



STONY CREEK MIDDLE SCHOOL ▪ 2 - 37TH AVE SE ▪ WILLISTON, ND 58801
 701-572-3579 ▪ FAX 701-572-2731

REQUEST FOR STUDENT RECORDS

School Name _____ Phone # _____

Address _____ Fax # _____

City/State/Zip _____

Student Name

Date of Birth

Grade

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The above named student(s) has enrolled in Williams County School District #8.
 Please send the following records pertaining to each student:

1. Cumulative Folder
2. Health Records (immunizations and any disabilities)
3. Psychological/Educational/Emotional assessments
4. Complete Special Education Records

As the parent or guardian of the above-named student(s), I do hereby give my consent for the release of the information as indicated to the above-named school.

Signature of Parent/Guardian _____ Date _____

Authorized Signature _____ Date _____

A school district in which a student enrolls may request student records from a school the student last attended without parent signature of approval. See "Protection of the Rights and Privacy of Parents and Students". Section 438, subsection (b)(1). Parts A & B. page 97 as amended in 1976.



Williams County School District #8 Admission Form

111 - 7TH AVE W • WILLISTON, ND 58801 • 701-572-6359 • FAX 701-572-9311 • WEBSITE: district8nd.com



Today's Date:	OFFICE USE ONLY SCHOOL: GV <input type="checkbox"/> RP <input type="checkbox"/> SC <input type="checkbox"/> BUS SERVICE REQUESTED: YES <input type="checkbox"/> NO <input type="checkbox"/> BUS DRIVER: _____ LUNCH #: _____ SPECIAL SERVICES: _____	Do Not Fill Out or Mark Office Use ONLY Student ID# _____ Entry Date _____ Teacher _____ Student Records: Date Requested _____
Grade Entering:		
STUDENT INFORMATION		

Student Full Name: (Last, First, Middle)		
Physical Address:	(Apt. #)	Mailing Address:
Name, address and city of school student most recently attended (other than District 8)		
Did your child attend preschool? <input type="checkbox"/> Yes <input type="checkbox"/> No		Has student previously attended District 8 School? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name and City of Preschool:		Where:
Date of Birth:	Birthplace:	<input type="checkbox"/> Female <input type="checkbox"/> Male
Immunization Records Present: <input type="checkbox"/> Yes <input type="checkbox"/> No	My child receives the following: Check all that apply. <input type="checkbox"/> Title <input type="checkbox"/> EMH <input type="checkbox"/> Speech <input type="checkbox"/> TMH <input type="checkbox"/> LD <input type="checkbox"/> ED	Ethnicity: <input type="checkbox"/> White <input type="checkbox"/> Native American <input type="checkbox"/> Hispanic <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Other
Birth Certificate Present: <input type="checkbox"/> Yes <input type="checkbox"/> No	Is your child on an IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No	

PARENT INFORMATION

Mother's Name: (Last, First)		Check One: <input type="checkbox"/> Legal Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Step Parent <input type="checkbox"/> Other
Father's Name: (Last, First)		Check One: <input type="checkbox"/> Legal Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Step Parent <input type="checkbox"/> Other
Physical Address:	(Apt. #)	Mailing Address:
Home Phone Number:	Mom's Cell Phone:	Dad's Cell Phone:
Mom's Work Place:	May we call you at work? <input type="checkbox"/> YES <input type="checkbox"/> NO	Mom's Work Phone Number:
Dad's Work Place:	May we call you at work? <input type="checkbox"/> YES <input type="checkbox"/> NO	Dad's Work Phone Number:
Marital Status: Check one: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Other		
Email Address:		



Siblings (include all children in home)

<i>Child's Name:</i>	<i>Age:</i>	<i>School:</i>
<i>Child's Name:</i>	<i>Age:</i>	<i>School:</i>
<i>Child's Name:</i>	<i>Age:</i>	<i>School:</i>

Copies of report cards, school reports, etc. can be mailed to:

<i>Name of Non – Custodial Parent:</i>	
<i>Address:</i>	<i>City, State, Zip Code:</i>

<i>Name of Person/s to Notify, other than Parents, in case of Emergency.</i> (Please inform this Person/s that they may be called by the School)		
<i>Name:</i>		<i>Relationship to Child:</i>
<i>Work Place:</i>	<i>Work Phone Number:</i>	<i>Home/Cell Phone Number:</i>
<i>Name:</i>		<i>Relationship to Child:</i>
<i>Work Place:</i>	<i>Work Phone Number:</i>	<i>Home/Cell Phone Number:</i>
<i>Name:</i>		<i>Relationship to Child:</i>

Health Information

Health Concerns <i>Check all that apply:</i>	
<input type="checkbox"/> <i>Life Threatening Allergies to</i> _____ <input type="checkbox"/> <i>Allergies (What kind?)</i> _____ <input type="checkbox"/> <i>Epi-Pen (Does your child have one in school?)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Asthma</i> <input type="checkbox"/> <i>Inhaler (Does your child have one in school?)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> <i>Heart</i> <input type="checkbox"/> <i>Seizures</i> <input type="checkbox"/> <i>Diabetes (Does your child take insulin?)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, please explain)</i> _____ <input type="checkbox"/> <i>Other</i> _____	
IF YOUR CHILD DOES NOT HAVE <u>ANY</u> HEALTH CONCERNS, PLEASE CHECK THIS BOX <input type="checkbox"/> AND INITIAL _____	
<i>Local Doctor:</i>	<i>Doctor's Phone Number:</i>

Please complete the following:

1. Submit immunization records (may already be included in previous school records).
2. Provide a copy of student's birth certificate.

I certify that this information is true and correct.

Signature of Parent/Guardian)

Date



Williams County School District #8



111 7th Ave W, Williston, ND 58801

701-572-6359 ▪ Fax: 701-572-9311 ▪ Website: district8nd.com

STUDENT RESIDENCY VERIFICATION

Student's name: _____

Parent/Guardian's name: _____

Address: _____

Phone number: _____

I certify that my child meets the following definition of homeless and is living in Williams County School District #8.

- Sharing the housing of other district resident due to loss of housing, economic hardship, or a similar reason
- Living in motels, hotels, trailer parks, or camping grounds with the District due to the lack of adequate accommodations
- Living in emergency or transitional shelter in the District
- Awaiting foster care placement
- Residing in a nighttime residence that is a public or private place in the District not designed for or ordinarily used as a regular sleeping accommodation for human beings
- Living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings in the District

OR

I certify that my child is a resident of Williams County School District #8 as evidenced by one or more of the following documents (PO Box numbers are not acceptable verification of residency). **NOTE: Attach documentation to this form.**

- A valid North Dakota issued Driver's License (with current residential address).
- A valid North Dakota issued State Identification Card (non-Driver's License) (with current residential address).
- A valid Federally issued Identification Card (with current residential address)
- Passport (with current residential address).
- A valid Tribal Government issued Identification Card (with residential address).
- A valid Student Identification Card (with current residential address).
- A valid United States Military Identification Card (with current residential address).
- Utility bill or rent receipt that includes the name and residential address of student's parent/guardian.
- A lease or property purchase agreement that includes the name and residential address of student's parent/guardian.
- Change of Address Verification Letter from US Postal Service.



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STUDENT RESIDENCY VERIFICATION

EXHIBIT

Should the District determine that a student is not a resident of Williams County School District #8 or does not meet the above definition of homeless, Williams County School District #8 shall notify the school district of residence and the student's parent/guardian and withdraw the student from Williams County School District #8 (unless an exception under the McKinney Vento Homeless Education Act applies).

Upon receiving notice of withdrawal from Williams County School District #8, students must immediately enroll in their district of residence. Under North Dakota law, the district of residence is obligated to comply with compulsory attendance reporting requirements, which mandate that administrators report compulsory attendance violations to local law enforcement agency.

I certify that the information that I provided on this form and in conjunction with this form is accurate. I understand that providing false information on this form or in conjunction with this form may result in the Williams County School District #8 withdrawing my child's enrollment in Williams County School District #8.

Parent/Guardian's Signature

Date



Williams County School District #8

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McKinney-Vento Student Residency Questionnaire

These required questions are intended to address the law known as the McKinney-Vento Act (Title X, part C of the No Child Left Behind Act). Your responses will help determine if your child is eligible for specific educational services under this federal law. All information will be kept confidential.

Enrolling School: Garden Valley (K-5) Round Prairie (K-5) Stony Creek Middle (6-8)

Below, check the appropriate box under section 1 or 2 for where you and your family currently reside.

1.) Check this box, if you rent or own an apartment or home. (Williston area)

Please Print Parent's Name _____

If you checked box #1, skip to bottom of form, sign, and date.

2.) If you currently have a temporary living arrangement due to economic hardship, loss of housing, lack of housing or similar reason. (**check the box that best describes**):

- Temporarily live with another family (friends or relatives)
- With an adult that is not my parent or legal guardian, or alone without an adult.
- In a motel/hotel
- In a vehicle of any kind, park or campground or an abandoned/public building not designed for sleeping.
- In an emergency shelter or transitional housing (including awaiting foster care).

If you checked box #2, please complete the remainder of the form.

Student's Name (last, first)	Race/Ethnicity	Male/Female	Birth Date	Grade Level

Please print name of Parent(s) or Legal Guardian(s) _____

Current Address _____ Phone _____

Name Previous School(s)	Location (City, State)	Last Date Attended

Name(s) and ages of Younger Siblings NOT Enrolling	

Signature _____ Date _____
Parent/Guardian or Unaccompanied Youth)

Presenting a false record or falsifying records is an offense under Section 37.10, penal code, and enrollment of a child under false documents subjects the person to liability for tuition and other costs. TEC Sec. 25.002(3) (d)



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Home Language Survey

Williams County School District #8 is required to have a Home Language Survey in every student file.

Student Name

Student School

Student's Grade

The US Office of Civil Rights requires that schools identify possible English Language Learner students during enrollment. This Home Language survey will be used as a tool to determine if your child is eligible for language support services (ELL). If a language other than English is used by you or your child and your child meets the Limited English Proficient definition, the school may give your child an English Language Proficiency Assessment. The school will share the results of the assessment with you.

1. What **language(s)** are spoken at home?

1. _____

2. What **language(s)** do you use the most to speak to your child?

2. _____

3. What **language(s)** does your child use the most at home?

3. _____

4. What **language(s)** does your child learn when he/she first began to talk?

4. _____

5. List other **language(s)** that your child has used with a grandparent or caretaker

5. _____

6. If available, in what language would you prefer to receive information from the school?

6. _____

7. Has your child ever been in an English as a Second Language (ESL or ELL) Program?

7. Yes No

8. Has your child attended school in any country outside of the United States. If so, list where and what grades.

8. _____



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Home Language Survey

This form also asks for information used by other programs to help your student in school. You are not required to answer these questions, but if you circle yes or no for questions 1-4, your student may qualify for additional services.

Refugee Student:

NDDPI applies for a Refugee School Impact Grant to provide services for newly arrived refugee students. A refugee student left their home country due to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership in a particular social group, or political opinion and has fled to another country to be resettled. Newly arrived is defined as within the last three years.

1. Would your child be considered a newly arrived refugee student? Yes No

Immigrant Student:

Immigrant students are mentioned specifically in the LEP definition and may qualify for LEP services. Additionally, students who have attended schools in the US for three years or less may qualify for additional services.

2. Would your child be considered an immigrant student? Yes No

If yes, please fill in the country _____ and US entry date (mm/dd/yy) ____/____/____
(For refugee students, this is the country that you originally fled, not the country that you lived in most recently.)

Native American or Alaska Native student:

Native American and Alaska Native students are mentioned specifically in the LEP definition and may qualify for LEP services.

3. Would your child be considered native American or Alaska Native student by any definition above? Yes No

Migrant Student:

Migrant students are mentioned specifically in the LEP definition and may qualify for LEP services. A migrant student has a parent who is a migratory agricultural worker and in the last 3 years, has moved from one school district to another, in order to work (temporary or seasonal) in agricultural activities.

4. Would your child be considered a migrant student? Yes No

If yes, what is the date that you moved to this area? (mm/dd/yy) ____/____/____

If your family moved to this area for agriculture (temporarily or seasonally) in what area(s) do you work: (please check all that apply)

- Sugar Beet Industry
- Potato Industry
- Bee Keeper/Honey Processing
- Turkey Farm/Processing
- Egg Production

- Meat Processing Plant
- Chicken Farms/Processing
- Plant/Cultivate Trees
- General Dairy Farm Work
- Transportation of Agricultural Products

- Trimming Trees
- Raw Cheese Production
- Custom Combining
- Landscaping, laying Sod or Planting Grass

MEDICAL STATEMENT FOR STUDENT WITH ALLERGIES/ CHRONIC DISEASES/DISABILITIES REQUIRING SPECIAL MEALS

NORTH DAKOTA DEPARTMENT OF PUBLIC INSTRUCTION
CHILD NUTRITION AND FOOD DISTRIBUTION PROGRAMS

(Rev. 6/02) G/Tools/SNP/Medical Statement for Student with Allergies

IF YOUR CHILD **DOES NOT** HAVE ANY
FOOD ALLERGY CONCERNS, PLEASE

CHECK THIS BOX AND

SIGN _____

DATE _____

Name of Student:	School District:
Date of Birth:	School Attended:
Parent Name:	Telephone:

Diagnosis (i.e., food allergy or chronic disease or disability)

If a disability, describe the major life activity affected by the disability

Diet Prescription and/or Texture and Liquids Modification (Describe in detail to ensure proper implementation and compliance.)

Indicate texture: Regular Chopped Ground Pureed

Indicate thickness of liquids: Regular Nectar Honey Pudding

List foods to be omitted from the diet and foods that may be substituted (may use the back of this form)

Omitted Food	Suggested Substitution
Omitted Food	Suggested Substitution
Omitted Food	Suggested Substitution
Special Feeding Equipment	

Signature of Physician	Printed Name
Telephone	Date
Signature of Preparer or Other contact	Printed Name
Telephone	Date

2017-2018 Application for Free and Reduced Price School Meals WILLIAMS COUNTY SCHOOL DISTRICT #8

111 7th Ave W, Williston, ND 58801

Complete one application per household. Please use a pen (not a pencil).

STEP 1

List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper)

Child's First Name	Child's Last Name	School	Grade	Foster Child	Homeless, Migrant, Runaway
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Check all that apply

STEP 2

Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPIR?

Case Number: _____

If NO > Go to STEP 3. If YES > Write a case number here then go to STEP 4 (Do not complete STEP 3)

STEP 3

Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

A. Child Income

Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.

Child Income: \$ _____

How often?

Weekly	Bi-Weekly	2x Month	Monthly
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. All Adult Household Members (including yourself)

List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	Earnings from Work			Public Assistance/Child Support/Alimony			Pensions/Retirement/All Other Income					
	Weekly	Bi-Weekly	2x Month	Monthly	Weekly	Bi-Weekly	2x Month	Monthly	Weekly	Bi-Weekly	2x Month	Monthly
\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Total Household Members (Children and Adults) _____

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member: X X X X

Check if no SSN

STEP 4 Contact information and adult signature. Mail Completed Form To: WILLIAMS COUNTY SCHOOL DISTRICT #8, 111 7th Ave W, Williston, ND 58801

I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.

Street Address (if available) _____ Apt # _____ City _____ State _____ Zip _____

Daytime Phone and Email (optional) _____

Signature of adult _____ Today's date _____

INSTRUCTIONS Sources of Income

Sources of Income for Children	
Sources of Child Income	Example(s)
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages
- Social Security <ul style="list-style-type: none"> - Disability Payments - Survivor's Benefits 	- A child is blind or disabled and receives Social Security benefits - A Parent is disabled, retired, or deceased, and their child receives Social Security benefits
- Income from person outside the household	- A friend or extended family member regularly gives a child spending money
- Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust

OPTIONAL Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

Ethnicity (check one): Race Hispanic or Latino Not Hispanic or Latino American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

The **Richard B. Russell National School Lunch Act** requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Do not fill out For School Use Only

Annual Income Conversion: Weekly x 52; Every 2 Weeks x 26; Twice a Month x 24; Monthly x 12

Total Income

	How often?	
	Weekly	Bi-Weekly
	2x/Month	Monthly
	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>

Household Size

Determining Official's Signature

Date

Confirming Official's Signature

Date

Sources of Income for Adults		
Earnings from Work	Public Assistance/ Alimony / Child Support	Pensions / Retirement / All Other Income
- Salary, wages, cash bonuses - Net income from self-employment (farm or business use the sum of tax lines 12, 13, 14, 17 and 18) If you are in the U.S. Military: - Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) - Allowances for off-base housing, food and clothing	- Unemployment benefits - Worker's compensation - Supplemental Security Income (SSI) - Cash assistance from State or local government - Alimony payments - Child support payments - Veteran's benefits - Strike benefits	- Social Security (including railroad retirement and black lung benefits) - Private pensions or disability benefits - Regular income from trusts or estates - Annuities - Investment income - Earned interest - Rental income - Regular cash payments from outside household

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410
fax: (202) 690-7442; or
email: program.intake@usda.gov

This institution is an equal opportunity provider.

Eligibility:

Free	Reduced	Denied
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Categorical Eligibility

Verifying Official's Signature

Date

2017 – 2018 School Immunization Requirements

Vaccine Type	Number of Required Doses	
	Kindergarten-6 th grade	Grades 7-12
DTaP/DTP/DT/Tdap/Td*	5	5
Hepatitis B	3	3
IPV/OPV [†]	4	4
MMR	2	2
Varicella (Chickenpox)	2	2 ^{§#}
Meningococcal [¶]	0	1
Tdap [⊖]	0	1

- * One dose of DTaP (pediatric diphtheria, tetanus, and acellular pertussis) vaccine must have been given on or after the fourth birthday. Only four doses are necessary if the fourth dose was administered on or after the fourth birthday. Three doses of Tdap (adolescent/adult tetanus, diphtheria, and acellular pertussis)/Td are required for children ages seven or older who were not previously vaccinated. Tdap should be used as the first dose followed by two doses of Td for children age seven or older not previously vaccinated.
- † For polio vaccination, in all-IPV or all-OPV schedule: one dose must have been given on or after the fourth birthday. The final dose in the series should be administered on or after the fourth birthday and at least six months after the previous dose. If four doses are administered prior to age four, a fifth dose should be administered on or after age four. Only three doses of IPV are required if the third dose is given on or after the fourth birthday. Children born before August 2005 only need four doses separated by at least four weeks. These children do not need a dose after the age of four.
- § For the 2017-18 school year, two doses of varicella vaccine are required for kindergarten through ninth grade. If a child has a reliable history of chickenpox disease, the child is exempt from the vaccine requirement.
- # For the 2017-18 school year, one dose of varicella vaccine is required of children attending tenth through twelfth grade. If a child has a reliable history of chickenpox disease, the child is exempt from the vaccine requirement.
- ¶ One dose of meningococcal conjugate vaccine (MCV4) is required for entrance into the seventh grade. One dose of MCV4 must have been given on or after the tenth birthday.
- ⊖ One dose of Tdap vaccine is required for entrance into the seventh grade. One dose of Tdap must have been given on or after the seventh birthday.

Exemptions

Students may be exempt from immunization requirements for the following reasons:

- **Medical Exemption:** Requires a certificate signed by a licensed physician stating that the physical condition of the child is such that immunization would endanger the life or health of the child.
- **Philosophical, Moral or Religious Belief Exemption:** Requires a certificate signed by the parent or guardian whose sincerely held philosophical, moral or religious belief is opposed to such immunization.
- **History of Disease Exemption:** Requires a certificate signed by the parent or guardian or physician stating that the child has a reliable history of chickenpox disease.