



# Royal Information Guide

## IMPORTANT THINGS TO KNOW

**\*Edmodo**



STUDENT APP



PARENT APP

APP AVAILABLE FOR IPHONE AND ANDROID USERS.

USED FOR:

- SCHOOL COMMUNICATIONS
- CLASSROOM MESSAGES
- STUDENT ONLINE ASSIGNMENTS

**\*School Dismissal Manager**



APP AVAILABLE FOR IPHONE AND ANDROID USERS.

ALL TRANSPORTATION CHANGES MUST BE MADE THROUGH SCHOOL DISMISSAL MANAGER TO ENSURE THE SAFETY OF OUR SCHOLARS.

USED FOR:

- TRANSPORTATION COMMUNICATIONS
- TRANSPORTATION CHANGES
- CAR RIDER PICKUP LINE
- BUS RIDER NOTIFICATIONS

\*THESE ARE THE PLATFORMS WE USE THROUGHOUT THE YEAR. WE WILL SEND AN EMAIL NOTIFICATION ABOUT ACTIVATION AS WE GET CLOSER TO THE BEGINNING OF SCHOOL.

**SchoolMint**

COMMUNICATION IS A PRIORITY AT THE POINT. WE OFTEN SEND OUT REPORT CARDS, PROGRESS REPORTS AND OTHER IMPORTANT INFORMATION THROUGH EMAIL, TEXT MESSAGE AND/OR MAIL.

IF THERE HAVE BEEN ANY CHANGES TO YOUR CONTACT INFORMATION (IE, ADDRESS, EMAIL, PHONE NUMBER ETC.) PLEASE LOG IN TO [WWW.THEPOINT.SCHOOLMINT.NET](http://WWW.THEPOINT.SCHOOLMINT.NET) TO UPDATE YOUR INFORMATION.

USED FOR:

- FAMILY CONTACT INFORMATION
- ENROLLMENT
- SCHOOL COMMUNICATIONS



## OFFICE PERSONEL

K - 4TH

MS. JONES - AJONES@THEPOINTCOLLEGEPREP.ORG

5TH - 8TH

MRS. MACE - SMACE@THEPOINTCOLLEGEPREP.ORG

9TH - 12TH

MRS. TILLERY - KTILLERY@THEPOINTCOLLEGEPREP.ORG

HS COUNSELOR

MRS. WADE - DWADE@THEPOINTCOLLEGEPREP.ORG

**TRANSPORTATION:** THE POINT PARTNERS WITH FIRST STUDENT TO PROVIDE CONVENIENT COMMUNITY STOPS. WE DO NOT PROVIDE DOOR-TO-DOOR SERVICE. STUDENTS ARE TO USE THE COMMUNITY STOP CHOSEN BY THEIR PARENTS.

DIRECTOR:

MRS. MONTGOMERY - TMONTGOMERY@THEPOINTCOLLEGEPREP.ORG

ASSISTANT:

MRS. MACE - SMACE@THEPOINTCOLLEGEPREP.ORG

## SCHOOL NUTRITION

DIRECTOR:

MRS. DAVIS- WDAVIS@THEPOINTCOLLEGEPREP.ORG

ASSISTANT:

MS. BLACK- TBLACK@THEPOINTCOLLEGEPREP.ORG

STUDENT EMAIL: \_\_\_\_\_

PASSWORD: \_\_\_\_\_

LUNCH NUMBER: \_\_\_\_\_

BUS: \_\_\_\_\_

BUS STOP LOCATION: \_\_\_\_\_

# Bus Transportation @ The Point



If changes need to be made or if you have any questions, please send an email to [transportation@thepointcollegeprep.org](mailto:transportation@thepointcollegeprep.org)

**\*\*A confirmation of your scholar's bus, bus stop and times will be emailed to you in August.\*\***

**DEADLINE TO RESERVE A SEAT ON THE  
BUS  
WEDNESDAY, JULY 14TH**





## **School Supply List for** **Kindergarten - 2<sup>nd</sup> Grade**

- \_\_\_\_\_ 2 plastic folders with prongs (homework/classwork)
- \_\_\_\_\_ 1 plastic pencil box-(labeled)
- \_\_\_\_\_ 2 dozen #2 pencils (no mechanical pencils)
- \_\_\_\_\_ 1 box of crayons
  
- \_\_\_\_\_ 2 packs of glue sticks
- \_\_\_\_\_ 1 box of colored pencils
- \_\_\_\_\_ 1 pack of large rectangular erasers
- \_\_\_\_\_ 1 pack of dry erase markers
- \_\_\_\_\_ 1 pack of markers
  
- \_\_\_\_\_ 2 composition notebooks (1<sup>st</sup> and 2<sup>nd</sup>)
- \_\_\_\_\_ 2 primary journals (k)

### **Class Wellness Items**

- \_\_\_\_\_ 1 bottle of hand sanitizer
- \_\_\_\_\_ 2 large boxes of tissues
- \_\_\_\_\_ 1 box of Band-Aids
- \_\_\_\_\_ 1 box of Ziploc bags (1 quart size & 1 gallon size)

# 2021-22

## LOWER SCHOOL UNIFORMS (K-5<sup>TH</sup>)

### Monday, Tuesday & Thursday

SHIRT: ORANGE, WHITE, OR NAVY BLUE POLO WITH POINT LOGO

PANTS: KHAKI OR NAVY

SHOES: ORANGE, NAVY OR WHITE CONVERSE, SNEAKERS



### Wednesday

BOYS: WHITE BUTTON DOWN SHIRT, BLUE/GOLD PLAID TIE, BLACK OR NAVY DRESS PANTS AND BLACK DRESS SHOES.

GIRLS: WHITE BLOUSE, BLUE/GOLD CROSSTIE, BLUE/GOLD SKORT OR JUMPER AND BLACK DRESS SHOES.



### Friday

ANY POINT SHIRT

PANTS: JEANS WITHOUT HOLES, OR TEARS

SHOES: ORANGE, NAVY OR WHITE CONVERSE, SNEAKERS.

STUDENTS WITHOUT POINT SHIRTS MUST WEAR MON, TUES, THURS ATTIRE.



# WHERE TO PURCHASE UNIFORMS

**Varsity Patch:** CAN BE PURCHASED THROUGH OUR SCHOOL STORE.

EMBROIDERED POLOS AND SCHOOL T-SHIRTS MAY BE PURCHASED THROUGH OUR  
ONLINE SCHOOL STORE.

YOU MAY ALSO TAKE POLO SHIRTS TO THE FOLLOWING VENDORS TO BE EMBROIDERED:

**GREENSBORO:** CUSTOM CAPS 336-297-4422

**HIGH POINT:** C&R GRAPHICS 336-382-4493

**Varsity Cardigan:** [WWW.VILLIAGEMART.COM](http://WWW.VILLIAGEMART.COM)

**Plaid Uniform Items:** [WWW.FRENCHTOAST.COM](http://WWW.FRENCHTOAST.COM)

ALL OTHER ITEMS CAN BE PURCHASED AT ANY RETAIL STORE.



## NORTH CAROLINA HEALTH ASSESSMENT TRANSMITTAL FORM

This form and the information on this form will be maintained on file in the school attended by the student named herein and is confidential and not a public record.

(Approved by North Carolina Department of Public Instruction and Department of Health and Human Services)

### PARENT to COMPLETE THIS SECTION

**Student Name:**

(Last)

(First)

(Middle)

**Birthdate (M/D/YYYY):**

**School Name:**

**Home Address:**

**City:**

**State:**

**County:**

**Parent Information: Name of Parent, Guardian, or person standing in loco parentis:**

**Telephone(s)**

Home:

Work:

Cell Phone:

**Health Concerns to be shared with authorized persons (school administrators, teachers, and other school personnel who require such information to perform their assigned duties):**

### HEALTH CARE PROVIDER TO COMPLETE THIS SECTION

**Medications prescribed for student:**

**Student's allergies, type, and response required:**

**Special diet instructions:**

**Health-related recommendations to enhance the student's school performance:**

**Vision screening information:**

Passed vision screening: ☐ Yes ☐ No

Concerns related to student's vision:





January 2016rev

**Hearing screening information:**

Passed hearing screening: ☐ Yes ☐ No

Concerns related to student's hearing:

**Recommendations, concerns, or needs related to student's health and required school follow-up:**

**School follow-up needed:** ☐ Yes ☐ No

**Medical Provider Comments:**

**Please attach other applicable school health forms:**

Immunization record attached: ☐

School medication authorization form attached: ☐

Diabetes care plan attached: ☐

Asthma action plan attached: ☐

Health care plans for other conditions attached: ☐

**Health Care Professional's Certification**

I certify that I performed, on the student named above, a health assessment in accordance with G.S. 130A-440(b) that included a medical history and physical examination with screening for vision and hearing, and if appropriate, testing for anemia and tuberculosis. I certify that the information on this form is accurate and complete to the best of my knowledge.

Name:

Title:

Signature: \_\_\_\_\_

Date (m/d/yyyy):

Date of Exam (if Different):

Practice/Clinic Name:

Practice/Clinic Address:

Practice/Clinic City:

State:

Zip:

Phone:

Fax:

Provider Stamp Here:





## Medication Authorization Form

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

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

\_\_\_\_\_  
Grade

Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_

Medication Administration Time: AM: \_\_\_\_\_ PM: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Possible Adverse Reactions that should be reported to Health Care Provider:

\_\_\_\_\_ Check here if serious reaction can occur if medication not given exactly as prescribed.

\_\_\_\_\_ Check here if serious reaction can occur if medication is administered properly.

\_\_\_\_\_ Check here if student has been provided education and he/she is knowledgeable and has demonstrated the skill to self-administer their emergency medication.

Special Handling Instructions \_\_\_\_\_

Note: The healthcare provider may use another format (computer printout, letter, etc.) to authorize medication. However, all information requested above must be provided.

\_\_\_\_\_  
Signature of HealthCare Provider

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone

## Parent's Permission

I hereby give my permission for my child (named above) to receive medication during school hours. The medication has been prescribed by a licensed health care provider. I will furnish this medication in a container properly labeled with identifying information (name of child, medication, dispensed, dosage prescribed and time to be given). I hereby release The Point College Preparatory and Leadership Academy, their agents and employees from any and all liability that may result from my child taking the prescribed medication.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone

**PLEASE TURN IN ALL MEDICATION & PERMISSION FORMS TO THE SCHOOL**