



# Centerville City Schools

May, 2017

Dear Parent,

As a parent of a prospective kindergartner, we welcome you to Centerville City Schools for the 2017-2018 school year. If your child will turn 5 years of age before September 30, 2017, you are invited to register your child for kindergarten.

Centerville City Schools offers kindergarten in two buildings, Primary Village North, located at 6450 Marshall Road, (937) 438-6062, and Primary Village South, located at 8388 Paragon Road, (937) 312-1273. Your home address at the time of enrollment will determine which building your child will attend. To determine which building is in your area of school attendance, feel free to contact the district's transportation department at (937) 885-7776 ([www.centerville.k12.oh.us/transportaion-map](http://www.centerville.k12.oh.us/transportaion-map)) or either building listed above.

Included in the kindergarten enrollment packet is a checklist to assist parents in completing all necessary paperwork. Once you have all paperwork completed, please call the Central Office at (937)433-8841 and request an appointment for registration. You do **not** need to bring your child with you to register.

Once your registration is complete, you will be given the opportunity to choose a date and time to bring your child in for kindergarten screening. Please bring your calendar so that you can choose a date and time that best meets your schedule.

We look forward to working with your family. Please feel free to contact us at the numbers below if you have questions.

Sincerely,

Mindy Cline, Principal  
Primary Village North  
(937) 436-6062

Amy Allen, Principal  
Primary Village South  
(937) 312-1273



# Centerville City Schools

## Kindergarten Enrollment Checklist

Date_____	Student's Name_____
DOB_____	School_____
Parent/Guardian_____	

**All of the following must be presented and completed at the time of enrollment.**

- A copy of Driver's License or State issued photo ID of individual enrolling student will be made at registration.

**PROOF OF BIRTH** (Check one):

- |  |  |
|--|--|
| <input type="checkbox"/> Student's certified Birth Certificate | <input type="checkbox"/> Birth Affidavit |
| <input type="checkbox"/> Passport                              | <input type="checkbox"/> Hospital Record |
| <input type="checkbox"/> Baptism Certificate                   |  |

**PROOF OF RESIDENCY** (Check one):

- Mortgage papers, or property tax bill, or copy of deed
- Current signed lease agreement with the landlord's name, address, and telephone number
- House under construction or purchase agreement. Contact Central Enrollment at 433-8841
- Resident affidavit (if living with another person or subleasing) Contact Central Enrollment or individual schools.

**PROOF OF CUSTODY:** (Check one):

- Child lives with natural parent(s)
- Parents married or separated, living apart in different school districts (students can attend either school district)
- Guardian (must show copy of court order granting custody)
- Mother of student never married to father (mother has school custody)
- Father of student never married to mother (father must have custody documents) (*ORC 3109.04.2*)
- Parents divorced (parent **must** provide a copy of court-ordered custody agreement showing which parent is Residential Custodian of child for school purposes)
- Children Services/Foster Placement (Children Services caseworker or foster agency representative **must** present court entry or safety plan)
- Non-parent, i.e., family member, family friend, etc. (Individual must provide paperwork at the time of enrollment showing that they have custody or have filed for custody. **May** enroll for 60 days)
- Grandparent Power of Attorney (*ORC 3109.52*)/Caretaker Affidavit (*ORC 3104.65*)
- Out-of-State Power of Attorney

**ADDITIONAL ENROLLMENT REQUIREMENTS:**

- Special Education/504 Plan Form (Attachment B)
- Understanding Residency Requirement (Attachment C)
- School Language Information (Attachment D)
- Kindergarten Session Preference Form
- Immunization Information Form
- Emergency Medical Authorization Form

## Glossary

**Certified Birth Certificate** – A birth certificate is issued by a state’s health department, state registrar or local registrar. The Birth Certificate shall be **certified** as a true copy by either the health department or registrar’s office. The birth certificate must contain either a raised seal or a rubber stamp seal.

**Baptism Certificate** – a religious record showing the date and birth place of the student.

**Birth Affidavit** – a document that issued by a court certifying the date and place of birth of the student.

**Residence** – where the parents sleep a majority of the time, where mail is received, where meals are eaten and where parents are registered to vote.

**Grandparent Power of Attorney** – allows for the student’s grandparents the ability to enroll the child in school, to obtain educational and behavioral information and to consent to all school-related matters. Legal custody of the child remains with the child’s parent, guardian or custodian. (ORC 3109.52)

**Caretaker Affidavit** – when a grandparent has made “reasonable attempts” to locate and contact both of the child’s parents or the child’s guardian or custodian and has been unsuccessful, the court can issue an affidavit giving a grandparent the same rights under the Grandparent Power of Attorney. (ORC 3109.65)

**Residence Affidavit** – when a student and their parent(s) move in with a family friend or relative and the student’s parent is unable to provide proof of residency. The parent can complete a residence affidavit and have it notarized.

### STUDENT ENROLLMENT FORM

<b>SCHOOL USE ONLY</b>	STUDENT ID _____	ENROLLMENT DATE _____
	BUILDING _____	FAMILY/POD/UNIT _____

Information supplied on this form is required under provisions of Ohio Law and the Ohio Department of Education

**PLEASE PRINT** – Parent/Guardian should complete all information:

#### STUDENT DATA

NAME \_\_\_\_\_ GENDER: M / F  
Last First Middle

GRADE \_\_\_\_\_ CITY OF BIRTH \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ TRANSFER FROM \_\_\_\_\_  
School City/State

ETHNIC INFORMATION (required by Federal law): Are you Hispanic/Latino: \_\_\_\_\_ Yes \_\_\_\_\_ No

Select one or more races from the following five racial groups:

\_\_\_\_\_ American Indian/Alaska Native \_\_\_\_\_ Asian \_\_\_\_\_ Black/African American  
\_\_\_\_\_ Native Hawaiian/Other Pacific Islander \_\_\_\_\_ White

NATIVE LANGUAGE (IF OTHER THAN ENGLISH) \_\_\_\_\_

HAS YOUR CHILD ATTENDED SCHOOL IN THE UNITED STATES FOR LESS THAN THREE (3) YEARS? Y / N

FAMILY EMAIL ADDRESS \_\_\_\_\_

ADDRESS: House # \_\_\_\_\_ Apt. # \_\_\_\_\_ Street \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_

HOME PHONE NUMBER \_\_\_\_\_ Unlisted? (Y/N) PARENT'S CELL NUMBER \_\_\_\_\_

<b>PARENTAL STATUS</b>	<b>RESIDENCY</b>
<input type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Deceased: <input type="checkbox"/> Mother <input type="checkbox"/> Father	<b>STUDENT LIVES WITH (check one):</b> <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Mother & Father <input type="checkbox"/> Mother & Stepfather <input type="checkbox"/> Father & Stepmother <input type="checkbox"/> Foster Parent** <input type="checkbox"/> Guardian/Grandparent <input type="checkbox"/> Host Family <input type="checkbox"/> 18 years old, lives apart from parent and is self Supporting

#### FAMILY DATA

PARENT/GUARDIAN #1 \_\_\_\_\_ RELATIONSHIP TO STUDENT \_\_\_\_\_

EMPLOYER \_\_\_\_\_

WORK PHONE \_\_\_\_\_ EXT \_\_\_\_\_ CELL PHONE \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

PARENT/GUARDIAN #2 \_\_\_\_\_ RELATIONSHIP TO STUDENT \_\_\_\_\_

EMPLOYER \_\_\_\_\_

WORK PHONE \_\_\_\_\_ EXT \_\_\_\_\_ CELL PHONE \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

SIBLINGS ATTENDING CENTERVILLE SCHOOLS:

NAME	DOB	SCHOOL/GRADE
_____	_____	_____
_____	_____	_____

**EMERGENCY CONTACTS NOT LISTED UNDER FAMILY DATA**

EMERGENCY CONTACT 1: \_\_\_\_\_  
 Name Relation Phone Cell

EMERGENCY CONTACT 2: \_\_\_\_\_  
 Name Relation Phone Cell

EMERGENCY CONTACT 3: \_\_\_\_\_  
 Name Relation Phone Cell

STUDENT'S DOCTOR \_\_\_\_\_ Phone \_\_\_\_\_

TRANSFER FROM \_\_\_\_\_  
 School City/State

**PLEASE CHECK THE STATEMENT THAT BEST DEFINES THE STUDENT'S MOST RECENT ENTRY INTO THE CENTERVILLE CITY SCHOOLS:**

- \_\_\_ 1 - Student transferred from Home Schooling in Ohio
- \_\_\_ 2 - Student transferred from out of state/out of country
- \_\_\_ 3 - Student transferred from a nonpublic school in Ohio
- \_\_\_ 4 - Student enrolling for first time in Ohio public school/ community school because of age (Preschool/Kindergarten)
- \_\_\_ 5 - Not enrolled in an Ohio public district or community school since 2003 for reason other than listed above
- \_\_\_ 6 - Transferred from another Ohio public/community school
- \_\_\_ 7 - Previously enrolled in this school district
- \_\_\_ 9 - Student previously enrolled in preschool program

RE-ENTRY: Has this student ever attended a Centerville City School? \_\_\_ Yes \_\_\_ No

If yes, which school building? \_\_\_\_\_

**SCHOOL SERVICES**

Has this student been in any special programs in school? \_\_\_ Yes \_\_\_ No

If yes, what program? \_\_\_\_\_

Does the student have a current: **IEP** \_\_\_ Yes \_\_\_ No **504 Plan** \_\_\_ Yes \_\_\_ No

Has the student received Special Education Services in the past? \_\_\_ Yes \_\_\_ No

**I CERTIFY THAT THE INFORMATION PROVIDED TO THE BEST OF MY KNOWLEDGE IS TRUE.** All registration information is subject to review by the Student Services Department. If false or misleading information is given regarding residency, back tuition may be assessed and student withdrawn from school. It is the responsibility of the parent/guardian to notify the building principal upon a change of address or living conditions. Failure to comply could lead to tuition charges, school records withheld and/or athletic eligibility voided.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

ATTACHMENT B

CENTERVILLE CITY SCHOOLS

**Special Education/504 Plan Form**

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

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

\_\_\_\_\_ Student is **NOT** currently receiving special education services.  
*If checked, you do not have to complete the rest of the form—just sign at the bottom.*

\_\_\_\_\_ Student **IS** currently receiving special education services and being served on an IEP  
(Individualized Education Plan).  
*If checked, please fill out the rest of the form and sign at the bottom.*

\_\_\_\_\_ Student **IS** currently on a 504 Plan.

-----  
\_\_\_\_\_ I have provided a current copy of the IEP.

\_\_\_\_\_ I do not have a current copy of the IEP.

\_\_\_\_\_ I have provided a copy of the Multifactorial Evaluation (MFE).

\_\_\_\_\_ I do not have a current copy of the MFE.

\_\_\_\_\_ I have provided a 504 Plan statement.

\_\_\_\_\_ I have signed the record release form giving my permission to release Special  
Education or 504 Plan information to the Centerville City Schools' Student Services  
Department.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

ATTACHMENT C

CENTERVILLE CITY SCHOOLS

**Understanding Residency Requirements**

- The schools of the Centerville City School District shall be tuition free to all school residents between five and twenty-one.
- A student is considered a resident if he/she resides with a parent or parents or person or governmental agency with legal custody whose place of residence is within the boundaries of the District.
- A legal residence is one where the parents/guardians and children engage in major family life activities such as eating, sleeping, receiving mail, voting, etc.
- A student, at least 18 but not 22 years of age, who resides in the district, lives apart from his/her parents and who supports himself/herself by his/her own labor is eligible for entrance.
- A child may attend the district as a resident for a period not to exceed sixty days on the sworn statement of an adult resident of the district that he/she has initiated legal proceedings for custody. A copy of the application form and a copy of the form listing the date and time of the hearing must be presented.

I understand that if my child attends Centerville City Schools while not being eligible to do so tuition free, I will be responsible for tuition at a rate set by the Treasurer of the Centerville City Schools according to law, plus administrative costs, court costs, and any attorney fees incurred in the collection of these sums and that the student will immediately be withdrawn from the Centerville City School District.

I have read and understand the above statements.

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

Date: \_\_\_\_\_

ATTACHMENT D

CENTERVILLE CITY SCHOOLS

**Home Language Survey**

Student's Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth: City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

Date first enrolled in any U.S. school \_\_\_\_\_

**Please answer the following questions:**

1. What language(s) did your child learn to speak when he/she first learned to talk?

\_\_\_\_\_

2. What language does your child use most frequently at home?

\_\_\_\_\_

3. What language do the parents speak most frequently to the child?

\_\_\_\_\_

**If you want to write more about one of the questions above, please use this space:**

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

Date: \_\_\_\_\_



ID# \_\_\_\_\_  
School use only



\_\_\_\_\_

## Kindergarten Session Preference Form 2017-2018 School Year

*Please print:*

CHILD'S NAME: \_\_\_\_\_ MALE: \_\_\_\_\_ FEMALE: \_\_\_\_\_

CHILD'S DATE OF BIRTH: \_\_\_\_\_

PARENT NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**PREFERENCE:** AM \_\_\_\_\_ PM \_\_\_\_\_ NO PREFERENCE \_\_\_\_\_

PVN HOME SCHOOL: JOHN HOLE \_\_\_ DRISCOLL \_\_\_ STINGLEY \_\_\_ NORMANDY \_\_\_ (FOR GRADES 2-5)

PVS HOME SCHOOL: NORMANDY \_\_\_ CLINE \_\_\_ WELLER \_\_\_ (FOR GRADES 2-5)

We understand that at times working parents encounter problems with daycare transportation. However, please be aware that there are daycares in the area who do deliver and pick-up afternoon students.

**We cannot guarantee session placement based on daycare transportation schedules. Session requests will be honored if possible, but not guaranteed.**

Comments or additional information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ I am interested in the Young Five's program **if screening results indicate that placement for my child.**

## **Centerville City Schools Transportation Information**

Welcome to Centerville City Schools. The Transportation Department is made up of 2 supervisors, 4 secretaries, 4 bus mechanics, and close to 150 bus drivers and aides. We operate 120 buses and over 600 individual bus routes every day. Please go to the Centerville City Schools Transportation Department webpage for more information.

When students register and are added to our database, it may take 48 to 72 hours before transportation information is available. This time is required to route your student(s) and notify the necessary personnel.

Transportation information is available from the Home Access Center (HAC) at <https://hac.centerville.k12.oh.us>

If you have never accessed the HAC, use the Register link to create your account. This link can be found in the Login box. In order for this process to work, we must have a valid email address on record for you. You also will need to confirm the parent or guardian(s) name and the zip code we have on file. If you have trouble completing the registration process, please send an email to [hac@centerville.k12.oh.us](mailto:hac@centerville.k12.oh.us)

Thank you and again welcome to Centerville City Schools!

**The Centerville Transportation Department**

## Centerville City Schools (New Students)

Centerville City Schools takes great pride in transporting over 9,000 students to 14 public and 16 private schools. The Transportation Department is consistently routing new students as well as making changes to bus routes.

We would appreciate your assistance in the efforts to establish more effective routes. If you would indicate below what the plan is for your student(s) transportation needs it would assist greatly in providing efficient bus routes.

Today's Date \_\_\_\_\_

School \_\_\_\_\_ School Year \_\_\_\_\_

Student Name \_\_\_\_\_ ID \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Bus Rider (any time)

\_\_\_\_\_ Bus Rider AM only

\_\_\_\_\_ Bus Rider PM only

\_\_\_\_\_ Parents transporting both ways or personal transportation

Parents Printed Name: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

This information is to help establish more effective bus routes. If your student's transportation needs would change at any time, please call the Transportation Office at 937-885-7776 and we would be glad to place your student on the bus route.

**Please return this information to your student(s) school of attendance by way of one of the following:**

- Fax
- US Mail
- Hand Delivery to the School Office

**Thank you for your help in this matter.**

STUDENT NAME \_\_\_\_\_  
(Please print) Last First (ID #)

# Centerville City Schools

## EMERGENCY MEDICAL AUTHORIZATION FORM

(Ohio Revised Code 3313.712)

Date of Birth \_\_\_\_\_ Home Phone \_\_\_\_\_  
School \_\_\_\_\_ Address \_\_\_\_\_  
School Year \_\_\_\_\_ Grade \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**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. This information will be shared, as necessary, with teachers, bus drivers, administrative staff, health personnel including student nurses, and other school personnel.

### Residential Parent or Guardian

Mother's Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_ Cell \_\_\_\_\_  
Father's Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_ Cell \_\_\_\_\_  
Emergency 1. \_\_\_\_\_ Daytime Phone \_\_\_\_\_ Cell \_\_\_\_\_  
Contacts: 2. \_\_\_\_\_ Daytime Phone \_\_\_\_\_ Cell \_\_\_\_\_  
3. \_\_\_\_\_ Daytime Phone \_\_\_\_\_ Cell \_\_\_\_\_

### Please identify any health concerns that school personnel should be aware of:

Allergies: No \_\_\_\_\_ Yes \_\_\_\_\_ Specify \_\_\_\_\_  
Epi-pen: No \_\_\_\_\_ Yes \_\_\_\_\_ *If yes, Epi-pen Authorization Form must be completed.*  
Asthma: No \_\_\_\_\_ Yes \_\_\_\_\_ *If yes, Inhaler Authorization Form must be completed.*  
Seizures: No \_\_\_\_\_ Yes \_\_\_\_\_ Emergency seizure medications? \_\_\_\_\_  
Name of medications \_\_\_\_\_

Diabetes No \_\_\_\_\_ Yes \_\_\_\_\_ Emergency diabetic medications? \_\_\_\_\_  
Name of medications \_\_\_\_\_

Does your student take any medication regularly? \_\_\_ No \_\_\_ Yes Specify \_\_\_\_\_  
Name of medication, amount taken, how often \_\_\_\_\_

Will your student take medication at school? \_\_\_ No \_\_\_ Yes *If yes, Permission to Dispense Medication Form must be completed.*

Are there any other medical conditions that school personnel should be aware of? \_\_\_\_\_

## 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 \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Medical Specialist \_\_\_\_\_ Phone \_\_\_\_\_

Local Hospital/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 doctors, or, in the event the designated practitioner is not available, 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 other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

### 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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_



# Centerville City Schools

## 2017-2018 School Year IMMUNIZATION INFORMATION

Dear Parents:

- Please complete the immunization/shot record below **or** attach a copy of most current immunization record.
- **Must turn in most current immunization/shot record with school registration in March.**
- At registration you will receive the form, "School Health Examination Record".
  - ✓ Your physician should complete this record at your child's physical **PRIOR** to school entry.
  - ✓ **Must be returned as soon as possible and mandatory before July 31, 2017 in order for your child to start school.**

**PRIOR TO KINDERGARTEN ENTRY:** DTP #5, OPV/IPV #4, MMR #2 and Varicella #2 are **REQUIRED**  
HBV #1, #2, #3 are **REQUIRED**

### Abbreviations for Immunizations

DTP (Diphtheria, Tetanus, & Pertussis)  
 OPV/IPV (Oral or Inactivated Polio Vaccine)  
 MMR (Measles, Mumps, & Rubella)  
 HBV (Hepatitis B Vaccine)  
 Hib or HbPv (Haemophilus B) Required for Preschool  
 Varicella/Varivax (Chicken Pox)

### Typical Immunization Schedule

Birth = HBV #1  
 2 Months = DTP #1, OPV/IPV #1, & HBV #2  
 4 Months = DTP #2, OPV/IPV #2  
 6 Months = DTP #3, HBV #3, OPV/IPV #3  
 15 Months = DTP #4  
 12-15 Months – Varicella (Chicken Pox)  
 12 – 15 Months = MMR  
 4 – 5 Years = DTP #5, OPV/IPV #4, & MMR #2, Varicella (Chicken Pox) #2

### IMMUNIZATIONS AND SKIN TESTING

	DATE	DATE	DATE	DATE	DATE
<b>DTaP/DTP/DT/Td</b> (Diphtheria, Tetanus, Pertusis)					
<b>OPV/IVP</b> (Poliovirus Vaccine)					
<b>MMR</b> (Measles, Mumps, Rubella)					
<b>HBV</b> (Hepatitis B)					
<b>HIB</b> (Haemophilus B Vaccine)					
<b>Varicella / Varivax</b> (chicken pox)			<b>History of Chicken pox date</b>		
<b>PCV</b> (Pneumococcal disease)					
<b>Rota</b> (Rotovavirus)					
<b>Hep A</b> (Hepatitis A)					
<b>TB</b> (Tuberculin)					

CHILD'S NAME \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

**RETURN THIS FORM WITH REGISTRATION PAPERS**

## Immunization Summary for School Attendance Ohio

VACCINES	FALL 2017 IMMUNIZATIONS FOR SCHOOL ATTENDANCE
<b>DTaP/DT Tdap/Td</b> Diphtheria, Tetanus, Pertussis	<b><u>K</u></b> Four (4) or more of DTaP or DT, or any combination. If all four doses were given before the 4 <sup>th</sup> birthday, a fifth (5) dose is required. If the fourth dose was administered at least six months after the third dose, and on or after the 4 <sup>th</sup> birthday, a fifth (5) dose is not required. * <b><u>1-12</u></b> Four (4) or more of DTaP or DT, or any combination. Three doses of Td or a combination of Td and Tdap is the minimum acceptable for children age seven (7) and up. <b><u>Grades 7-12</u></b> One (1) dose of Tdap vaccine must be administered prior to entry. **
<b>POLIO</b>	<b><u>K-7</u></b> Three (3) or more doses of IPV. The FINAL dose must be administered on or after the 4 <sup>th</sup> birthday regardless of the number of previous doses. If a combination of OPV and IPV was received, four (4) doses of either vaccine are required. *** <b><u>Grades 8-12</u></b> Three (3) or more doses of IPV or OPV. If the third dose of either series was received prior to the fourth birthday, a fourth (4) dose is required; If a combination of OPV and IPV was received, four (4) doses of either vaccine are required.
<b>MMR</b> Measles, Mumps, Rubella	<b><u>K-12</u></b> Two (2) doses of MMR. Dose 1 must be administered on or after the first birthday. The second dose must be administered at least 28 days after dose 1.
<b>HEP B</b> Hepatitis B	<b><u>K-12</u></b> Three (3) doses of Hepatitis B. The second dose must be administered at least 28 days after the first dose. The third dose must be given at least 16 weeks after the first dose and at least 8 weeks after the second dose. The last dose in the series (third or fourth dose), must not be administered before age 24 weeks.
<b>Varicella</b> (Chickenpox)	<b><u>K-7</u></b> Two (2) doses of varicella vaccine must be administered prior to entry. Dose 1 must be administered on or after the first birthday. The second dose should be administered at least three (3) months after dose one (1); however, if the second dose is administered at least 28 days after first dose, it is considered valid. <b><u>Grades 8-11</u></b> One (1) dose of varicella vaccine must be administered on or after the first birthday.
<b>MCV4</b> Meningococcal	<b><u>Grade 7-8</u></b> One (1) dose of meningococcal (serogroup A, C, W, and Y) vaccine must be administered prior to entry. <b><u>Grade 12</u></b> Two (2) doses of meningococcal (serogroup A, C, W, and Y) vaccine must be administered prior to entry. ****

**NOTES:**

- Vaccine should be administered according to the most recent version of the *Recommended Immunization Schedules for Persons Aged 0 Through 18 Years* or the *Catch-up Immunization Schedule for Persons Aged 4 Months Through 18 Years Who Start Late or Who Are More Than 1 Month Behind*, as published by the Advisory Committee on Immunization Practices. Schedules are available for print or download at <http://www.cdc.gov/vaccines/recs/schedules/default.htm>.
- Vaccine doses administered  $\leq 4$  days before the minimum interval or age are valid (grace period). Doses administered  $\geq 5$  days earlier than the minimum interval or age are not valid doses and should be repeated as age-appropriate. If MMR and Varicella are not given on the same day, the doses must be separated by at least 28 days with no grace period.
- For additional information please refer to the Ohio Revised Code 3313.67 and 3313.671 for School Attendance and the ODH Director's Journal Entry (available at [www.odh.ohio.gov](http://www.odh.ohio.gov), Immunization: Required Vaccines for Childcare and School). These documents list required and recommended immunizations and indicate exemptions to immunizations.
- Please contact the Ohio Department of Health Immunization Program at (800) 282-0546 or (614) 466-4643 with questions or concerns.

\*Recommended DTaP or DT minimum intervals for kindergarten students four (4) weeks between doses 1-2 and 2-3; six (6) month minimum intervals between doses 3-4 and 4-5. If a fifth dose is administered prior to the 4<sup>th</sup> birthday, a sixth dose is recommended but not required.

\*\* Pupils who received one dose of Tdap as part of the initial series are not required to receive another dose. Tdap can be given regardless of the interval since the last Tetanus or diphtheria- toxoid containing vaccine. DTaP given to patients age 7 or older can be counted as valid for the one-time Tdap dose.

\*\*\* The final polio dose in the IPV series must be administered at age 4 or older with at least six months between the final and previous dose.

\*\*\*\* Recommended MCV4 minimum interval of at least eight (8) weeks between dose one (1) and dose two (2). If the first (1<sup>st</sup>) dose of MCV4 was administered on or after the 16<sup>th</sup> birthday, a second (2<sup>nd</sup>) dose is not required. If a pupil is in 12<sup>th</sup> grade and is 15 years of age or younger, only 1 dose is required. Currently there are no school entry requirements for meningococcal B vaccine.