

OPEN HOUSE / ORIENTATION SCHEDULE

Hello TCS families! We hope you have had a wonderful summer. We have been busy getting ready for another great school year. We look forward to seeing everyone soon! Please mark the important date below on your calendar. Also, please see our summer packet attachment. Thanks and have a great day.

MONDAY AUGUST 23, 2021

• New Student Orientation (K4 – 12th Grade) 6:00 P.M.

New TCS students + 6th Graders moving to MS/HS Building

Location: K4 – 5th Grade LBT Auditorium
 6th – 12th Grade MS/HS Cafeteria

• Returning Middle School & High School Students (6th – 12th Grade)

Schedule & Computer Pick-Up

10:00 A.M. - 2:00 P.M.

or

6:30 P.M. - 8:00 P.M.

We would like to see as many students as possible pick up their schedules and computers during the day so that we can avoid a large crowd in the evening

• Elementary Open House (K4-5th Grade) 6:30 P.M.

(Meet the Teacher in Classroom and Drop off Supplies)

Summer Packet Checklist

All forms listed below must be turned into the elementary office before school starts! You may bring them to Open House on August, 23, 2021.

RETURNING STUDENTS

- 1. Technology Agreement/Release
- 2. Emergency Medical
- 3. Health History
- 4. Contact Information Update
- 5. Health Care Plan (if applicable)

NEW STUDENTS

- 1. Permission to Photograph
- 2. Technology Agreement/Release
- 3. Immunization Records
- 4. Physical
- 5. Emergency Medical
- 6. Health History
- 7. Health Care Plan (if applicable)
- 8. Parent Roster Information (K4 only)

ADDITIONAL IMMUNIZATION REQUIREMENTS

K5: Immunization Records must include Kindergarten immunizations

7th: Immunization Records must include Meningococcal vaccine and Tdap vaccine

12th: Immunization Records must include Meningococcal vaccine

If your child will be riding the bus from your residential school district, please contact Amy Link in the elementary office.

Temple Christian School Acceptable Use Policy Parent/Student Technology Agreement of Terms Summary

The following items are prohibited. TCS staff and administration will handle discipline accordingly. This summary of computer/technology policies should be noted before signing the computer agreement policy. The full Computer Usage Policy can be found on our website at <https://www.tcspioneers.org/documents-forms/>.

1. Sharing passwords, using other student's computers or using email for personal use (i.e. to pass notes, non school related materials).
2. Using computers and/or emails to access inappropriate material.
3. There is no expectation of privacy in the use of school computers regarding files, emails, Internet access, etc.
4. TCS does not provide home monitoring of computers and it is the sole responsibility of the legal parent/guardian to monitor student computer use outside of school use.
5. Playing games and/or visiting social media sites during school hours..
6. Mass emails are prohibited unless they are necessary for schoolwork projects and/or directly related to accomplishing school related work.
7. The use of email during class time (unless directed by a teacher).
8. Modifying the computer software or hardware for other uses other than its intended use.
9. There should be no access to chat rooms or social media sites during school hours.
10. Hacking activities of any kind are strictly prohibited.
11. Students should never loan their computer to another student. The owner is always responsible for his/her computer at all times.
12. Computers should never be left unattended in a dangerous area.
13. The student (student's family) is responsible for loss or damage to the student's computer up to \$300 for the school year. Please note that natural wear and tear will be taken into account.
14. Students are issued chargers for their computer. If the charger is not returned at the end of the school year upon collection of equipment, there will be a \$35 replacement fee billed to the family.

Students in grades K-5 are not required to sign this agreement.

Printed Name of Student/User

Signature of Student/User

Date

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date

Temple Christian School Technology Agreement and Release

TCS cannot provide any guarantee that the Internet content filtering system and other security and network resources will be without error. TCS is not responsible for any damage you may suffer including but not limited to loss of data, interruption of service, or exposure to inappropriate material or people. The school is not responsible for any financial commitments arising through the use of the school Internet.

I have read and understand Temple Christian School's Acceptable Use Policy and Laptop Policies and Procedures. In addition, I have read and understand the TCS Technology Agreement Form and agree to follow the rules as stated. I understand that any violation of this agreement will result in legal action and/or disciplinary action which may include restriction and/or termination of my use of the schools laptop computers, equipment, and/or accessories.

Students in grades K-5 are not required to sign this agreement.

Printed Name of Student/User

Signature of Student/User

Date

I have read and understand Temple Christian School's Acceptable Use Policy and Laptop Policies and Procedures. In addition, I have read and understand the TCS Technology Agreement Form. I understand I can be held liable for my student's misuse of the laptop and use of the school Internet system and network system. I give my student permission to use the school assigned laptop, school Internet system and network system. I understand this permission allows students to access information through the Internet, student information systems, web-based programs, e-mail communications and other educationally relevant electronic activities.

I understand that I am responsible for paying up to \$300 towards replacement for loss, damage, or repair for my child's laptop, computing device, or power cord which may have occurred at school or home, or while it was being transported. Your financial responsibility would not exceed \$300 per incident. This does not include normal wear and tear on the devices.

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date

In consideration for the privilege of using the school's electronic communications system and in consideration for having access to the public networks, I hereby release and agree to hold harmless TCS, its operators, and any institutions with which they are affiliated from any and all claims and damages of any nature arising from my use of, or inability to use, any of the school's systems or network as well as any personally owned equipment, including, without limitation, the type of damages identified in the school's Acceptable Use Policy.

Printed Name of Student/User

Signature of Student/User

Date

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date

Grade to enter: _____

Emergency Medical Authorization

_____ Student Name _____
School district (where you currently live.) _____
Address _____
Student's Social Security Number _____
Telephone _____

Purpose- To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached.

Residential Parent or Guardian

Mother's name _____ Daytime phone _____
Father's name _____ Daytime phone _____
Other's name _____ Daytime phone _____

Emergency Contact Information

Name of relative or childcare provider _____
Relationship _____ Phone _____
Relationship _____ Phone _____

PART I OR II MUST BE COMPLETED

PART I- TO GRANT CONSENT

I hereby give consent for the following medical care providers and local hospital to be called:

Doctor _____ Address _____ Phone _____
Dentist _____ Address _____ Phone _____
Medical Specialist _____ Address _____ Phone _____
Local Hospital _____ Address _____ Emergency Room Phone _____

In the event reasonable attempts to contact me have been unsuccessful I hereby give my consent for (1) The administration of any treatment deemed necessary by above-named doctor, or, in the event the designated preferred practitioner is unavailable, by another licensed physician or dentist; and (2) The transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two licensed physicians or dentist, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted include:

Date _____ Signature of Parent/Guardian _____

In addition to the parent/guardian, my child may be released to the following person(s). You are responsible for notifying the school office immediately should someone listed below no longer be permitted to pick up your child.

	Name	Address	Phone	Relationship
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

PART II-REFUSAL TO CONSENT

I do not give my consent for emergency medical treatment of my child in the event of illness or injury requiring emergency treatment. I wish the school authorities to take the following action.

Date _____ Signature of Parent/Guardian _____

Ohio Department of Health • School and Adolescent Health Health History

Student's name	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth / /
----------------	--	---------------------------

Family Health History Please list allergies, heart problems, diabetes, cancer or other serious health conditions.

Father
Mother
Brothers and Sisters

Birth and Developmental History No unusual birth or developmental history

Did the mother have any unusual physical or emotional illness during this pregnancy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was infant born full term? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did the infant have any sickness or problems? <input type="checkbox"/> Yes <input type="checkbox"/> No
Briefly explain illness or problems. _____	
How does the child's development compare to other children, such as his or her brothers/sisters or playmates? <input type="checkbox"/> About the same <input type="checkbox"/> Delayed <input type="checkbox"/> Advanced	

Student Health Conditions

<input type="checkbox"/> YES , my child receives regular medical/health care for the following conditions:		<input type="checkbox"/> NO medical conditions
<input type="checkbox"/> Allergies	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Seizure disorder
<input type="checkbox"/> Asthma	<input type="checkbox"/> Depression	<input type="checkbox"/> Sickle cell anemia
<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Ear problem/hearing difficulty	<input type="checkbox"/> Skin conditions
<input type="checkbox"/> Autism	<input type="checkbox"/> Emotional concerns	<input type="checkbox"/> Speech problems
<input type="checkbox"/> Behavior concerns	<input type="checkbox"/> Headaches	<input type="checkbox"/> Traumatic brain injury
<input type="checkbox"/> Birth/congenital malformations	<input type="checkbox"/> Heart problems	<input type="checkbox"/> Vision problems (glasses, contacts)
<input type="checkbox"/> Bone/muscle/joint problems	<input type="checkbox"/> Hemophilia	<input type="checkbox"/> Other _____
<input type="checkbox"/> Blood problems	<input type="checkbox"/> Juvenile arthritis	<input type="checkbox"/> Other _____
<input type="checkbox"/> Bowel/bladder problems	<input type="checkbox"/> Lead poisoning	<input type="checkbox"/> Other _____
<input type="checkbox"/> Cancer	<input type="checkbox"/> Migraines	<input type="checkbox"/> Other _____
<input type="checkbox"/> Cystic fibrosis	<input type="checkbox"/> Neuromuscular disorder	<input type="checkbox"/> Other _____

Please explain any conditions above or any reasons for hospitalizations.

Please indicate any allergies your child may have.

Allergy type	Reaction	School restrictions or recommended actions
<input type="checkbox"/> Bee/insect		
<input type="checkbox"/> Food		
<input type="checkbox"/> Medication		
<input type="checkbox"/> Other		

Health History continued

Please list any prescription and over the counter medication that your child takes on a regular basis.

Medication and dose	Time	Reason

Do any health and/or medical conditions require school restrictions, modifications, and/or intervention?

Yes No If YES, please explain.

Does the student require any special procedures and/or treatments for their health condition(s)?

Yes No If YES, please explain.

Please indicate any other information about your child's health or development that you think would be helpful for the school to know.

Form completed by	Relationship to student	Date / /
-------------------	-------------------------	----------

CONTACT INFORMATION UPDATE

To maintain better communication between our staff and parents and to make certain our records are current, please complete the form below with current address, phone numbers, and email addresses. Please indicate the cell phone number(s) that you want to receive Parent Alert text messages.

Date: _____

Student: _____ Grade: _____

Cell Phone: _____ Text Alerts? YES NO

Student: _____ Grade: _____

Cell Phone: _____ Text Alerts? YES NO

Student: _____ Grade: _____

Cell Phone: _____ Text Alerts? YES NO

Student: _____ Grade: _____

Cell Phone: _____ Text Alerts? YES NO

Student: _____ Grade: _____

Cell Phone: _____ Text Alerts? YES NO

Family Contact Information:

Parents: _____

Address: _____

Home Phone: _____

Mother's Contact Information:

Cell Phone: _____ Text Alerts? YES NO

Personal Email: _____

Employer: _____

Work Phone: _____

Work Email: _____

Father's Contact Information:

Cell Phone: _____ Text Alerts? YES NO

Personal Email: _____

Employer: _____

Work Phone: _____

Work Email: _____

Church Contact Information:

Church: _____

Church Address: _____

Pastor's Name: _____

Youth Pastor's Name: _____

Transportation:

Bus Route Requested (circle one):

None

Elida

Lima City

Shawnee

Bath

Spencerville



Dear Parents:

Below is a permission slip to allow photographs and videos to be used of your student on our website, in brochures, presentations and other school related activities. Please return the permission slip with your students name and your signature.

Temple Christian School

I give my permission for photographs and/or videos to be taken of

_____ while participating in school programs
(Student's Name)

and/or activities. I understand that these photographs and/or videos may be used for our website, brochures, presentations to parents and other interested groups, and for public relations purposes.

(Date)

(Parent/Guardian Signature)

This permission slip will remain in effect as long as your child is enrolled in Temple Christian School or Little Pioneer Early Learning School unless permission is withdrawn in writing.

Ohio Department of Health • School and Adolescent Health

Physical Examination

Student's name		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of birth / /	
Height	Weight	BMI percentile		BP	

Screening Tests

Vision	Hearing	Postural
Date performed / /	Date performed / /	Date performed / /
Distance Acuity <input type="checkbox"/> R <input type="checkbox"/> L Muscle Balance <input type="checkbox"/> Pass <input type="checkbox"/> Fail Stereopsis <input type="checkbox"/> Pass <input type="checkbox"/> Fail Color <input type="checkbox"/> Pass <input type="checkbox"/> Fail Child wears glasses? <input type="checkbox"/> Yes <input type="checkbox"/> No Tested with glasses? <input type="checkbox"/> Yes <input type="checkbox"/> No Referral made? <input type="checkbox"/> Yes <input type="checkbox"/> No	Pure Tone Right ear <input type="checkbox"/> Pass <input type="checkbox"/> Fail Left ear <input type="checkbox"/> Pass <input type="checkbox"/> Fail Child wears hearing aid? <input type="checkbox"/> Yes <input type="checkbox"/> No Child under the care of a hearing specialist <input type="checkbox"/> Yes <input type="checkbox"/> No Referral made? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No abnormality noted <input type="checkbox"/> Screening not done <input type="checkbox"/> Referral made Comments _____ _____ _____

Speech/Language

Lead Poisoning

Speech assessment completed <input type="checkbox"/> Yes <input type="checkbox"/> No Child has no discernible speech problem <input type="checkbox"/> Yes <input type="checkbox"/> No Speech evaluation recommended <input type="checkbox"/> Yes <input type="checkbox"/> No Child has possible problem with _____	<input type="checkbox"/> Date _____ Type <input type="checkbox"/> C <input type="checkbox"/> V Results _____ µg/dL <input type="checkbox"/> Date _____ Type <input type="checkbox"/> C <input type="checkbox"/> V Results _____ µg/dL Tuberculin Test Date _____ Type _____ Results _____
---	---

Health History (Serious or chronic illnesses/injuries/surgeries)

Physical Examination Date of most recent examination / /

Essentially normal Abnormalities as follows

Is this child able to participate fully in:
 Classroom and academic activities Yes No Physical education classes Yes No
 Competition athletics Yes No Contact and collision sports Yes No

If limitations are advised, please specify

Does this child have any physical, developmental or behavioral issues that may affect his/her educational process?

HealthCare Provider's signature	Print name	Phone ()
Address		Date / /
City	State	ZIP

K4 only

PARENT ROSTER INFORMATION

____ YES, please add me to the Parent Roster. By completing this information I am giving Little Pioneer ELS permission to give out my personal information to other parents who may be interested in contacting me.

*Complete only the information you want released. All other information will remain private.

____ NO, I do not want my personal information given out. Print name only and circle NO. We will not give out any of your personal information.

PARENTS NAME: _____

CHILDS NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

EMAIL: _____

COMMENTS: _____

PARENTS SIGNATURE: _____ DATE: _____

TCS Back-to-School COVID Protocols (2021-22)

As we head into the beginning of a new school year, we know there is still some uncertainty regarding the impact of Covid-19. Temple Christian School will have the following protocols for the 2021-22 school year, but this could change with mandates ordered from the Governor, Ohio Department of Health and/or Allen County Public Health. Flexibility will be key as we begin yet another year. We will keep parents aware of any changes if they occur.

Mask Protocol

There will be no mask mandates at Temple Christian School during the 2021-2022 school year for staff or students. Mask wearing will be optional for staff and students within the buildings. TCS students who ride the bus will be required by local school districts to wear masks on the bus.

Cleaning Protocol

Temple will continue to help minimize the spread of the flu and COVID-19. We will continue to provide additional cleaning and disinfection throughout the school year.

Health Checks

Please do not send your child to school if they have a fever of 100.5 or above or have symptoms of COVID. While we understand the importance of attending school, you as parents and guardians are the first line of defense. We will not be conducting temperature checks in the mornings.

COVID-19 Vaccine

Temple has no plans to require any staff member or student to receive the vaccine as a requirement to attend school. We believe receiving the vaccine is a personal decision of staff members and parents of children. We will remain neutral on the topic of a COVID-19 vaccine.

Quarantine/Contact Tracing

If a student contracts COVID-19, they must be isolated until the health department gives the all clear to return to school. Contact-tracing and reporting of positive cases will continue per ODH guidelines. Our school nurse will once again work with the health department in determining situations for isolation and/or quarantine.

Hours of Operation

Temple plans to have school 5 days a week.

Athletics and Extracurricular Activities

Temple plans to operate all athletics and extracurriculars without restrictions.

Transportation News

2021-2022

One benefit of being a chartered, non-public school is the opportunity it gives many of our families to request transportation from their respective local school districts. The basic rule is that your local school building must be within a 30-minute bus drive from Temple Christian School in order for your family to qualify for transportation or an “in lieu of” reimbursement fee. The three local school districts that are currently transporting our students are Elida, Shawnee and Lima City Schools. The other districts that are within the 30-minute guideline have chosen to pay our families the reimbursement fee instead of providing actual transportation.

Transportation is available for students in Kindergarten (K5) through 12th for most districts. **Shawnee is the only district that will transport K4 students. Lima City Schools transports K5 – 8th grade students only.** Please contact the elementary office if you choose to take advantage of your local district’s bus option.

Here are some important specifics to consider:

1. Districts have the choice of providing transportation or paying an “in lieu of” reimbursement fee to each family that qualifies for transportation. In other words, districts that do not have very many TCS students will probably choose not to transport our students. They will choose to reimburse the families in their district at the end of the school year with whatever money is designated by the state. Families will need to fill out an application in order to receive reimbursement. This application would have to be filled out at the beginning of the school year.
2. In order to qualify, a family’s school district must be within a 30-minute bus drive to TCS. If there is any doubt, the district will probably drive a bus from the public school building to TCS to see if the family qualifies.
3. Each district’s decisions and policies may vary from one year to the next.
4. TCS students may share their bus with students from other schools.
5. The amount of time our students spend on the bus will vary greatly. Some students may have to be picked up very early and ride for a long time. Please ask your local school district what to expect.

6. TCS students may be transported from their homes to another school before being transported to TCS.
7. Riding the bus is not mandatory. Obviously, you may choose to drive your child to school.
8. If a district decides to transport our students, you may not request an "in lieu of" reimbursement.
9. In the event of a delay or cancellation, buses will follow the decision of their district, not ours. For example, if Lima City Schools close and we do not, their buses will **NOT** transport our students that day.
10. Please remember that this is a tremendous opportunity to demonstrate a positive Christian testimony to the various districts that transport our students. We want them to see our students, families and school in a positive light at all times.

Hopefully this information has been helpful in making you aware of the transportation options available to you.

Temple Christian School 2021-2022

August

- 9 OHSAA JH/HS Fall Sports Mandatory Meeting 6:00 pm (*Chapel Room*)
- 19 Faculty and Staff Orientation 8:30-3:30
- 23 Elementary New Student Orientation 6:00 (*Elementary Building*)
Elementary Open House 6:30
- 23 MS/HS Schedules/Computers 10:00-2:00 or 6:30-7:30
MS/HS New Student Orientation 6:00 (*TCS Cafeteria*)
- 30 1st Day of School

September

- 6 Labor Day – No School
- 8 Witness Wear
- 22 Witness Wear
- 22 “See You at the Pole” - 7:30am at TCS Flag Pole
- 23 Faculty Development 1:00 Dismissal
- 24 1st Quarter Midterm
- 28 1st Quarter Midterm Reports Sent Home

October

- 1-2 Homecoming 2021
- 6 Witness Wear
- 7 School Picture Day
- 11 No School - Columbus Day
- 15 Elementary Parents at Lunch
- 20 Witness Wear
- 26 Fall Band/Choir Concert Grades 5-12 – 7:00pm (*LBT Sanctuary*)
- 28 Faculty Development 1:00 Dismissal
- 28 National Honor Society Induction Banquet (*LBT Fellowship Hall*)
- 29 End of 1st Quarter

November

- 3 Witness Wear
- 4 High School Fall Sports Banquet 6:00pm (*TCS Cafeteria*)
- 5 1st Quarter Grade Cards Sent Home
- 9 OHSAA JH/HS Winter Sports Mandatory Meeting 6:00pm (*TCS Cafeteria*)
- 11 Veteran’s Day Program 2:00pm (*LBT Sanctuary*)
- 17 Witness Wear
- 18 School Picture Retakes
- 19 Elementary Thanksgiving Celebration
- 22 1:00 Dismissal for Parent/Teacher Conferences
- 22 Parent/Teacher Conferences 1:30-8:00 pm

November 23rd - November 26th – Thanksgiving Break – No School

- 29 School Resumes

December

- 1 Witness Wear
- 3 2nd Quarter Midterm
- 7 2nd Quarter Midterm Reports Sent Home
- 7 Elementary Christmas Program 6:30pm (*LBT Sanctuary*)
- 15 Witness Wear
- 16 MS/HS Christmas Music Concert 7:00pm (*LBT Sanctuary*)
- 17 1:00 Early Dismissal - Christmas Break Begins

December 20th - December 31st – Christmas Break – No School

January

- 3 School Resumes
- 5 Witness Wear
- 13 Faculty Development 1:00 Dismissal
- 17 MLK Jr. Day - No School
- 19 Witness Wear
- 21 End of 2nd Quarter
- 28 2nd Quarter Grade Cards Sent Home
- 31 MS/HS College Credit Plus Meeting 6:30pm (*TCS Cafeteria*)

February

- 1 TCS Ed-Choice Application Renewals Begin
- 1 TCS Re-Enrollment Begins
- 2 Witness Wear
- 4 Elementary Grandparents at Lunch
- 10 Faculty Development 1:00 Dismissal
- 16 Witness Wear
- 18 3rd Quarter Midterm
- 21 Presidents Day – No School
- 22 3rd Quarter Midterm Reports Sent Home
- 28 OHSAA JH/HS Spring Sports Mandatory Meeting 6:00pm (*TCS Cafeteria*)
- 28 Elementary Reading Month Kickoff

March

- 2 Witness Wear
- 1-4 Elementary Book Fair
- 3 Grandparents Day – Program 1:30pm
- 8 High School Winter Sports Banquet 6:00pm (*TCS Cafeteria*)
- 14 ODE Testing Window (*Through May 6th*)
- 16 Witness Wear
- 17 Faculty Development 1:00 Dismissal
- 24 Spring Picture Day
- 25 End of 3rd Quarter

April

- 1 3rd Quarter Grade Cards Sent Home
- 6 Witness Wear
- 12 1:00 Early Dismissal - Easter Break Begins

April 13th - April 18th – Easter Break – No School

- 19 School Resumes
- 20 Witness Wear
- 22 Faculty Development 1:00 Dismissal
- 22 Junior / Senior Banquet
- 25-29 K-8 Achievement Testing Week
- 29 4th Quarter Midterm

May

- 3 4th Quarter Midterm Reports Sent Home
- 3 Spring Band/Choir Concert Grades 5-12 - 7:00pm (*LBT Sanctuary*)
- 4 Witness Wear
- 5 National Day of Prayer
- 6 Teacher's Appreciation Breakfast – 8:00 am; School Begins at 10:00am
- 6 ODE Testing Window closes
- 12 Faculty Development 1:00 Dismissal
- 16-20 Senior Exams
- 18 Witness Wear
- 22-25 Senior Trip 2022
- 24 Kindergarten Graduation
- 25 K4 – 5th Grade Field Day
- 25 Middle School Awards Assembly 2:15pm
- 26 High School Awards Assembly 1:30pm
- 26-27 MS/HS Final Exams 1:00 Dismissal
- 27 Elementary Awards Ceremony – K4 – 5th grade - 12:00pm (*LBT Sanctuary*)
- 27 End of 4th Quarter – Last Day of School 1:00 Dismissal
- 27 H.S. Graduation – 7:00pm (*LBT Sanctuary*)
- 28 TCS 9th Annual Golf Outing - Hidden Creek Golf Club – 9:00am
- 30 Memorial Day – School Closed
- 31 Faculty In-Service

Make up Days (if needed)

February 21, April 13, April 14, April 15, April 18

*Updated 03/10/21

TCS Middle School and High School Supply List 2021-2022

SPECIFIC CLASSES

Spanish 1 & 2	1 1/2" 3-ring binder notebook paper
Applied Math	notebook paper calculator
Pre- Algebra	notebook paper graph paper calculator
Algebra 1	1" binder TI-84 or TI-84 Plus CE calculator (strongly recommended) red pens notebook paper graph paper
Algebra 2	1" binder TI-84 or TI-84 Plus CE calculator red pens notebook paper or spiral notebook graph paper folder
Statistics	TI-84 or TI-84 Plus CE calculator notebook paper colored pencils red pens

Pre-Calculus	1" binder TI-84 or TI-84 Plus CE calculator red pens notebook paper graph paper Post-it notes
Geometry	1" binder TI-84 or TI-84 Plus CE calculator red pens notebook paper graph paper folder 3x5 notecards
Biology	notebook paper
Physical/Environmental Science	notebook paper
Chemistry	scientific calculator (TI 30x or better) notebook paper
Physics	scientific calculator (TI 30x or better) notebook paper
Health	notebook paper
Current Issues/Psychology	N/A

<p>Band</p>	<p>instrument reeds (as needed- Woodwinds only) Valve and Slide Oil (Brass only) <i>*A limited number of reeds will be available for purchase at school</i></p>	
<p>Band Concert Attire 9th-12th Grade</p>	<p>Girls plain black top with sleeves and modest neckline black pants or skirt (must touch knee when seated) black dress shoes (sandals ok in season)</p>	<p>Boys plain black shirt (tie optional) black pants black socks black dress shoes</p>
<p>Band & Choir Attire 6th- 8th Grade</p>	<p>Girls plain white top with sleeves and modest neckline black pants or skirt (must touch knee when seated) black dress shoes (sandals ok in season)</p>	<p>Boys plain white shirt (tie optional) black pants black socks black dress shoes</p>
<p>High School Choir</p>	<p>Girls black dress (provided by school) black dress shoes <i>*May wear dress/skirt and dress shoes under choir robe as specified by teacher.</i></p>	<p>Boys plain black shirt with long tie or with bowtie & vest (provided by school) black pants with black belt black socks black dress shoes <i>*May wear white dress shirt with long tie, dark dress pants, dark socks and dress shoes under choir robe as specified by teacher.</i></p>

TCS Elementary School Supply List 2021-2022

	K-4	K-5	1st Grade	2nd Grade	3rd Grade	4th Grade	5th Grade
<i>* Please mark with child's name</i>							
Bible (Family Choice)*	X Picture Bible OK	X Picture Bible OK	X Not A Picture Bible	X Not A Picture Bible	X Not A Picture Bible	X Not A Picture Bible	X Not A Picture Bible
Backpack*	X	X	X	X	X	X	X
Blanket*	X						
Coloring Book*	X	X 2 count	X (Or Doodle Pad)	X			
Crayola Crayons - 24 count*	X	X	X 2 boxes	X 2 boxes	X	X	X
Crayola Markers*	X 10 count; primary colors	X 8 count	X	X	X	X	X
Glue Sticks*	X 2 count	X 2 count	X 6 count	X 4 count	X 2 count	white Elmer's glue	X 2 count
Colored Pencils	X		X	X	X	X	X
Crayola Watercolors*	X	X	X	X			
Paint Shirt*	X	X					
Scissors*	X safety scissors	X safety scissors	X safety scissors	X safety scissors	X pointed scissors	X pointed scissors	X pointed scissors
Tissues - Large Box	X 2 boxes	X	X 2 boxes	X 2 boxes	X	X	X 2 boxes
Paper towels	X 2 rolls	X boys only - 1 roll	X boys only - 1 roll	X boys only - 1 roll	X boys only - 1 roll	X boys only - 1 roll	X boys only - 1 roll
Baby Wipes	X 2 packages	X 3 packages	X 2 packages	X	X girls only - 1 package	X girls only - 1 package	
Chlorox/Lysol Wipes	X 2 count	X 2 count	X	X girls only - 1 package	X girls only - 1 package	X girls only - 1 package	X* girls only - 1 package
Lysol Spray						X boys only	X boys only
#2 Pencils	X 2 count	X 2 count	X 8 count	X 1 box	X 2 count	X 1 box	X
Chubby/Fat Pencil		X					
1 Box of Plastic Spoons	X	X girls only - 1 box	X girls only - 1 box	X			
Ziploc Bags	X boys- 1 box gallon size girls - 1 box sandwich size	X 1 box - quart size	X 1 box - quart size	X 1 box - gallon size			X girls only - 1 box, quart size
1 White 3-Ring Binder*			X 1 with clear front				
Folder (s)*			X 1 blue plastic 1 pocket folder, any color	X 1 red 1 green 1 yellow 1 any color	X 4 any color, plastic 2 pocket	X 3 any color, 2 pocket	X 3 any color, 2 pocket

Spiral Notebook						X 3 notebooks, 100 count package, wide rule	X 4 notebooks, wide rule	X 4 notebooks, wide rule
Lined Notebook Paper						X 1 package, wide rule	X 1 package, wide rule	X 1 package, wide rule
School Supply Box (not a shoe box)*						X		
Dry Erase Markers				X		X 2 packages any color	X 4 count any color	X 2 count any color
Hand Sanitizer				X		X		
Ear Buds w/ Case*				X		X	X	X
Ruler*				X		X	X	X
Eraser				X		X 2 count, Pink Pearl brand	X 2 count, Pink Pearl brand	X 1 large, Pink Pearl brand
Black Composition Book (wide ruled, full page)				X				X
Rectangular Plastic Tub (no lid) 12.5 x 14.5 x 5.5						X	X	X
USB Connected Mouse & Mouse Pad						X		
Highlighters								
Pens							X	X 2 count
Pencil Box or Bag							X	X 1 blue or black & 1 red

5th Grade Band

pencil

Standard of Excellence: Book 1 (instrument specific)

instrument (provided by family or school)

reeds & mouthpieces as needed

valve and slide oil for Brass & Percussion

***A limited variety of reeds will be available for purchase at school**

GIRLS

plain white top with sleeves & modest neckline

black pants or skirt (*skirt must touch the knee when seated*)

black dress shoes (*sandals in season*)

BOYS

plain white shirt (*necktie optional*)

black pants

black shoes

black socks