Requirements for Registration

PLEASE PROVIDE CLEAR COPIES OF THE FOLLOWING:

I. Two proofs of Residency in the Briargrove Zone:
   A. A current light, gas, water, cable, internet or home
      phone bill ONLY (No cell phone bills)
      Or, if all bills are paid, please present a cleared rent
      check.
   B. If you lease, first and last page of current lease along with
      the name and phone number of manager/landlord. If you
      own, a copy of your Harris County Appraisal District
      statement or receipt showing homestead exemption

II. Picture ID of parent with current address

III. Birth Certificate and Social Security Card (if applicable)

IV. Final Report Card indicating grade level placement for children
    entering 1st - 5th grades

V. Immunizations (Please see immunization requirements on back of
   this page.)
   Children entering KINDERGARTEN must be 5 years old on or
   before September 1, 2022
   Children entering FIRST GRADE must be 6 years old on or before
   September 1, 2022
   NO EXCEPTIONS

Please Note: Registration will not be complete until all the above
requirements are met.
(PLEASE SEE BACK)
<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Grade(s)</th>
<th>Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>DPT</td>
<td>All grades</td>
<td>5 or 4 doses. Last dose must be on or after 4\textsuperscript{th} birthday</td>
</tr>
<tr>
<td>Polio</td>
<td>All grades</td>
<td>3 or 4 doses. Last dose must be on or after 4\textsuperscript{th} birthday</td>
</tr>
<tr>
<td>MMR</td>
<td>All grades</td>
<td>2 doses. First dose must be on or after 1\textsuperscript{st} birthday</td>
</tr>
<tr>
<td>Varicella</td>
<td>K - 5\textsuperscript{th}</td>
<td>2 doses. First dose must be on or after the first birthday</td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>K - 3\textsuperscript{rd}</td>
<td>2 doses. First dose must be on or after the first birthday</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>All grades</td>
<td>3 doses.</td>
</tr>
</tbody>
</table>

*YOUR RECORD MUST HAVE EITHER A PHYSICIAN’S NAME OR BE ON CLINIC LETTERHEAD.*
Houston Independent School District

Enrollment Information
2022 - 2023

Homeroom Teacher:

Has student ever attended an HISD School? □ Yes □ No

Last School/Daycare Attended:

HISD Student ID

Date of Enrollment

Date of Birth

Gender
□ Male
□ Female

Grade

Legal Student Last Name

First Name

Middle Name

Generation (Sr., III, etc.)

Student SS# / State Alt. #

Student Birthplace: City, State, Country

Year Started School in US

Student Lives with □ Mother □ Father
□ Other □ Both Parents

Federal Student Ethnicity (Select One)
□ Hispanic/Latino
□ Not Hispanic/Latino

Student Race (Select all that apply)
□ American Indian or Alaska Native
□ Asian
□ Black or African American
□ Native Hawaiian/Other Pacific Islander
□ White

Student Address

Street Number
Street Name
Apartment
City
State
Zip
County
Home Phone

Student Cell Phone

Student e-mail Address

Texas Education Code §25.002(f) requires the school district to record the name, address, and birth date of the person enrolling a child.

Contact #1 Name (Last, First) Relationship Street Number Street Name Apartment City State Zip

Employer
Occupation
Home Phone
Work Phone
Cell Phone

Preferred Language □ English □ Spanish □ Other
Translator Needed? □ Yes □ No
e-mail Address

Contact #2 Name (Last, First) Relationship Street Number Street Name Apartment City State Zip

Employer
Occupation
Home Phone
Work Phone
Cell Phone

Preferred Language □ English □ Spanish □ Other
Translator Needed? □ Yes □ No
e-mail Address

Contact #3 Name (Last, First) Relationship Street Number Street Name Apartment City State Zip

Employer
Occupation
Home Phone
Work Phone
Cell Phone

Preferred Language □ English □ Spanish □ Other
Translator Needed? □ Yes □ No
e-mail Address

What type of medical insurance do you carry for this child? □ CHIP □ Medicaid □ HCHD □ Private Insurance □ None

Family Physician

Physician Phone

List the names of all brothers and sisters under 18 years of age. (If additional room is needed, write on reverse side.)

Last, First, and Middle Names

Gender
Birthdate
Grade
Address of This Child

Signature below certifies that all the information above is true and accurate.

Enrollment of the child under false documents subjects the person to liability for tuition or costs under Texas Education Code §25.001(h).

Signature of Contact 1/Legal Guardian

TX Driver's License Number

Date of Birth (Contact 1/Legal Guardian)

Signature of Contact 2/Legal Guardian

TX Driver's License Number

Date of Birth (Contact 2/Legal Guardian)

Total Monthly Family Income:

Total Number in Household:
HOUSTON INDEPENDENT SCHOOL DISTRICT

HOME LANGUAGE SURVEY
19 TAC Chapter 89, Subchapter 88, §89.1215
(Home Language Survey applicable ONLY if administered for students enrolling in prekindergarten through grade 12)

TO BE COMPLETED BY PARENT OR GUARDIAN FOR STUDENTS ENROLLING IN PREKINDERGARTEN THROUGH GRADE 8 (OR BY STUDENT IN GRADES 9-12): The state of Texas requires that the following information be completed for each student who enrolls in a Texas public school for the first time. It is the responsibility of the parent or guardian, not the school, to provide the language information requested by the questions below.

Dear Parent or Guardian:

To determine if your child would benefit from Bilingual or English as a Second Language program services, please answer the two questions below.

If either of your responses indicates the use of a language other than English, then the school district must conduct an assessment to determine how well your child communicates in English. This assessment information will be used to determine if Bilingual or English as a Second Language program services are appropriate and to inform instructional and program placement recommendations. If you have questions about the purpose and use of the Home Language Survey, or you would like assistance in completing the form, please contact your school/district personnel.

For more information on the process that must be followed, please visit the following website: https://projects.esc20.net/upload/page/0081/docs/JuneUpdates/EnglishLearnerIdentification-ReclassificationFlowchart.pdf

This survey shall be kept in each student’s permanent record folder.

NAME OF STUDENT: ____________________________ STUDENT ID #: ____________________________

ADDRESS: ____________________________ TELEPHONE #: ____________________________

CAMPUS: ____________________________

NOTE: PLEASE INDICATE ONLY ONE LANGUAGE PER RESPONSE.

1. What language is spoken in the child’s home most of the time?

2. What language does the child speak most of the time?

Signature of Parent/Guardian ____________________________ Date ____________________________

Signature of Student if Grades 9-12 ____________________________ Date ____________________________

NOTE: If you believe you made an error when completing this Home Language Survey, you may request a correction, in writing, only if:
1) your child has not yet been assessed for English proficiency; and
2) your written correction request is made within two calendar weeks of your child’s enrollment date.

LPAC_HLS v20180802
Confidential
Texas Education Agency
Texas Public School Student/Staff Ethnicity and Race Data Questionnaire

The United States Department of Education (USDE) requires all state and local education institutions to collect data on ethnicity and race for students and staff. This information is used for state and federal accountability reporting as well as for reporting to the Office of Civil Rights (OCR) and the Equal Employment Opportunity Commission (EEOC).

School district staff and parents or guardians of students enrolling in school are requested to provide this information. If you decline to provide this information, please be aware that the USDE requires school districts to use observer identification as a last resort for collecting the data for federal reporting.

Please answer both parts of the following questions on the student’s or staff member’s ethnicity and race. United States Federal Register (71 FR 44866)

Part 1. Ethnicity: Is the person Hispanic/Latino? (Choose only one)

☐ Hispanic/Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

☐ Not Hispanic/Latino

Part 2. Race: What is the person’s race? (Choose one or more)

☐ American Indian or Alaska Native - A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.

☐ Asian - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

☐ Black or African American - A person having origins in any of the black racial groups of Africa.

☐ Native Hawaiian or Other Pacific Islander - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

☐ White - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

<table>
<thead>
<tr>
<th>Student/Staff Name (please print)</th>
<th>(Parent/Guardian)/(Staff) Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student/Staff Identification Number</td>
<td>Date</td>
</tr>
</tbody>
</table>

Texas Education Agency – March 2009
New Students Enrolling in Briargrove Elementary

Name ___________________________ Date ______________

List all of the previous schools your child has attended and appropriate dates of attendance. Any information such as address and phone number would be very helpful.

<table>
<thead>
<tr>
<th>School Name</th>
<th>School District</th>
<th>Dates of Attendance &amp; Grade Level(s)</th>
<th>City &amp; State Phone Number, if available</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Was your child enrolled in any of the following programs?

___ Special Education
___ Bilingual Education
___ English as a Second Language
___ Other: ____________________________________

Please enter your primary e-mail below:

@ ____________________________
STUDENT MEDIA CONSENT AND RELEASE FORM

This release allows the Houston Independent School District (HISD) to print, photograph, and record my child for use in efforts to promote HISD’s activities and achievements. The consent includes allowing my child to be included and/or featured in materials to train teachers and/or increase public awareness of HISD schools through digital and print media including: newspaper, radio, TV, websites, blogs, and social media channels (Facebook, Twitter, YouTube, etc.), DVDs, displays, and brochures. This release includes the use of my child’s work, name, image, and/or voice.

☐ I attest that I am the parent or guardian of ___________ and I GIVE HISD and its employees and representatives permission to print, photograph, and record my child for use in electronic, digital, and printed media.

☐ I attest that I am the parent or guardian of ___________ and I DO NOT GIVE HISD and its employees and representatives permission to print, photograph, and record my child for use in audio, video, film or any other electronic, digital, or printed media.

I agree to release the Houston Independent School District, its past, present and future trustees, officers, employees, representatives, and agents, from any and all liability, claims, demands, and causes of action arising out of the use of this material.

I certify that I have read this document and fully understand its terms and conditions. I also understand that I may withdraw consent at any time by sending a written request to the principal of my child’s school.

PLEASE PRINT

Name of child _______________________________ Grade _______________________________

Address __________________________________________________________

City, State, Zip _______________________________________________________

Name of parent or guardian ___________________________________________

School _____________________________________________________________

Signature of parent or guardian _________________________________________

Date __________________ Phone Number ________________________________

HISD Media Relations | July 2018
HOUSTON INDEPENDENT SCHOOL DISTRICT
HEALTH INVENTORY

SCHOOL ______________________ DATE ________________

TEACHER ______________________ SCHOOL LAST ATTENDED ______________________

Please fill in this form and return to the teacher or nurse. The information given on this form will help the school staff to have a better understanding of your child’s health needs:
Name _______________________ Sex ________ Birthdate ________ Birth weight ________
Address ______________________ Phone ______________________

Have you ever been told by a doctor that your child had:

<table>
<thead>
<tr>
<th>Condition</th>
<th>Age First Identified</th>
<th>Under Doctor’s Care?</th>
<th>Age First Identified</th>
<th>Under Doctor’s Care?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthma</td>
<td></td>
<td>Bone/Joint Problem</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Allergies</td>
<td></td>
<td>Rheumatic Fever</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blood Disorder</td>
<td></td>
<td>Surgery/Fractures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetes</td>
<td></td>
<td>T. B. Disease</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Epilepsy/Seizures</td>
<td></td>
<td>Hearing Loss</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart Disease</td>
<td></td>
<td>Vision Loss</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kidney Disorder</td>
<td></td>
<td>Severe Menstrual Cramps</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cancer</td>
<td></td>
<td>Eating Disorder</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please check if you have observed any of the following in your child:

_____ Tired easily
_____ Frequent headaches
_____ Fainting

_____ Earaches
_____ Difficulty making friends
_____ Coughs frequently at night

_____ Wheezing, shortness of breath with exercise
_____ Nail Biting
_____ Restlessness

Has your child been seen by a doctor for any of the above? ☐ Yes ☐ No

Is your child on any kind of medication? ☐ Yes ☐ No

If so, what? __________________________________________

For what condition? ____________________________________

Further comment __________________________________________

What type of medical insurance do you carry for this child?

☐ CHIP ☐ Medicaid ☐ HCHD ☐ Private Insurance ☐ None

Please see the School Nurse (or School Principal) if your child has other needs or is:

- A pregnant or parenting teen
- Has a severe life-threatening food allergy

Signature ______________________

Health and Medical Services

GJ/dt  3/2012
REQUEST FOR FOOD ALLERGY INFORMATION

Dear Parent:

This form allows you to disclose whether your child has a food allergy or severe food allergy that you believe should be disclosed to the District in order to enable the District to take necessary precautions for your child’s safety.

“Severe food allergy” means a dangerous or life-threatening reaction of the human body to a food-borne allergen introduced by inhalation, ingestion, or skin contact that requires immediate medical attention.

Please list any foods to which your child is allergic or severely allergic, as well as how your child reacts when exposed to the food that is listed.

☐ No information to report.

<table>
<thead>
<tr>
<th>Food</th>
<th>Nature of allergic reaction to food</th>
<th>Life-Threatening?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

TO REQUEST A SPECIAL DIET, MODIFICATION OF A MEAL PLAN OR PROVIDE OTHER INFORMATION FROM YOUR DOCTOR ABOUT YOUR CHILD’S FOOD ALLERGY, YOU MUST CONTACT THE SCHOOL NURSE OR SCHOOL ADMINISTRATOR WHERE YOUR CHILD ATTENDS SCHOOL.

The District will maintain the confidentiality of the information provided above and may disclose the information to teachers, school counselors, school nurses, and other appropriate school personnel only within the limitations of the Family Educational Rights and Privacy Act and District policy.

Student Name: ___________________________ Date of Birth: ___________________________

School: ___________________________ Grade: ___________________________

Parent/Guardian Name: ___________________________ Date: ___________________________

Work Phone: ___________________________ Mobile Phone: ___________________________ Home Phone: ___________________________

Parent/Guardian Signature: ___________________________ Date: ___________________________

Date form received by Campus: ___________________________
SOCIOECONOMIC INFORMATION FORM

Complete and return one form to each school where you have a child enrolled. PLEASE PRINT

*CONFIDENTIAL*

Houston ISD is required to collect the socioeconomic status of each student as a performance indicator for student achievement (TEC 39 for Texas state requirements and ESEA sections 1111 and 1116 for U.S. Department of Education requirements) and for use in disbursement of federal funds (ESEA section 1113).

It is very important that families complete this socioeconomic form in order for schools to receive Title I and State Compensatory Education funding. This funding will directly benefit your child’s school. Title I and State Compensatory Education funding can be used to hire personnel, provide tutoring services, order technology, and provide professional development for teachers. We want to continue to provide these necessary learning supports, but without your assistance, we may not be able to.

SECTION A—List all Houston ISD students in the household

<table>
<thead>
<tr>
<th>Student ID</th>
<th>First Name</th>
<th>Last Name</th>
<th>MI</th>
<th>Date of Birth</th>
<th>School Name</th>
<th>Grade Level</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

SECTION B

Do you receive Supplemental Nutrition Assistance (SNAP)?

☐ YES ☐ NO

Do you receive Temporary Assistance to Needy Families (TANF)?

☐ YES ☐ NO

If you answered YES on either of the above, skip SECTION C and continue to SECTION D.

SECTION C (Complete only if all answers in SECTION B are NO)

How many total members are in the household (include all adults and children)?

TOTAL YEARLY INCOME BEFORE DEDUCTIONS OF ALL HOUSEHOLD MEMBERS

Include wages, salary, welfare payments, child support, alimony, pensions, Social Security, worker’s compensation, unemployment and all other sources of income (before any type of deductions)

SECTION D (Check one of the following two boxes as appropriate and sign below.)

In accordance with the provisions of the Protection of Pupil Rights Amendment (PPRA) no student shall be required, as part of any program funded in whole or in part by the U.S. Department of Education, to submit to a survey, analysis, or evaluation that reveals information concerning income (other than that required by law to determine eligibility for participation in a program or for receiving financial assistance under such program), without the prior written consent of the adult student, parent or legal guardian.

☐ I certify that all the information on this form is true. I understand the school will receive federal funds and will be rated for accountability based on the information I provide.

☐ I choose not to provide this information. I understand that the school’s disbursement of federal funds and accountability rating may be affected by my choice.

Parent/Guardian Name (Print) Parent/Guardian Signature Date

HISD External Funding Department | July 2018
HOUSTON INDEPENDENT SCHOOL DISTRICT

STUDENT ASSISTANCE QUESTIONNAIRE (SAQ)
All information MUST be completed by parent, school personnel or community liaison.

School ___________________________ Date ___________________________

Student Name ___________________________ Date of Birth ___________ HISD ID ___________

Current Address ___________________________ Grade ________ ☐ Male ☐ Female

Lives with: ☐ Both Parents, ☐ Mother, ☐ Father, ☐ Legal Guardian, ☐ Caretaker/Relative without legal guardianship, ☐ Other ___________ ☐ Yes ☐ No

Relation ________ Contact Information: ___________________________

Is the student currently in the conservatorship of the Department of Family & Protective Services (Foster Care)?

☐ Yes ☐ No

If Yes – name of DFPS Case Manager: ___________________________

Was the student previously in the conservatorship of the Department of Family & Protective Services (Foster Care)?

☐ Yes ☐ No

Please complete the Current Housing Situation AND Background Situation sections below to determine McKinney-Vento eligibility:

Part A: CURRENT HOUSING SITUATION – Check the student’s current housing situation

☑ I CURRENTLY LIVE:
  ☐ In my own home or apartment, in Section 8 housing, HUD Subsidized Housing or in military housing with parent(s), legal guardian(s), or caregiver(s) (if you checked this box, check one or both of the boxes below, if applicable).
  ☐ My home has no electricity ☐ My home has no running water

☐ OR I CURRENTLY LIVE IN A TRANSITIONAL HOUSING SITUATION:
  ☐ Living in a shelter ☐ Living in a motel or hotel
  ☐ Living with more than one family in a house or apartment (Doubled-up) due to economic hardship

Unsheltered
  ☐ Moving from place to place ☐ Living in a structure not usually used for housing ☐ Living in a car, park, campsites, camper, or outside

UNACCOMPANIED YOUTH ☐ Yes ☐ No (An unaccompanied youth is a student who is not in the physical custody of a parent or legal guardian. This would include students living with non-custodial relatives or friends without a parent or legal guardian.)

Part B: BACKGROUND SITUATION (If a Transitional Housing Situation is checked above - please Check ANY below that apply)

☐ Catastrophic illness / medical expenses / disability ☐ Natural disaster / evacuation
☐ New to Town ☐ Domestic Issue
☐ Loss of Employment ☐ Migrant work in fishing or agriculture
☐ Economic hardship/low earnings ☐ Waiting placement in foster care / CPS custody
☐ Evicted/kicked out ☐ Parent(s) involved in military deployment
☐ House fire or other destruction ☐ Parent Incarcerated/Recently released from incarceration

Part C: NEEDED SERVICES – based on availability (Check services needed and call 713-556-7237 to speak to an Outreach Worker)

☐ Enrollment Assistance ☐ Transportation ☐ Emergency Clothing, Uniforms
☐ Free Lunch/Breakfast (Child Nutrition) ☐ School Supplies ☐ Personal Hygiene Items
☐ Immunizations ☐ Medicaid/CHIP Assistance ☐ Food Stamps (SNAP) Assistance
☐ Temporary Assistance for Needy Families (TANF) ☐ Other ___________________________

To the best of my knowledge this information is true and correct.

Name (PLEASE PRINT): ___________________________ Signature ___________________________ Phone #’s ___________________________

School Personnel: This form is intended to address the McKinney-Vento Act U.S.C. 11435. If any “Transitional Housing Situation” is checked under “Current Housing Situation” AND the family has indicated one of the “Background Situations” (1) immediately add PEIMS Coding on the At-risk Chancery panel for At-risk reason code 12, (2) code all of the McKinney-Vento Panels on that screen (the start date should be the date the form was completed and also add the end date, and (3) Email forms to HomelessEducation@houstonisd.org. If information is missing, please follow-up with the parent/guardian/school personnel who completed the form to make sure each section is completed, as needed.
School Enrollment History
(Only for students enrolling in 2nd grade or above whose
Home Language Survey indicates a language other than English)

Student Name: ___________________________ Student ID: ___________________________
Grade Level: ___________________________ School: ___________________________
Date of Enrollment in U.S. schools: ___________________________

Has student ever attended school outside the U.S.?
  o No
  * If "no" then stop. No need to continue filling out this form.
  o Yes
  * If "yes" please provide student's academic history below.

<table>
<thead>
<tr>
<th>School Year</th>
<th>Grade</th>
<th>Country/ U.S. State</th>
<th>Total Time Enrolled</th>
<th>If student did not attend school for a full academic year, specify months attended</th>
<th>For Office Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kinder</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2nd</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>4th</td>
<td></td>
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<tr>
<td>6th</td>
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<tr>
<td>8th</td>
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<td>10th</td>
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<tr>
<td>12th</td>
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</tbody>
</table>

Please use the back of this form if more space is needed.

Parent Signature: ___________________________ Date: ___________________________

Multilingual Programs Department Compliance Division
<table>
<thead>
<tr>
<th>CLOTHING</th>
<th>Girls may wear:</th>
<th>Boys may wear:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shirt</td>
<td>White uniform blouse, polo, or turtleneck in red, navy, hunter green, yellow or white (must be tucked in)</td>
<td>White oxford cloth, polo, or turtleneck in red, navy, hunter green, yellow or white (must be tucked in)</td>
</tr>
<tr>
<td>Jumper/skirt</td>
<td>BG uniform plaid, khaki or navy Length should be three inches below longest finger</td>
<td></td>
</tr>
<tr>
<td>Slacks/pant</td>
<td>Khaki or navy. Shorts must be at least three inches below longest finger.</td>
<td>Khaki or navy. Shorts must be at least three inches below longest finger.</td>
</tr>
<tr>
<td>Sweaters or sweatshirts</td>
<td>Navy, red, white, yellow, black, gray, or hunter green</td>
<td>Navy, red, white, yellow, black, gray, or hunter green</td>
</tr>
<tr>
<td>Belt</td>
<td>If garment has belt loops</td>
<td>If garment has belt loops</td>
</tr>
<tr>
<td>Shoes</td>
<td>Tennis shoes only</td>
<td>Tennis shoes only</td>
</tr>
<tr>
<td>For PB and recess</td>
<td>Tennis shoes only (lace ups) Students will not be able to participate and will receive a “0” if not in tennis shoes for PB</td>
<td>Tennis shoes only (lace ups) Students will not be able to participate and will receive a “0” if not in tennis shoes for PB</td>
</tr>
<tr>
<td>FOR FRIDAYS</td>
<td>Students may wear jeans and ONLY Briargrove shirts for Briargrove spirit days</td>
<td></td>
</tr>
</tbody>
</table>

Briargrove uniform plaid may be purchased at landsend.com (hunter classic navy plaid).