away.



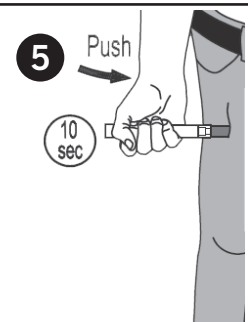
## HOW TO USE EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF EPIPEN®), USP AUTO-INJECTOR, MYLAN

1. Remove the epinephrine auto-injector from the clear carrier tube.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward.
3. With your other hand, remove the blue safety release by pulling straight up.
4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'.
5. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
6. Remove and massage the injection area for 10 seconds.
7. Call 911 and get emergency medical help right away.



## HOW TO USE IMPAX EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF ADRENALCLICK®), USP AUTO-INJECTOR, IMPAX LABORATORIES

1. Remove epinephrine auto-injector from its protective carrying case.
2. Pull off both blue end caps: you will now see a red tip.
3. Grasp the auto-injector in your fist with the red tip pointing downward.
4. Put the red tip against the middle of the outer thigh at a 90-degree angle, perpendicular to the thigh.
5. Press down hard and hold firmly against the thigh for approximately 10 seconds.
6. Remove and massage the area for 10 seconds.
7. Call 911 and get emergency medical help right away.



## ADMINISTRATION AND SAFETY INFORMATION FOR ALL AUTO-INJECTORS:

1. Do not put your thumb, fingers or hand over the tip of the auto-injector or inject into any body part other than mid-outer thigh. In case of accidental injection, go immediately to the nearest emergency room.
2. If administering to a young child, hold their leg firmly in place before and during injection to prevent injuries.
3. Epinephrine can be injected through clothing if needed.
4. Call 911 immediately after injection.

## OTHER DIRECTIONS/INFORMATION (may self-carry epinephrine, may self-administer epinephrine, etc.):

Treat the person before calling emergency contacts. The first signs of a reaction can be mild, but symptoms can worsen quickly.

### EMERGENCY CONTACTS — CALL 911

RESCUE SQUAD: \_\_\_\_\_

DOCTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

### OTHER EMERGENCY CONTACTS

NAME/RELATIONSHIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

NAME/RELATIONSHIP: \_\_\_\_\_

PHONE: \_\_\_\_\_



**WE WANT YOU!**

FOR THE GREAT HEARTS LIVE OAK PSO

# THE GHLO PSO IS CURRENTLY IN NEED OF VOLUNTEERS

If you're interested in helping out, please go to the link below, or scan the QR code to sign-up:

[HTTPS://FORMS.GLE/DLFQCB4LOJWFVABZ9](https://forms.gle/DLFQCB4LOJWFVABZ9)



Our areas of need include, but are not limited to: Room Parents, Used Uniforms, Lunchroom, Copy room, Lost & Found, Teacher Appreciation, and special events.

PLEASE FEEL FREE TO EMAIL ALL QUESTIONS TO: [PSO@GREATHEARTSLIVEOAK.COM](mailto:PSO@GREATHEARTSLIVEOAK.COM)



# GreatHearts<sup>®</sup>

Live Oak

Grade: Kindergarten

QTY	ITEM
<input type="checkbox"/>	1 Erasable Checking Pencil with Eraser, Pre-Sharpended, Red, 1 ct. (preferred brand: Ticonderoga)
<input type="checkbox"/>	1 #2 Pencils, Pre-Sharpended, 12 ct, Yellow (preferred brand: Ticonderoga)
<input type="checkbox"/>	1 Elmer's Washable School Glue, 4 oz
<input type="checkbox"/>	6 Elmer's Small Washable All Purpose School Glue Stick, 0.21 oz
<input type="checkbox"/>	4 Expo Low Odor Dry Erase Markers, Chisel Tip, Black
<input type="checkbox"/>	1 Expo Low Odor Dry Erase Markers, Fine Tip, 4 ct, Assorted Colors (Black, Blue, Green, Red)
<input type="checkbox"/>	2 Crayola Crayons, 24 ct.
<input type="checkbox"/>	1 Crayola Ultra-Clean Washable Markers, Classic Colors, Broad Tip, 12 ct
<input type="checkbox"/>	1 Large, White, Vinyl Eraser, Latex-free
<input type="checkbox"/>	1 Kids Scissors, Blunt-tip, 5"
<input type="checkbox"/>	2 3-Ring Nylon Pencil Pouch with Mesh Window, 10"x7.5"
<input type="checkbox"/>	3 Wide Ruled Composition Book, 100 pgs, Black
<input type="checkbox"/>	1 Black Sock
<input type="checkbox"/>	1 Construction Paper, 9"x12", 50 ct, 10 Assorted Colors
<input type="checkbox"/>	1 Canson XL Mixed Media Pad, 7"x10", 98 lb, Side Spiral, 60 sheets (Canson or higher quality brand)
<input type="checkbox"/>	1 2-Pocket Heavy Duty Poly Folder with Brads, Red
<input type="checkbox"/>	1 2-Pocket Heavy Duty Poly Folder with Brads, Yellow
<input type="checkbox"/>	1 2-Pocket Heavy Duty Poly Folder, Blue
<input type="checkbox"/>	1 2-Pocket Heavy Duty Poly Folder, Green
<input type="checkbox"/>	1 2-Pocket Heavy Duty Poly Folder, Orange





# GreatHearts<sup>™</sup>

Live Oak

Grade: 1st Grade

QTY	ITEM
<input type="checkbox"/>	2 Erasable Checking Pencil with Eraser, Pre-Sharpended, Red, 1 ct. (preferred brand: Ticonderoga)
<input type="checkbox"/>	2 #2 Pencils, Pre-Sharpended, 12 ct, Yellow (preferred brand: Ticonderoga)
<input type="checkbox"/>	1 Elmer's Washable School Glue, 4 oz
<input type="checkbox"/>	6 Elmer's Small Washable All Purpose School Glue Stick, 0.21 oz
<input type="checkbox"/>	2 Expo Low Odor Dry Erase Markers, Chisel Tip, Black
<input type="checkbox"/>	4 Expo Low Odor Dry Erase Markers, Fine Tip, Black
<input type="checkbox"/>	2 Crayola Crayons, 24 ct.
<input type="checkbox"/>	1 Crayola Ultra-Clean Washable Markers, Classic Colors, Broad Tip, 12 ct
<input type="checkbox"/>	2 Crayola Colored Pencils, Sharpended, 12 ct
<input type="checkbox"/>	2 Large, White, Vinyl Eraser, Latex-free
<input type="checkbox"/>	1 Kids Scissors, Pointed-tip, 5"
<input type="checkbox"/>	2 School Supply Box, 8"x5"x2"
<input type="checkbox"/>	5 Wide Ruled Composition Book, 100 pgs, Black
<input type="checkbox"/>	1 Black Sock
<input type="checkbox"/>	1 Canson XL Mixed Media Pad, 7"x10", 98 lb, Side Spiral, 60 sheets (Canson or higher quality brand)
<input type="checkbox"/>	1 2-Pocket Heavy Duty Poly Folder with Brads, Red
<input type="checkbox"/>	1 2-Pocket Heavy Duty Poly Folder with Brads, Blue
<input type="checkbox"/>	1 2-Pocket Heavy Duty Poly Folder with Brads, Yellow
<input type="checkbox"/>	1 2-Pocket Heavy Duty Poly Folder with Brads, Green
<input type="checkbox"/>	2 2-Pocket Paper Folder with Brads, Red
<input type="checkbox"/>	2 2-Pocket Paper Folder with Brads, Blue
<input type="checkbox"/>	2 2-Pocket Paper Folder with Brads, Yellow
<input type="checkbox"/>	2 2-Pocket Paper Folder with Brads, Green
<input type="checkbox"/>	1 Construction Paper, 9"x12", 50 ct, 10 Assorted Colors
<input type="checkbox"/>	1 White Cardstock, 8.5"x11", 65lb., 100 ct.



# GreatHearts<sup>®</sup>

Live Oak

Grade: 2nd Grade

QTY	ITEM
<input type="checkbox"/>	4 Erasable Checking Pencil with Eraser, Pre-Sharpended, Red, 1 ct. (preferred brand: Ticonderoga)
<input type="checkbox"/>	2 #2 Pencils, Pre-Sharpended, 12 ct, Yellow (preferred brand: Ticonderoga)
<input type="checkbox"/>	1 Elmer's Washable School Glue, 4 oz
<input type="checkbox"/>	6 Elmer's Small Washable All Purpose School Glue Stick, 0.21 oz
<input type="checkbox"/>	4 Expo Low Odor Dry Erase Markers, Fine Tip, Black
<input type="checkbox"/>	2 Crayola Crayons, 24 ct.
<input type="checkbox"/>	2 Crayola Colored Pencils, Sharpended, 12 ct
<input type="checkbox"/>	3 Large, White, Vinyl Eraser, Latex-free
<input type="checkbox"/>	1 Kids Scissors, Pointed-tip, 5"
<input type="checkbox"/>	2 School Supply Box, 8"x5"x2"
<input type="checkbox"/>	1 Shatter-proof Ruler, 12", English and Metric, Clear
<input type="checkbox"/>	1 Black Sock
<input type="checkbox"/>	1 Canson XL Mixed Media Pad, 7"x10", 98 lb, Side Spiral, 60 sheets (Canson or higher quality brand)
<input type="checkbox"/>	1 Wide Ruled Composition Book, 100 pgs, Black
<input type="checkbox"/>	1 Wide Ruled Composition Book, 100 pgs, Blue
<input type="checkbox"/>	1 Wide Ruled Composition Book, 100 pgs, Green
<input type="checkbox"/>	1 Wide Ruled Composition Book, 100 pgs, Red
<input type="checkbox"/>	2 Wide Ruled Composition Book, 100 pgs, Yellow
<input type="checkbox"/>	1 Wide Ruled Composition Book, 100 pgs, Purple
<input type="checkbox"/>	2 2-Pocket Heavy Duty Poly Folder, Red
<input type="checkbox"/>	2 2-Pocket Heavy Duty Poly Folder, Green
<input type="checkbox"/>	1 White Cardstock, 8.5"x11", 65lb., 100 ct.



# GreatHearts<sup>™</sup>

Live Oak

Grade: 3rd Grade

QTY	ITEM
<input type="checkbox"/>	2 Erasable Checking Pencil with Eraser, Pre-Sharpended, Red, 1 ct. (preferred brand: Ticonderoga)
<input type="checkbox"/>	2 #2 Pencils, Pre-Sharpended, 12 ct, Yellow (preferred brand: Ticonderoga)
<input type="checkbox"/>	6 Elmer's Small Washable All Purpose School Glue Stick, 0.21 oz
<input type="checkbox"/>	1 Expo Low Odor Dry Erase Markers, Fine Tip, 4 ct, Assorted Colors (Black, Blue, Green, Red)
<input type="checkbox"/>	1 Crayola Crayons, 24 ct.
<input type="checkbox"/>	1 Crayola Colored Pencils, Sharpended, 12 ct
<input type="checkbox"/>	1 Large, White, Vinyl Eraser, Latex-free
<input type="checkbox"/>	1 Kids Scissors, Pointed-tip, 5"
<input type="checkbox"/>	1 School Supply Box, 8"x5"x2"
<input type="checkbox"/>	2 Index Cards, 3"x5", White, Ruled, 100 ct.
<input type="checkbox"/>	1 Shatter-proof Ruler, 12", English and Metric, Clear
<input type="checkbox"/>	1 Pencil Sharpener, Metal Blade, Double hole, Canister
<input type="checkbox"/>	1 Black Sock
<input type="checkbox"/>	1 Sketch Pad, 9"x12", 60 lb, Top Spiral, 100 sheets (Blick Studio or higher quality brand)
<input type="checkbox"/>	1 Wide Ruled Composition Book, 100 pgs, Black
<input type="checkbox"/>	1 2-Pocket Heavy Duty Poly Folder with Brads, Black
<input type="checkbox"/>	1 2-Pocket Heavy Duty Poly Folder with Brads, Blue
<input type="checkbox"/>	1 2-Pocket Heavy Duty Poly Folder with Brads, Green
<input type="checkbox"/>	1 2-Pocket Heavy Duty Poly Folder with Brads, Red
<input type="checkbox"/>	1 2-Pocket Heavy Duty Poly Folder with Brads, Yellow
<input type="checkbox"/>	1 2-Pocket Heavy Duty Poly Folder with Brads, Purple
<input type="checkbox"/>	1 2-Pocket Heavy Duty Poly Folder with Brads, Orange
<input type="checkbox"/>	3 Wide Ruled Filler Paper, 200 sheets
<input type="checkbox"/>	2 Graph Filler Paper, 8"x10.5", 4 sq/inch, 3-hole punched, 100 ct
<input type="checkbox"/>	1 Highlighter, Yellow, Chisel Tip



# GreatHearts<sup>™</sup>

Live Oak

Grade: 4th Grade

QTY	ITEM
<input type="checkbox"/>	2 Erasable Checking Pencil with Eraser, Pre-Sharpended, Red, 1 ct. (preferred brand: Ticonderoga)
<input type="checkbox"/>	3 #2 Pencils, Pre-Sharpended, 12 ct, Yellow (preferred brand: Ticonderoga)
<input type="checkbox"/>	1 Highlighters, 3 pack, Assorted Fluorescent colors
<input type="checkbox"/>	6 Elmer's Small Washable All Purpose School Glue Stick, 0.21 oz
<input type="checkbox"/>	1 Expo Low Odor Dry Erase Markers, Fine Tip, 4 ct, Assorted Colors (Black, Blue, Green, Red)
<input type="checkbox"/>	1 Expo Low Odor Dry Erase Markers, Ultra Fine Tip, 4 ct, Black
<input type="checkbox"/>	1 Crayola Colored Pencils, Sharpended, 12 ct
<input type="checkbox"/>	1 Large, White, Vinyl Eraser, Latex-free
<input type="checkbox"/>	1 Kids Scissors, Pointed-tip, 6"
<input type="checkbox"/>	1 School Supply Box, 8"x5"x2"
<input type="checkbox"/>	3 Index Cards, 3"x5", White, Ruled, 100 ct.
<input type="checkbox"/>	1 Shatter-proof Ruler, 12", English and Metric, Clear
<input type="checkbox"/>	1 Protractor, Plastic, 6" Semicircular
<input type="checkbox"/>	1 Pencil Sharpener, Metal Blade, Double hole, Canister
<input type="checkbox"/>	1 Black Sock
<input type="checkbox"/>	1 Sketch Pad, 9"x12", 60 lb, Top Spiral, 100 sheets (Blick Studio or higher quality brand)
<input type="checkbox"/>	1 Wide Ruled Spiral Notebook, 1 Subject, 3-hole punch, Poly Cover, Pocket Divider, 100 pgs, Black
<input type="checkbox"/>	1 Wide Ruled Spiral Notebook, 1 Subject, 3-hole punch, Poly Cover, Pocket Divider, 100 pgs, Blue
<input type="checkbox"/>	1 Wide Ruled Spiral Notebook, 1 Subject, 3-hole punch, Poly Cover, Pocket Divider, 100 pgs, Green
<input type="checkbox"/>	1 Wide Ruled Spiral Notebook, 1 Subject, 3-hole punch, Poly Cover, Pocket Divider, 100 pgs, Red
<input type="checkbox"/>	1 Wide Ruled Spiral Notebook, 1 Subject, 3-hole punch, Poly Cover, Pocket Divider, 100 pgs, White
<input type="checkbox"/>	1 2-Pocket Heavy Duty Poly Folder with Brads, Black
<input type="checkbox"/>	1 2-Pocket Heavy Duty Poly Folder with Brads, Blue
<input type="checkbox"/>	1 2-Pocket Heavy Duty Poly Folder with Brads, Green
<input type="checkbox"/>	1 2-Pocket Heavy Duty Poly Folder with Brads, Red
<input type="checkbox"/>	1 Five Star <sup>®</sup> Poly Folder, 3-Prong, 2 Angled Pockets, White
<input type="checkbox"/>	1 Index Card Case, holds up to 100 cards, 3"x5"



**GreatHearts**<sup>™</sup>  
Live Oak

Grade: 5th Grade

QTY	ITEM
<input type="checkbox"/>	2 Erasable Checking Pencil with Eraser, Pre-Sharpended, Red, 1 ct. (preferred brand: Ticonderoga)
<input type="checkbox"/>	3 #2 Pencils, Pre-Sharpended, 12 ct, Yellow (preferred brand: Ticonderoga)
<input type="checkbox"/>	1 Highlighters, 3 pack, Assorted Fluorescent colors
<input type="checkbox"/>	1 Expo Low Odor Dry Erase Markers, Fine Tip, 4 ct, Assorted Colors (Black, Blue, Green, Red)
<input type="checkbox"/>	1 Expo Low Odor Dry Erase Markers, Ultra Fine Tip, 4 ct, Black
<input type="checkbox"/>	1 Crayola Colored Pencils, Sharpended, 12 ct
<input type="checkbox"/>	1 Kids Scissors, Pointed-tip, 6"
<input type="checkbox"/>	1 3-Ring Nylon Pencil Pouch with Mesh Window, 10"x7.5"
<input type="checkbox"/>	3 Index Cards, 3"x5", White, Ruled, 100 ct.
<input type="checkbox"/>	1 Shatter-proof Ruler, 12", English and Metric, Clear
<input type="checkbox"/>	1 180° Standard Protractor, Plastic, 6"/15cm
<input type="checkbox"/>	1 Black Sock
<input type="checkbox"/>	1 Sketch Pad, 9"x12", 60 lb, Top Spiral, 100 sheets (Blick Studio or higher quality brand)
<input type="checkbox"/>	1 Wide Ruled Spiral Notebook, 1 Subject, Poly Cover, Pocket Divider, 100 pgs, Black
<input type="checkbox"/>	1 Wide Ruled Spiral Notebook, 1 Subject, Poly Cover, Pocket Divider, 100 pgs, Blue
<input type="checkbox"/>	1 Wide Ruled Spiral Notebook, 1 Subject, Poly Cover, Pocket Divider, 100 pgs, Green
<input type="checkbox"/>	1 Wide Ruled Spiral Notebook, 1 Subject, Poly Cover, Pocket Divider, 100 pgs, Red
<input type="checkbox"/>	1 Wide Ruled Spiral Notebook, 1 Subject, Poly Cover, Pocket Divider, 100 pgs, White
<input type="checkbox"/>	1 Wide Ruled Spiral Notebook, 1 Subject, Poly Cover, Pocket Divider, 100 pgs, Gray
<input type="checkbox"/>	1 Avery 1.5" Heavy Duty One Touch EZD Binder, Black
<input type="checkbox"/>	1 Binder Dividers, Clear Tabs (with paper inserts), 8 ct.
<input type="checkbox"/>	1 Wide Ruled Filler Paper, 200 sheets
<input type="checkbox"/>	1 Dry Erase Board, 9"x12", Double Sided, plain
<input type="checkbox"/>	1 Heavy Duty Poly Folder, 3 Hole, Yellow



# GreatHearts<sup>™</sup>

Live Oak

Grade: 6th Grade

QTY	ITEM
<input type="checkbox"/>	3 #2 Pencils, Pre-Sharpended, 12 ct, Yellow (preferred brand: Ticonderoga)
<input type="checkbox"/>	6 Pens, Black, Medium Point
<input type="checkbox"/>	1 Highlighters, 3 pack, Assorted Fluorescent colors
<input type="checkbox"/>	2 Elmer's Small Washable All Purpose School Glue Stick, 0.21 oz
<input type="checkbox"/>	2 Expo Low Odor Dry Erase Markers, Fine Tip, 4 ct, Assorted Colors (Black, Blue, Green, Red)
<input type="checkbox"/>	1 Crayola Colored Pencils, Sharpened, 12 ct
<input type="checkbox"/>	1 Kids Scissors, Pointed-tip, 6"
<input type="checkbox"/>	1 3-Ring Nylon Pencil Pouch with Mesh Window, 10"x7.5"
<input type="checkbox"/>	4 Index Cards, 3"x5", White, Ruled, 100 ct.
<input type="checkbox"/>	1 Shatter-proof Ruler, 12", English and Metric, Clear
<input type="checkbox"/>	1 Pencil Sharpener, Metal Blade, Double hole, Canister
<input type="checkbox"/>	1 Black Sock
<input type="checkbox"/>	1 Sketch Pad, 9"x12", 60 lb, Top Spiral, 100 sheets (Blick Studio or higher quality brand)
<input type="checkbox"/>	2 Wide Ruled Spiral Notebook, 3 Subject, 3-hole punch, Poly Cover, 120 pgs, Black
<input type="checkbox"/>	1 Wide Ruled Spiral Notebook, 3 Subject, 3-hole punch, Poly Cover, 120 pgs, Blue
<input type="checkbox"/>	1 Wide Ruled Spiral Notebook, 3 Subject, 3-hole punch, Poly Cover, 120 pgs, Green
<input type="checkbox"/>	1 Wide Ruled Spiral Notebook, 3 Subject, 3-hole punch, Poly Cover, 120 pgs, Purple
<input type="checkbox"/>	1 Wide Ruled Spiral Notebook, 3 Subject, 3-hole punch, Poly Cover, 120 pgs, Red
<input type="checkbox"/>	2 Wide Ruled Spiral Notebook, 3 Subject, 3-hole punch, Poly Cover, 120 pgs, Yellow
<input type="checkbox"/>	1 2-Pocket Heavy Duty Poly Folder with Brads, Black
<input type="checkbox"/>	1 2-Pocket Heavy Duty Poly Folder with Brads, Blue
<input type="checkbox"/>	1 2-Pocket Heavy Duty Poly Folder with Brads, Green
<input type="checkbox"/>	1 2-Pocket Heavy Duty Poly Folder with Brads, Red
<input type="checkbox"/>	1 2-Pocket Heavy Duty Poly Folder with Brads, Yellow
<input type="checkbox"/>	1 2-Pocket Heavy Duty Poly Folder with Brads, Purple
<input type="checkbox"/>	1 Wide Ruled Filler Paper, 200 sheets
<input type="checkbox"/>	1 Index Card Case, holds up to 100 cards, 3"x5"
<input type="checkbox"/>	2 Bevel Eraser, Pink, Latex free



# GreatHearts<sup>™</sup>

Live Oak

Grade: 7th Grade

QTY	ITEM
<input type="checkbox"/>	2 Erasable Checking Pencil with Eraser, Pre-Sharpended, Red, 1 ct. (preferred brand: Ticonderoga)
<input type="checkbox"/>	2 #2 Pencils, Pre-Sharpended, 12 ct, Yellow (preferred brand: Ticonderoga)
<input type="checkbox"/>	2 Expo Low Odor Dry Erase Markers, Chisel Tip, Black
<input type="checkbox"/>	1 Wide Ruled Spiral Notebook, 3 Subject, 3-hole punch, Poly Cover, 120 pgs, Black
<input type="checkbox"/>	1 Wide Ruled Spiral Notebook, 3 Subject, 3-hole punch, Poly Cover, 120 pgs, Blue
<input type="checkbox"/>	1 Wide Ruled Spiral Notebook, 3 Subject, 3-hole punch, Poly Cover, 120 pgs, Green
<input type="checkbox"/>	1 Wide Ruled Spiral Notebook, 3 Subject, 3-hole punch, Poly Cover, 120 pgs, Purple
<input type="checkbox"/>	1 Wide Ruled Spiral Notebook, 3 Subject, 3-hole punch, Poly Cover, 120 pgs, Red
<input type="checkbox"/>	1 Wide Ruled Spiral Notebook, 3 Subject, 3-hole punch, Poly Cover, 120 pgs, Yellow
<input type="checkbox"/>	1 Pencil Sharpener, Metal Blade, Double hole, Canister
<input type="checkbox"/>	4 Pens, Black, Medium Point
<input type="checkbox"/>	4 Index Cards, 3"x5", White, Ruled, 100 ct.
<input type="checkbox"/>	1 Bevel Eraser, Pink, Latex-Free
<input type="checkbox"/>	1 Wooden Ruler with Metal Edge, 12", English and Metric
<input type="checkbox"/>	1 Hardboard (Brown) Clipboard with Low Profile Clip, Letter Size
<input type="checkbox"/>	1 2-Pocket Heavy Duty Poly Folder, Black
<input type="checkbox"/>	1 2-Pocket Heavy Duty Poly Folder, Blue
<input type="checkbox"/>	1 2-Pocket Heavy Duty Poly Folder, Green
<input type="checkbox"/>	1 2-Pocket Heavy Duty Poly Folder, Purple
<input type="checkbox"/>	1 2-Pocket Heavy Duty Poly Folder, Red
<input type="checkbox"/>	1 2-Pocket Heavy Duty Poly Folder, Yellow
<input type="checkbox"/>	1 Colored Pencils, Sharpended, 12 ct (Prang Brand or better)



**GreatHearts**<sup>®</sup>  
Live Oak

Grade: 8th Grade

QTY	ITEM
<input type="checkbox"/>	2 Erasable Checking Pencil with Eraser, Pre-Sharpended, Red, 1 ct. (preferred brand: Ticonderoga)
<input type="checkbox"/>	2 #2 Pencils, Pre-Sharpended, 12 ct, Yellow (preferred brand: Ticonderoga)
<input type="checkbox"/>	2 Expo Low Odor Dry Erase Markers, Chisel Tip, Black
<input type="checkbox"/>	5 Wide Ruled Spiral Notebook, 3 Subject, 3-hole punch, Poly Cover, Pocket Divider, 100 pgs, Assorted Colors
<input type="checkbox"/>	1 Pencil Sharpener, Metal Blade, Double hole, Canister
<input type="checkbox"/>	4 Pens, Black, Medium Point
<input type="checkbox"/>	4 Index Cards, 3"x5", White, Ruled, 100 ct.
<input type="checkbox"/>	1 Bevel Eraser, Pink, Latex-Free
<input type="checkbox"/>	1 Wooden Ruler with Metal Edge, 12", English and Metric
<input type="checkbox"/>	6 2-Pocket Heavy Duty Poly Folder, Assorted Colors
<input type="checkbox"/>	1 Colored Pencils, Sharpended, 12 ct (Prang Brand or better)
<input type="checkbox"/>	1 Strathmore 400 Series Sketch Pad, 9"x12", Heavyweight, Side Spiral, 60 lbs, 100 sheets
<input type="checkbox"/>	1 Graph Paper Spiral Notebook, 8"x10.5", 4 sq/inch, 3-Hole Punched, 100 pgs



## **MEDICATION POLICY**

All medication must be brought to the Nurse's Clinic where it will be kept in a locked container or cabinet. Students may not possess any form of medication while at school other than while bringing it to the Nurse Clinic. Medication will be refrigerated only if refrigeration is required by the medication's labeling. At the end of the school year, all medication left at school will be returned to the parent or destroyed.

### **PRESCRIPTION MEDICATION**

A designated Great Hearts employee may administer medication to a student provided:

1. Great Hearts has received a written request to administer the medication from a parent, legal guardian, or other person having legal control of the student. You may obtain a request form from the school nurse or the front desk.
2. Prescription medications must be in English & the original container, bearing a prescription label that includes the student's name, the name of the medicine, directions concerning dosage, the name of the prescribing physician, the name of the pharmacy filling the prescription, and the date the prescription was filled.
3. Prescription inhalant medications, properly labeled, may be carried by the student only if directed in writing by the physician and parent. This request must be filed in the Nurse Clinic. Please request the appropriate form from the school nurse.
4. All physician's sample medication must be accompanied by a written authorization from the physician.

No Great Hearts employee will be required to give medication above the daily recommended dosage by the Federal Drug Administration (FDA).

No medication will be dispensed for a missed dose unless written authorization is received from the parent or legal guardian for each dose missed.

**\*\*\*CONTROLLED SUBSTANCES MUST BE DELIVERED BY THE PARENT/GUARDIAN TO THE SCHOOL NURSE. YOU MUST SIGN THAT YOU DELIVERED THE MEDICATION AND HOW MANY IN THE PRESENCE OF THE NURSE OR DESIGNATED REPRESENTATIVE.**

### **OVER-THE-COUNTER MEDICATION**

Designated Great Hearts employees may administer over-the-counter medications to students if the following conditions are met:

1. Great Hearts has received a written request to administer the medication from a parent, a legal guardian, or other person having legal control of the student.

2. The written request of the parent/guardian must indicate the dosage, frequency of need, reason the medication is needed, and the date(s) of requested administration.
3. The medication must be stored in the original container. Dosage must be within the recommended amount for the weight of the student. Medication may not be given for longer than 5 consecutive school days unless directed by a physician.

The student will report to the Nurse Clinic to take any medication. Exceptions to the Nurse Clinic being the location for administering medications may be made if such is recommended by an ARD committee.

# Kinder through 4th Grade Girls Uniform

## Required:

- Short-sleeve or long-sleeve polo  
Color: white or light blue
- Navy pants or shorts
- Plaid skirt
- **K-2 Only:** Plaid jumper & Peter Pan collared shirt



## Optional:

- Navy sweater or vest—button-up or pull-over
- Navy quarter-zip sweatshirt with logo

Please see the [Dress Code Guidelines](#) for more details.

# Kinder through 4th Grade Boys Uniform

## Required:

- Short-sleeve polo or long-sleeve polo  
Color: white or light blue
- Navy pants or shorts

## Optional:

- Navy sweater or vest—button-up or pull-over
- Navy quarter-zip sweatshirt with logo

Please see the [Dress Code Guidelines](#) for more details.



# Operations

*CHRISTINE COWEN, DIRECTOR OF OPERATIONS*



**GreatHearts**  
Live Oak

## **BREAKFAST AND LUNCH**

Mealtime:

<http://www.mymealtime.com>

## **MEDICAL FORMS**

Nurse's Corner:

[liveoak.greatheartamerica.org/nurses-corner/](http://liveoak.greatheartamerica.org/nurses-corner/)



## Introducing...

# MealTime Online

## Cafeteria On-Line Information & Payments

Great Hearts is introducing MealTime Online. It does more than allow you to make payments to your student's cafeteria account: you can check your student's cafeteria balance and view what has been purchased---giving you access to your student's information 24 hours a day, 365 days a year!

Payments will be applied to the students you specify. You may add funds to one or more student accounts during the same transaction. The payment will transfer to the student account within 5 minutes!

Once you've registered for the service, you can quickly return to deposit into your student's account at your convenience.

### Setting up Your MyMealTime Account Step 1:

Go to [www.mymealtime.com](http://www.mymealtime.com)

#### Step 2:

Click on **Create New Profile**

**Step 3: Complete the Registration Form** (you make up your own user name and password)

**Step 4: Click to Sign In, Enter Username and password you just created and click the SIGN IN button.**

**Step 5: Click on the "Meal Account Deposits" button (even if you aren't going to actually make a deposit)**

**Step 6: Add students to your account** by clicking on the "Add New Student" button.

### Students in Household

To begin using MealTime Online, you first need to add your students to your account! Start by clicking the "Add New Student" link below.

[Add New Student](#)

Then, select TEXAS from the drop-down box, and then click on the + sign next to **Great Hearts TX**. Select the **appropriate school** and then enter the student's first name and their Student ID.

### Student Information

State

[Change Schools](#)

School: Great Hearts Texas Monte Vista

First Name

Student Id

[Back to Home](#)

ID Must Be 6 Digits---Add leading 0's if Needed

If you have more students to add, do so at this time. When finished, click on **BACK TO HOME**

### Congratulations!

You've set up your students and can now see their balance. Click on "View Details" to see what has been purchased recently, or "Make Deposit" to deposit funds.

# DOCUMENTS NEEDED TO ADMINISTER MEDICATIONS AT SCHOOL

## FOR ALL PRESCRIBED MEDICATIONS:

1. REQUEST TO ADMINISTER PRESCRIBED MEDICATION—filled out by parent/guardian
  - a. ONE SHEET PER MEDICATION

## ASTHMA:

1. ASTHMA ACTION PLAN—FROM DOCTOR
2. REQUEST TO ADMINISTER PRESCRIBED MEDICATION—filled out by parent/guardian
3. ASTHMA INFORMATION SHEET—filled out by parent/guardian

## ALLERGY:

1. FARE ACTION PLAN—FROM DOCTOR
2. REQUEST TO ADMINISTER PRESCRIBED MEDICATION (FOR IF EPI PEN OR INHALER IS NEEDED)—filled out by parent/guardian
  - a. ONE SHEET PER MEDICATION
3. REQUEST TO ADMINISTER OTC (OVER THE COUNTER) MEDICATIONS (FOR BENADRYL OR OTHER IF NEEDED)—filled out by parent/guardian
  - a. ONE SHEET PER MEDICATION

## SEIZURE:

1. SEIZURE ACTION PLAN—FROM DOCTOR
2. REQUEST TO ADMINISTER PRESCRIBED MEDICATION—filled out by parent/guardian
  - a. ONE SHEET PER MEDICATION
3. REQUEST TO ADMINISTER OTC (OVER THE COUNTER) MEDICATIONS (FOR TYLELOL OR OTHER IF NEEDED)—filled out by parent/guardian

**\*\*ALL FORMS FROM THE DOCTOR (ASTHMA ACTION PLAN, FARE ACTION PLAN, AND SEIZURE ACTION PLAN) MUST BE FROM THIS SUMMER –MEDICAL NEEDS CHANGE FROM YEAR TO YEAR SO A NEW FORM MUST BE BROUGHT IN. CAN NOT USE A FORM FROM LAST YEAR.**

**\*\*PLEASE MAKE SURE MEDICATION HAS NOT EXPIRED**





**Cynthia Audelo**  
*Headmaster*



**Gretchen Williams**  
*Assistant Headmaster*



**Paul Gustowski**  
*Assistant Headmaster*



**Kevin Jackson**  
*Dean of Student Culture*



**Christine Cowen**  
*Director of Campus Operations*



**Kimiesha McCullum**  
*Director of Academy Giving*



**Kate Moyer**  
*Registrar / SIS*



**Kari Leal, RN**  
*Nurse*



**Sylvia Sigala**  
*Receptionist*



**Brooke Lucero**  
*Special Education Coordinator*



**Laura Jackson**  
*504 Coordinator*



**Luis Perea**  
*ELL Coordinator*



# K through 6th, Zones and Colors

End of day color communicated in  
take home materials

## Zone 1 Ready to Learn/On task

Ready to learn without prompting

Responds to directions

Responds to only a few redirections

## Zone 2 Not ready to learn/Off task

Required numerous redirections (Repeatedly asked to get back on task, probably will result in a consequence)

Required recovery time (Needed a reset; this usually means a talk in the hallway and will result in a consequence)

Required support outside the classroom (A visit to the Dean or a Headmaster and a consequence)

Note – all of these are green



**GreatHearts**  
Live Oak

## Special Education: Yes, We Do That Here!

Great Hearts Live Oak is part of a network of public charter schools that provide a Free and Appropriate Public Education (FAPE) to students with disabilities who are currently eligible or are determined eligible to receive special education services and related services.

Providing access to a classical education to students with disabilities is central to Great Hearts' philosophy of education, which seeks to enrich the lives of all of our children. We believe that the unnecessary removal or compartmentalizing of any student because of special needs would result in an impoverished experience for the entire class.

As such, our practice is to include our students with disabilities to the maximum extent possible in the general classroom while supporting their development of strategies and skills through specialized instruction. This practice is guided by the mission of the special education program at Great Hearts, which is dedicated to fostering our students' perseverance through courage and introspection.

In pursuit of these virtues, our Special Education team develops programs for each eligible student that maximizes access to the liberal arts curriculum through small-group or one-on-one instruction, both inside and outside of the regular classroom during the school day. Our team complies with the Individuals with Disabilities Education Act (IDEA), and include instruction in skills and strategies in areas of deficit and may incorporate related services including, but not limited to:

- Speech and Language services
- Occupational therapy
- Physical therapy
- Auditory Impairment Services
- Vision Impairment Services
- School-based counseling

If you believe your student is a child with a disability and requires specialized instruction, or for more information about special education services please contact:

Brooke Lucero

Special Education Coordinator

[Brooke.lucero@greatheartsliveoak.org](mailto:Brooke.lucero@greatheartsliveoak.org)

## Request to Administer OTC (Over the Counter) Medications

STUDENT \_\_\_\_\_

Grade/Class \_\_\_\_\_ Birthdate \_\_\_\_\_ School year 2020-2021

Allergies (to medication) \_\_\_\_\_

As the legal parent/guardian of the above-named student, I request the school to give medicine for the following conditions. \_\_\_\_\_

MEDICATION NAME: \_\_\_\_\_ EXPIRATION: \_\_\_\_\_

Dose (must be within the recommended amount as stated on label): \_\_\_\_\_

Specify time \_\_\_\_\_ or As Needed \_\_\_\_\_ Frequency \_\_\_\_\_

**Parent Statement:**

*I understand that the school is not legally obligated to administer medication to my child. Therefore, I agree to defend and hold harmless, the school district and its employees from any liability for the results of the medication or the manner in which it is administered, and to defend and indemnify the school district and its employees for any liability arising out of these arrangements. Medication request must be deemed necessary to maintain or improve health and participation in the school program. Each request will be assessed for the most appropriate intervention and will be given at the standard dosage recommended by manufacturer.*

- *I will notify the nurse if I give this medication to my child before arrival at school while this request is in effect to prevent overmedicating.*
- *I agree to supply medication for my student in its original packaging (**small bottles only, please**).*
- *I affirm that my child has taken this medicine at least two times in the past without any adverse side effects.*
- *I understand that the medicine will be destroyed unless picked up by the end of the last student school day of this year. Medicines will not be kept by the school over the summer break per DEA regulations.*

Parent/Guardian Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Date Signed: \_\_\_\_\_ Phone number: \_\_\_\_\_

Nurse's Signature: \_\_\_\_\_

## Request for Administering Prescribed Medications by School Personnel

STUDENT NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

GRADE: \_\_\_\_\_ TEACHER: \_\_\_\_\_

NAME OF MEDICATION: \_\_\_\_\_ EXP. DATE: \_\_\_\_\_

DOSAGE: \_\_\_\_\_ TIMES TO BE GIVEN (SCHOOL HOURS): \_\_\_\_\_

REASON FOR MEDICATION: \_\_\_\_\_ QUANTITY GIVEN TO SCHOOL: \_\_\_\_\_

DURATION OF THERAPY (CIRCLE): 2020/2021 SCHOOL YEAR    5    7    10    OR    30 DAYS FROM FORM DATE

OTHER DURATION- START DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_

1. Written authorization is required to **discontinue** prescription medication.
2. Prescription inhalant medication may be carried by the student ONLY if directed in writing by the Physician and Parent. (Complete form for Asthma Inhalers at School.)
3. Medication will be dispensed during school hour only.
4. CONTROLLED SUBSTANCES MAY ONLY BE RECEIVED BY A SCHOOL NURSE OR DESIGNATED PERSONELL.

Parent Consent: I consent to and authorize the health care provider to disclose health information to the school, and for the school to disclose the above information to those within the school district who have a need to know for legitimate educational purposes.

I understand that medications are to be dispensed during school hours only.

PARENT/LEGAL GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Home/Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

**NOTE:** PLEASE INDICATE BELOW YOUR PREFERENCE FOR DISPOSITON OF ANY UN-USED PORTION OF YOU CHILD'S MEDICATION.

\_\_\_\_\_ Parent will pick up medication (PARENT MUST PICK UP CONTROLLED SUBSTANCE)

\_\_\_\_\_ Send medication home with student

### OFFICE USE

Date Medication Received: \_\_\_\_\_ Quantity Received: \_\_\_\_\_ Received by: \_\_\_\_\_

Refill Date: \_\_\_\_\_ Quantity: \_\_\_\_\_ Received by: \_\_\_\_\_ From: \_\_\_\_\_

Refill Date: \_\_\_\_\_ Quantity: \_\_\_\_\_ Received by: \_\_\_\_\_ From: \_\_\_\_\_

Refill Date: \_\_\_\_\_ Quantity: \_\_\_\_\_ Received by: \_\_\_\_\_ From: \_\_\_\_\_

Refill Date: \_\_\_\_\_ Quantity: \_\_\_\_\_ Received by: \_\_\_\_\_ From: \_\_\_\_\_

### **Boys Uniform Guidelines**

- Short or long sleeve polo with logo K-6: white or light blue
- Uniform pants or shorts K-4: Navy with belt loops, worn at the waist, touching top of shoe but not dragging on floor; shorts should just be at the knee, not too tight or too loose
- Navy sweater K-6: v-neck pullover or cardigan with logo
- Navy quarter-zip sweatshirt with logo K-8
- Belt - solid black, brown, or navy belt - at least 3/4" wide and no fabric or woven belts

### **Girls Uniform Guidelines**

- Short or long sleeve polo with logo K-6: white or light blue
- Uniform pants or shorts\* K-4: Navy with belt loops worn at the waist, touching the shoe but not dragging - not too tight or loose
- Belt - solid black, brown, or navy belt - at least 3/4" wide and no fabric or woven belts
- Skirts or skorts K-4: plaid skort - worn at top of knee with solid black or navy modesty shorts
- Navy sweater K-6: v-neck pullover or cardigan with logo
- Navy quarter-zip sweatshirt with logo .

### **Shoes**

K-6 students - Keds School Days shoes (white and Navy blue) or any all-white or all-black athletic shoe (no hightops). Shoes may have laces (to be tied at all times) or Velcro closures. Slip-on and Mary Jane style shoes are not acceptable.

### **Socks**

Solid white, black, or Navy socks and free of logos. Socks must be visible. No no-show socks

### **Tights/stockings/knee socks/fold-over socks**

Solid white or Navy and free of logos and designs. No leggings.

### **Hair**

Neatly combed or styled. Natural looking in its color (no bleaching or unnatural streaking/highlighting, no artificial jet-black coloring, and no unnatural colors), and simple in its cut. Radical changes in hair color are not permitted during the school year. Girls may wear neat bows, barrettes, headbands, and hair ties so long as they coordinate with

the uniform. Boys' hair must be above the top of the shirt collar. Accommodations for religious reasons are permitted.

### **Jewelry**

K-6: Girls may wear one pair of small studded earrings on the ear lobes. No loops or dangling earrings are permitted. Boys may not wear earrings. No other body piercings are permitted. Boys and girls are permitted to wear one watch; smart watches (or any WiFi or Bluetooth enabled device—e.g., Fit Bit) are not permitted. Bracelets, rings, and necklaces are not permitted unless for religious reasons.

### **Grooming**

Hair and nails should be clean and trimmed. Hands and face should be clean. No tattoos, temporary or permanent, are permitted. This prohibition includes pen and ink drawings on the skin. Perfume is not permitted; when appropriate, deodorant may be worn.

### **Makeup and Nail Polish**

Students in grades K-6 may not wear makeup or colored nail polish.

### **Outerwear**

Inside the academic building - Official school sweaters as described in the uniform guidelines are the only outerwear allowed to be worn in the school building. The uniform sweaters, vest, and quarter-zip sweatshirt may be worn year-round throughout the school day.

Outside the academic building - Jackets and sweatshirts (including spirit jackets/hoodies with the GHLO logo) may be worn during recess and outdoor transitions for warmth, but must be free of logos and messages, with the following exceptions: small sports team logos (e.g., Owls, Spurs) and small brand name logos (e.g. the Ralph Lauren "polo"), provided they do not detract from the Academy culture. All jackets and sweatshirts must be solid-colored and free of eye-catching/oversized logos of any kind. Hats and sunglasses may only be worn at recess. All outerwear, including hats and sunglasses, must remain in the lockers, backpacks, or cubbies when not in use.

# VACCINATION REQUIREMENTS:

- **PLEASE MAKE SURE ALL VACCINATIONS ARE UP TO DATE!!**

*If not up to date, you will be notified by the school nurse of what is needed. To ensure your child may remain in school, these must be current! It is a STATE LAW.*

- **SEE FORM FOR STATE OF TEXAS MINIMUM REQUIREMENTS**

- **ALL VACCINATIONS –FROM BIRTH—ARE NEEDED**

- **TO ENTER KINDERGARTEN AND 7<sup>TH</sup> GRADE, NEW VACCINATIONS ARE NECESSARY**

- **EXEMPTION FORMS MUST BE UP TO DATE (IF APPLICABLE) WITH ORIGINAL BROUGHT TO SCHOOL FOR RECORDS**

