

HUGHES-ELIZABETH LAKES UNION SCHOOL
16633 Elizabeth Lake Road
Lake Hughes, CA 93532
(661) 724-1231

Kindergarten Enrollment Checklist

Student name _____

- _____ Emergency Card
- _____ Enrollment form signed by parent
- _____ Proof of Residency (utility bill, driver's license, letter from landlord, etc...)
- _____ Language Survey
- _____ Kindergarten Questionnaire
- _____ Health Appraisal Report (Parent / Guardian's Report)
- _____ Immunization Record (Polio DTP MMR Hep B Varicella)
- _____ Health Examination for School Entry (Kindergarten Physical)
- _____ Oral Health Assessment (Dental Check-up)
- _____ County Birth Certificate (other documents that can be used as proof of age are passport or baptismal certificate)

HUGHES-ELIZABETH LAKES UNION SCHOOL

School Year _____

Student Emergency Card

Grade _____

PLEASE FILL OUT COMPLETELY

Student's Legal Last Name	First Name	Middle Name	M	F	Birth Date
Home Address			Zip Code		Home Phone

Parents – For the welfare and protection of your child, the following information must be on file in the school office. Should this information be incomplete, or not up-to-date, it may become necessary in the event of an emergency for the school to enlist the aid of the Los Angeles County Sheriff Department. Students will only be released from school to those persons authorized by this card upon verification of identity.

Please complete the following information for the parent/guardian the student LIVES WITH.

Mother's Name	Maiden	Legal	Step	Foster	Other-Specify
Mother's Employer	Business Phone	Cell Phone			
Father's Name		Legal	Step	Foster	Other-Specify
Father's Employer	Business Phone	Cell Phone			
E-mail Address to receive school information					

- PLEASE COMPLETE REVERSE SIDE -

ALTERNATE PERSONS IN CASE OF EMERGENCY:

These persons are authorized to take students from school. Non-custodial parents **MUST** be listed here if they have permission to remove the student from school.

(Please keep your emergency contacts local.)

1. Name	Relationship	Home Phone	Cell Phone
2. Name	Relationship	Home Phone	Cell Phone
3. Name	Relationship	Home Phone	Cell Phone
4. Name	Relationship	Home Phone	Cell Phone

Please identify Any Serious Medical Conditions and/or Daily Medication:

Please list any other matters that might affect student's school day (i.e., custody matters, ongoing appointments, parents work out of area):

All persons listed as "alternate persons in case of emergency" are authorized to take my child from school.

Signature of Parent or Guardian _____

Date _____

HUGHES-ELIZABETH LAKES UNION SCHOOL
KINDERGARTEN and TRANSITIONAL KINDERGARTEN

ENROLLMENT INFORMATION

- **To be eligible for Kindergarten**, your child must be **five (5) years old as of September 1st**; children turning five (5) years old between September 2nd and December 2nd are eligible for Transitional Kindergarten (TK). Not all children will be eligible for TK.
- The **enrollment packet** must be completely filled out. Do not use nicknames – fill out the paperwork using the legal first, middle and last name.
- **Proof of residency** within our district is required this can be done by providing a copy of a utility bill showing physical address, or copy of lease agreement. If your family is doubled up with another family, please provide a letter from homeowner, stating that you are residing with them, and then a proof of their residency.
- Be sure to complete **BOTH sides** of the **Emergency Card**. We need parent work numbers, cell numbers, and local **contacts** that can pick your child up from school in your absence.
- A **certified county birth certificate** must be presented as proof of age. (A hospital birth certificate is not a legal document for school entry.) Other documents that can be used as proof of age are a passport or a baptismal certificate.
- The **Kindergarten Physical** is actually required before entering 1st grade. This can be done up to 18 months prior to entering 1st grade; **however, many parents have it done when they have their children's last shots given for kindergarten enrollment**. When the exam is completed, and the form is signed by your doctor, please send it to the school office.
- **Immunizations** must be complete before the start of school in August. The requirements are:
 - a. Polio: 3 doses required, the last one given after the 4th birthday. If given earlier, a 4th dose is required.
 - b. DPT: 4 doses required, the last one given after the 4th birthday. If given earlier, a 5th dose is required.
 - c. MMR: 2 doses required.
 - d. Hepatitis B: 3 doses required.
 - e. Varicella: 1 dose required.

If your child has not received any immunizations, you may still enroll your child as long as you **show proof that you have started the immunization process**, and can provide a schedule to get your child caught up on necessary kindergarten immunizations. The school nurse will be monitoring to be sure you are keeping your child on schedule to get caught up.

- California law now requires that your child have an **Oral Health Exam (dental check-up)**. Oral Health Exams that have happened within 12 months before your child enters school also meet this requirement. A waiver is available if you wish to exempt your child from this exam.
- Please don't wait until the last minute to start the kindergarten enrollment process! It takes time to request a certified copy of your child's birth certificate, if you don't already have it. Also, you may not be able to get your child in to see his/her doctor right away for immunizations and physical. **START the process NOW.**
- If you do not have everything completed, and it's near the deadline, please bring us what you have and **we will piece your packet together**. It's important that we get at least the basics in so that we may assign your child to a teacher.

Hughes-Elizabeth Lakes Union School District
New Enrollment Form
TO BE COMPLETED BY PARENT OR GUARDIAN

GRADE

Student's Legal Name: _____ Date of Birth: _____
Last First Middle Month/Day/Year

Other Name(s) used (ie: Nickname) _____ Male Female

PRIMARY PARENT(S) OR GUARDIAN(S) WITH WHOM STUDENT RESIDES:

Check one: Father Step-Father Guardian

Name: _____
First Last

Home Phone: _____
Area Code and Number

Cell Phone: _____
Area Code and Number

Employer: _____

Work Phone: _____
Area Code and Number

Check one: Mother Step-Mother Guardian

Name: _____
First Last

Home Phone: _____
Area Code and Number

Cell Phone: _____
Area Code and Number

Employer: _____

Work Phone: _____
Area Code and Number

Mailing Address: _____
P.O. Box, or Street # and Street Name City State Zip

Residence Address (IF DIFFERENT): _____
Street City State Zip

WHAT IS YOUR CHILD'S ETHNICITY? (Check one): Hispanic or Latino (a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin, regardless of race)
 Not Hispanic or Latino

WHAT IS YOUR CHILD'S RACE? (Please check up to five racial categories)

- 100 American Indian or Alaskan Native (Persons having origins in any of the original people of North, Central or South America)
- 201 Chinese
- 202 Japanese
- 203 Korean
- 204 Vietnamese
- 205 Asian Indian
- 206 Laotian
- 207 Cambodian
- 208 Hmong
- 299 Other Asian
- 301 Hawaiian
- 302 Guamanian
- 303 Samoan
- 304 Tahitian
- 399 Other Pacific Islander
- 400 Filipino/Filipino American
- 600 African American or Black
- 700 White (Persons having origins in any of the original peoples of Europe, North Africa, or Middle East)

PARENT EDUCATION – Check the response that describes the education level of the most educated parent.

- Not a High School Graduate
- High School Graduate
- Some College or Associates Degree
- College Graduate
- Graduate School/Post Graduate Training

BIRTHPLACE: City: _____ State: _____ Country: _____

U.S. Citizen: Yes No

If your child was born outside the United States,

Date first attended school in the U.S.

Date first attended school in California

Month / Day / Year

Month / Day / Year

MOST RECENT SCHOOL ATTENDED:

Name of School: _____ Phone Number: _____

School Address _____
(mailing address, city, state, zip code)

Dates of Attendance: From _____ to _____

OTHER CHILDREN IN THE FAMILY:

Name:	Age:	Living at home?	Name:	Age:	Living at home?
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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

RESIDENCE – where is your child/family currently living? (federally mandated by NCLB) – Please check appropriate box:

- In a single family permanent residence (house, apartment, condo, mobile home)
- Doubled up (sharing housing with other families/individuals due to economic hardship or loss)
- In a shelter or transitional housing program
- In a motel/hotel
- Unsheltered (car/campsite)
- Other (please specify) _____

Signature of Parent or Guardian: _____ Date: _____

Hughes-Elizabeth Lakes Union School District

16633 Elizabeth Lake Road
Lake Hughes, CA 93532
Phone 661-724-1231 * FAX 661-724-1485

VERIFICATION OF RESIDENCE

Date

Pursuant to Education Code 48200, I _____ declare under
(Parent/Legal Guardian/Foster Parent – please print)

Penalty of perjury that my present permanent address is:

I have provided the necessary paperwork to validate the above address.

I understand that I must notify the school within 24 hours of any change of address and that a school official may visit the address to verify occupancy.

FALSIFICATION OF ANY INFORMATION ON THIS FORM WILL BE GROUNDS FOR REMOVAL OF THE STUDENT FROM THIS SCHOOL.

Student Name

Grade

Parent / Legal Guardian / Foster Parent Signature

Verified by School Employee

FOR OFFICE USE ONLY:

- ___ Utility Bill _____
- ___ Escrow Papers/ Lease Agreement
- ___ Rental Agreement
- ___ Property Tax Bill
- ___ Voter Registration
- ___ Pay Stub with Employer Name &
Address and Employee Name & Address
- ___ Correspondence from Government
Agency _____
- ___ Other _____

HOME LANGUAGE SURVEY
English

The California Education Code requires schools to determine the language(s) spoken at home by each student. This information is essential in order for schools to provide meaningful instruction for all students.

Your cooperation in helping us meet this important requirement is requested. Please answer the following questions and have your son/daughter return this form to his/her teacher. Thank you for your help.

Name of student: _____
Last First Middle Grade Age

1. Which language did your son or daughter learn when he or she first began to talk? _____
2. What language does your son or daughter most frequently use at home? _____
3. What language do you use most frequently to speak to your son or daughter? _____
4. Name the languages in the order most often spoken by the adults at home:
a. _____
b. _____
c. _____

Signature of Parent or Guardian _____ Date

ESTUDIO DEL IDIOMA DEL HOGAR
Spanish
HOME LANGUAGE SURVEY

El código de educación de California requiere que las escuelas determinen el idioma(s) que el estudiante habla más en casa. Esta información es esencial para que las escuelas puedan proveer la instrucción necesaria para todos los estudiantes.

Su colaboración en ayudar con este ruisito nos ayuda mucho. Por favor conteste las preguntas y que su hijo/hija lo devuelva a su profesor(a). Gracias por toda su ayuda.

Nombre del alumno: _____
(Name) Apellido (Last) Primero (First) Segundo (Middle) Grado (Grade) Edad (Age)

1. Cuando su hijo(a) empieza a hablar, cual idioma aprendio primero? _____
2. Cual idioma usa principalmente su hijo(a) cuando conversa en la casa? _____
3. Cual idioma usa usted con mas frecuencia cuando habla con su hijo(a)? _____
4. Cual idioma hablan los adultos con mas frecuencia en la casa?
a. _____
b. _____
c. _____

Firma del padre a Tutor _____ Fecha

HUGHES-ELIZABETH LAKES UNION SCHOOL
KINDERGARTEN QUESTIONNAIRE

FAMILY BACKGROUND

Child's name _____ Name to be used at school _____

Is a second language spoken in the home? _____ If yes, what language? _____

Birthday _____ Phone # _____ Address _____

Father's name _____ Occupation _____

Mother's name _____ Occupation _____

Has there been a divorce, death, or illness in the family that might affect your child? Yes ___ No ___
(If yes, please circle event)

SOCIAL EXPERIENCES

1. Has your child attended pre-school? _____ Which one? _____

For how long? _____ How many days a week? _____

Has your child attended another kindergarten before coming here? _____ If yes, where?

2. Does your child enjoy books? Yes ___ No ___

3. Do you read to your child? Yes ___ No ___

4. Is your child able to remember songs and rhymes? Yes ___ No ___

5. Do you celebrate birthdays in your home? Yes ___ No ___

6. Does your child watch more or less than 2 hours of TV a day? More ___ Less ___

7. Check the places your child has visited or experiences s/he has had.

grocery store ___ ocean ___ zoo ___ dairy ___

factories ___ mountains ___ farm ___ airport ___

urban city ___ museum ___ harbor ___ library ___

flown in an airplane ___ gone boating ___ camping ___ cut with scissors ___

gone roller-skating ___ ridden a tricycle ___ ridden a bike ___ used pencils and crayons ___

8. Would you be interested in volunteering in the classroom? Yes ___ No ___

If yes, please watch for volunteer sign-up calendars each month.

(All volunteers must be registered in the school office.)

DEVELOPMENT

1. Does your child have any health problems we should be aware of? If so, please explain.

2. Does your child have any food allergies? If so, to what? _____

3. Born premature? _____ Any birth problems? _____

Late walking? (14 months +) _____ Late talking? (2 yrs. + old) _____

Any motor difficulties? _____ Speech pattern delays? _____

4. Check the items your child can do.

Button _____ Tie shoes _____ Zip _____

5. Has your child had any surgery? _____

6. Does your child have frequent illnesses such as earaches, sore throats, infections, rubs

eyes, squints (circle / explain) _____

7. Is your child able to skip? Yes _____ No _____

8. Is your child able to be in a new or strange situation without an undue show of fear?

Yes _____ No _____

9. Is your child right handed? _____ left handed? _____ undecided? _____

10. Can your child take care of his own toilet needs? Yes _____ No _____

11. Does your child know his/her phone number? Yes _____ No _____

12. Does your child know his/her address? Yes _____ No _____

13. What other information would you like your child's teacher to know about your child.

REPORT OF HEALTH EXAMINATION FOR SCHOOL ENTRY

To protect the health of children, California law requires a health examination on school entry. Please have this report filled out by a health examiner and return it to the school. The school will keep and maintain it as confidential information.

PART I TO BE FILLED OUT BY A PARENT OR GUARDIAN

CHILD'S NAME—Last First Middle BIRTHDATE—Month/Day/Year

ADDRESS—Number/Street City ZIP Code SCHOOL

PART II TO BE FILLED OUT BY HEALTH EXAMINER

NOTE: All tests and evaluations except the blood lead test must be done after the child is 4 years and 3 months of age.

REQUIRED TESTS/EVALUATIONS	DATE
Health History	
Physical Examination	
Dental Assessment	
Nutritional Assessment	
Developmental Assessment	
Vision Screening	
Audiometric (hearing) Screening	
Tuberculin Test (Mantoux/PPD)	
Blood Test (for anemia)	
Urine Test	
Blood Lead Test	
Other	

IMMUNIZATION RECORD

Note to Examiner: Please give the family a completed or updated yellow California Immunization Record.
Note to School: Please record immunization dates on the blue California School Immunization Record (PM 286).

VACCINE	DATE EACH DOSE WAS GIVEN				
	First	Second	Third	Fourth	Fifth
POLIO (OPV or IPV)					
DTaP/DTaP/d (diphtheria, tetanus, and acellular pertussis) OR (tetanus and diphtheria only)					
MMR (measles, mumps, and rubella)					
HIB MENINGITIS (Haemophilus influenzae B) (Required for child care/preschool only)					
HEPATITIS B					
VARICELLA (Chickenpox) (Not required)					

PART III ADDITIONAL INFORMATION FROM HEALTH EXAMINER (optional) and RELEASE OF HEALTH INFORMATION BY PARENT OR GUARDIAN

RESULTS AND RECOMMENDATIONS

Fill out if patient or guardian has signed the release of health information.

- Examination shows no condition of concern to school program activities.
- Conditions found in the examination or after further evaluation that are of importance to schooling or physical activity are: (please explain)

I give permission for the health examiner to share the additional information about the health check-up with the school as explained in Part III.

- Please check this box if you do not want the health examiner to fill out Part III.

Signature of parent or guardian Date

Name, address, and telephone number of health examiner

Signature of health examiner Date

INFORME DEL EXAMEN DE SALUD PARA EL INGRESO A LA ESCUELA

Para proteger la salud de los niños, la ley de California exige que antes de ingresar a la escuela todos los niños tengan un examen médico de salud. Por favor, pídale al examinador de salud que llene este informe y entreguelo a la escuela—este informe será archivado por la escuela en forma confidencial.

PARTE I PARA SER LLENADO POR EL PADRE/LA MADRE O EL GUARDIÁN

NOMBRE DEL NIÑO/NIÑA—Apellido	Segundo Nombre	FECHA DE NACIMIENTO—Mes/Día/Año
DOMICILIO—Número y Calle	Zona Postal	ESCUELA
Ciudad		

PARTE II PARA SER LLENADO POR EL EXAMINADOR DE SALUD

REGISTRO DE INMUNIZACIONES

Aviso al Examinador: Por favor de a la familia una vez completado, o a la fecha, el Registro de Inmunización de California en papel amarillo.
Aviso a la Escuela: Por favor pongan las fechas de las inmunizaciones en el Registro de Inmunización de la Escuela en California (PM 286) en papel azul.

VACUNA	FECHA EN QUE CADA DOSIS FUE DADA				
	Primero	Segundo	Tercero	Quarto	Quinto
POLIO (OPV o IPV)					
DTaP/DTP/DT/d (difteria, tétano y [acelular] pertusis) O (tétano y difteria solamente)					
MMR (sarampión, paperas, rubéola)					
HIB MENINGITIS (Hemófilo, Tipo B) (Requerida para centros de cuidado para niños y centros preescolares solamente)					
HEPATITIS B					
VARICELLA (Viruelas locas) (No se exige)					

AVISO: Todas las pruebas y evaluaciones excepto el análisis de sangre para el plomo deben ser hechas después de la edad de 4 años y 3 meses.

PRUEBAS Y EVALUACIONES REQUERIDAS	FECHA
Historia de Salud	
Examen Físico	
Evaluación de Dientes	
Evaluación de Nutrición	
Evaluación del Desarrollo	
Pruebas Visuales	
Pruebas con Audiómetro (auditivas)	
Pruebas con Tuberculina (Mantoux/PPD)	
Análisis de Sangre (para anemia)	
Análisis de Orina	
Análisis de Sangre para el plomo	
Otra	

PARTE III INFORMACIÓN ADICIONAL DEL EXAMINADOR DE SALUD (Opcional) Y PERMISO PARA DIVULGAR (DISTRIBUIR) EL INFORME DE SALUD

RESULTADOS Y RECOMENDACIONES
 Llène esta parte si el padre/la madre o el guardián ha firmado el consentimiento para divulgar (distribuir) la información de salud de su niño/niña.

- El examen reveló que no hay condiciones que conciernen las actividades de los programas escolares.
- Las condiciones encontradas en el examen o después de una evaluación posterior importante para la actividad escolar o física son: (por favor explique)

Firma del padre/madre o guardián	Fecha
Nombre, domicilio, y teléfono del examinador	Fecha
Firma del examinador de salud	Fecha

Si su niño o niña no puede obtener el examen de salud llame al Programa de Salud para la Prevención de Incapacidades de Niños y Jóvenes (Child Health and Disability Prevention Program) en su departamento de salud local. Si Ud. no desea que su niño/niña tenga un examen de salud, puede firmar la orden (PM 171 B), formulario que se consigue en la escuela de su niño(a).

Oral Health Assessment/Waiver Request Form

California law, *Education Code* Section 49452.8, now requires that your child have an oral health assessment by May 31 in kindergarten or first grade, whichever is his or her first year of public school. The law specifies that the assessment must be performed by a licensed dentist or other licensed or registered dental health professional. Oral health assessments that have happened within the 12 months before your child enters school also meet this requirement. If you cannot take your child for this assessment, you may be excused from this requirement by filling out Section 3 of this form.

Section 1

To be completed by the parent or guardian

Child's First Name:	Last Name:	Middle Initial:	Child's birth date:
Address:			Apt.:
City:			ZIP code:
School Name:	Teacher:	Grade:	Child's Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Parent/Guardian Name:	Child's race/ethnicity: <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Alaska Native <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Multi-racial <input type="checkbox"/> Unknown		

Section 2

Oral Health Data Collection

To be completed by the dental professional conducting the assessment

Assessment Date:	<u>Visible caries and/or fillings present:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Visible caries present:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Treatment Urgency:</u> <input type="checkbox"/> No obvious problem found <input type="checkbox"/> Early dental care recommended <input type="checkbox"/> Urgent care needed
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_____ *Dental professional's signature*

_____ *Date*

Original to be retained in child's school record.

Section 3

Waiver of Oral Health Assessment Requirement

To be completed by a parent or guardian requesting to be excused from this requirement

I request that my child be excused from the oral health assessment requirement for the following reason: (Please check the box that best describes the reason.)

I am unable to find a dental office that will take my child's insurance plan.

My child is covered by the following insurance plan:

- Medi-Cal/Denti-Cal Healthy Families Healthy Kids None
 Other _____

I cannot afford an oral health assessment for my child.

I do not wish my child to receive an oral health assessment.

Optional: other reasons my child could not get an oral health assessment: _____

California law requires schools to maintain the privacy of students' health information. Your child's identity will not be associated with any report produced as a result of this requirement. If you have any questions about this requirement, please contact your school office.

Signature of parent or guardian

Date

Original to be retained in child's school record.

Hughes-Elizabeth Lakes Union School
HEALTH APPRAISAL REPORT

Your child's learning depends upon good health. To assist in providing health services at school, please complete the following report.

Name _____ Male Female Birthdate _____
Last First Middle (Circle One)

Doctor's name _____ Phone# _____ Date of last physical _____

Dentist's name _____ Phone# _____ Date of last exam _____

Does your child have:

Allergies? Yes ___ No ___ To drugs, food, insects, pollen? Please list _____

Has the allergy required emergency action in the past? Yes ___ No ___

Comments _____

Bee sting allergy? Yes ___ No ___ Describe reaction _____

Difficulty breathing? Yes ___ No ___ Need emergency medication? ___

Asthma? Yes ___ No ___ Triggered by: _____ Treatment _____

Diagnosed by doctor _____ Date _____

Diabetes? Yes ___ No ___ Takes insulin? _____ Date diagnosed _____

Epilepsy/Seizures Yes ___ No ___ Describe seizure _____

Date of last seizure _____ Medication _____

Is student currently under a doctor's care for seizures? Yes ___ No ___

Heart condition Yes ___ No ___ Describe _____

Bone or joint problem? Yes ___ No ___ Describe _____

Physical restrictions (due to heart condition or orthopedic problem?) _____

Check off the following regarding health concerns that pertain to your child:

Eyes: wears glasses: ___ reading ___ distance ___ contacts ___ lazy eye ___ crossed ___ blindness in one eye: ___ right ___ left

Ears: ___ frequent infections ___ tubes ___ hearing loss: ___ right ear ___ left ear ___ hearing aides: wear at school? ___

Other: ___ nosebleeds ___ eating ___ sleeping ___ bladder ___ requires catheterization ___ frequent sore throats

___ neurologic ___ lungs ___ bedwetting ___ bowel ___ requires diapering ___ bleeding disorder

___ headaches ___ dental ___ ADD/ADHD ___ phobias ___ skin/rashes/eczema ___ blood pressure

Daily medication(s): At home? Yes ___ No ___ At school? Yes ___ No ___ Emergency only? Yes ___ No ___

Name of medication(s) and reason for taking _____

Serious past illness or injuries _____

Surgeries _____ Date(s) of surgeries _____

Condition that prevents P.E. participation _____

Past illnesses: ___ Chickenpox ___ Scarlet Fever ___ Mononucleosis ___ Meningitis ___ Other: _____

Other health information or concerns: _____

If your child requires medication or special health care at school, please obtain the appropriate form in the school health office.

Signature of legal parent / guardian

Relationship to student

Date

Hughes Elizabeth Lakes Union School District

REGISTRATION IMMUNIZATIONS

As your child approaches school entry or continued enrollment it is important for you to be aware of the new law (SB277) for the 2016 school year and beyond.

Starting January 1, 2016:

- Parents or guardians of students in any school or child care facility, whether public or private, will no longer be allowed to submit a personal beliefs exemption for a currently-required vaccine. Previously signed waivers are not carried over year to year if a required immunization is due.
- Foster students have 30 days from the time of entry to provide proof of immunizations.

Students will no longer be required to have immunizations for entry if they attend:

- A home-based private school or an independent study program with no classroom-based instruction. (However, parents or guardians must continue to provide immunization records for these students to their schools, and schools must continue to maintain and report records of immunizations that have been received for these students).
- The immunization requirements do not prohibit pupils from accessing special education and related services required by their individualized education programs.

What are the immunizations that we will be looking for here at Hughes Elizabeth Lakes USD:

Diphtheria, Tetanus, and Pertussis (DTaP, DTP, or DT) —5 doses (4 doses OK if one was given on or after 4th birthday)

Polio (OPV or IPV)—4 doses (3 doses OK if one was given on or after 4th birthday)

Hepatitis B—3 doses

Measles, Mumps, and Rubella (MMR)—2 doses (Both given on or after 1st birthday)

Varicella (Chickenpox)—1 dose

Parents must show their child's Immunization Record as proof of immunization. These immunization requirements also apply to students entering transitional kindergarten.

Students Admitted at Ages 7-17 Years Need These Immunizations:

Diphtheria, Tetanus, and Pertussis (DTaP, DTP, DT, Tdap, or Td)—4 doses (3 doses OK if last dose was given on or after the 2nd birthday).

Polio (OPV or IPV)—4 doses (3 doses OK if one was given on or after 2nd birthday).

Measles, Mumps, and Rubella (MMR)—1 dose (2 doses required at 7th grade)

Varicella (chickenpox) - Admission at ages 7-12 years need 1 dose; ages 13-17 years need 2 doses.

Tetanus, Diphtheria, and Pertussis (Tdap) —1 dose at 7th grade or out-of-state transfer admission at 8th-12th grades (1 dose on or after the 7th birthday).

What you need to do if you do not have or wish to get the immunizations:

A parent or guardian must submit a written statement from a licensed physician (M.D. or D.O.) which states:

That the physical condition or medical circumstances of the child are such that the required immunization(s) is not indicated. The note must also indicate which vaccines are being exempted and whether the medical exemption is permanent or temporary and the expiration date (if the exemption is temporary).

- Should you have any other questions please go to www.shotsforschool.org for more information and frequently asked questions.