



Kindergarten Registration Information 2012

Dear Parent/Guardian,

Welcome! It is our understanding that you are the parent/guardian of a prospective kindergarten pupil. Please read this list of frequently asked question, it will assist you through the registration process.

IS MY CHILD ELIGIBLE FOR KINDERGARTEN?

- Connecticut law requires public schools to be open to all children who reach the age of 5 on or before the first of January of any school year. [C.G.S.* Sec. 10-15c]. **In order for your child to be eligible for kindergarten, he/she must be born on or before January 1, 2008**

DOES MY CHILD NEED A PHYSICAL EXAMINATION?

- Your child will need a physical examination. A physical performed after August 30, 2011 is acceptable. Please bring the State of Connecticut Department of Education, Health Assessment Record with you to the doctor and return completed form to school with your application. **This form must be received and reviewed prior to the first day of school.**

WHAT DOCUMENTS DO I NEED TO BRING TO REGISTRATION?

- Child's full size Birth Certificate (child must be five on or before 1/1/13)
- Picture I.D. of Parent (Drivers License, Non-Driver Photo I.D., Valid Passport with photo)
- Proof of Residency: (one document from group A and one document from group B)
 - (A) **One of the following documents:** Mortgage Deed **or** Notarized Lease Agreement
 - (B) **One of the following documents:** Property Tax Bill, Mortgage Note, Current Utility Bill- UI, Gas, Home Telephone, Water ,Updated Voter Registration Card. **Cell Phone Bills are not accepted**
- Child' Immunization Record (Completed Health Assessment Record)

IS THERE AN ORIENTATION FOR NEW KINDERGARTEN STUDENTS?

- The parents and students will be given an opportunity to visit the kindergarten before the start of the new school year. Our Kinderprep program will be offered in the summer. Details will be available at a later date.

WHERE CAN I OBTAIN REGISTRATION FORMS?

- The registration forms can be obtained at any one of our elementary schools and on The Hamden Public Schools' website www.hamden.org.

WHEN AND WHERE IS REGISTRATION?

- Parents may obtain and submit registration information at their child's designated elementary school. Registration times and dates are as follows.

- o Friday, March 23rd, 1:30 PM – 3:00 PM
- o Monday, March 26th, 1:30 PM – 3:00 PM
- o Tuesday, March 27th, 1:30 PM – 3:00 PM

- Registration will take approximately a half-hour. If you are not sure, which school your child will be attending, please call Central Office (203) 407-2000 or an elementary school in your neighborhood..

WHAT FORMS DO I NEED TO COMPLETE?

- The following forms must be completed for kindergarten registration. You may use this checklist to help you keep track of all of the registration requirements.

- Registration Form: To be filled out by parent/guardian
- Emergency Form: To be filled out by parent/guardian
- Home Language Survey: To be filled out by parent/guardian
- Hamden Public Schools Internet Use Policy Form: To be filled out by parent/guardian
- Permission to Photograph/Videotape Form: To be filled out by parent/guardian
- Pre School Observation Form: To be filled out by Preschool/Child Care Provider
- Health History Form: To be filled out by parent/guardian
- Residency Affidavit: To be filled out by parent/guardian
- State of Connecticut Department of Education Health Assessment Form: To be filled out by physician

We look forward to welcoming you and your family to the Hamden Public Schools' community. It is our belief all students will thrive in and be prepared for an ever-changing world when students, families, teachers, and the community form respectful relationships and strong, active partnerships. If you have any questions, please feel free to contact me.

Sincerely,

Director of Elementary Education
Hamden Public Schools

**Hamden Public Schools
Elementary Registration Card
2012-2013**

Student's Name: _____ My child likes to be called: _____, Grade: _____

Date of Birth: _____ Gender: Male Female United States Citizen? Yes No

Current Address: _____
(Include Apartment/Floor)

Student Lives With: Mother Father Stepmother Stepfather Other (Please Specify): _____

Ethnicity: Is the student Hispanic/Latino? Yes No
Is the student from one or more races using the following? (choose all that apply): White, Asian,
 American Indian or Alaskan Native, Black or African American, Native Hawaiian or Other Pacific Islander

Mother/Guardian Name: _____ United States Citizen? Yes No

Address (if different): _____ Employer: _____

Contact Information:

Home Phone: _____ Cell/Pager: _____ Work Phone: _____

Email: _____

Father/Guardian Name: _____ United States Citizen: Yes No

Address (If different): _____ Employer: _____

Contact Information:

Home Phone: _____ Cell/Pager: _____ Work Phone: _____

Email: _____

Student's Place of Birth (City and State): _____ Former Address (If applicable): _____

School Last Attended: _____ City and State: _____

Grade(s) Attended: _____ Dates Attended: _____

Pre-Kindergarten Information: Did your child attend Pre-School/Daycare? Yes No

If yes, school attended: _____ City and State: _____

How many years _____ or months _____ did your child attend Pre-School/Daycare?

How many days a week did your child attend Pre-School/Daycare? _____ full day(s) or _____ part day(s).

How many hours a week did your child attend Pre-School/Daycare? _____ hours per week

Assessment of Dominant Language:

1. In what language do you speak to your child in the home? _____

2. In what language does your child respond to you in the home? _____

3. What language did your child first learn? _____

4. How long have you lived in this country? _____

5. Has your child been exposed to English? Yes No If yes, how long? _____

Signature of Parent/Guardian

Date



**Hamden Public Schools
Emergency Information
2012-2013
Important Please Print**

For Office Use Only
 Legal Restrictions on the release of child to non-custodial parent
 Child has a medical condition

Student's Name: _____ Grade: _____ Primary Phone Number: _____

Date of Birth: _____ Gender: Male Female Primary Email: _____

Current Address: _____
(Include Apartment/Floor)

Student Lives With: Mother Father Stepmother Stepfather Other (Please Specify): _____

Name of Custodial Parent(s)/Guardian(s): _____

In case of illness or accident it is vital that our office have a telephone number available where you can be contacted during the day. **PLEASE NOTIFY US OF ANY CHANGES DURING THE YEAR.**

Mother/Guardian Name: _____ Employer: _____

Address (if different): _____

Home Phone: _____ Cell/Pager: _____ Work Phone: _____

Father/Guardian Name: _____
Employer: _____

Address _____ (if _____ different):

Home Phone: _____ Cell/Pager: _____ Work Phone: _____

List two people that we may contact during the school day and to whom your child may be released to if you cannot be reached. The two people listed below will be authorized to pick-up your child. You may add more names to the reverse side of the page.

Name: _____ Relationship to Student: _____
Address: _____
Home Phone: _____ Cell/Pager: _____ Work Phone: _____

Name: _____ Relationship to Student: _____
Address: _____
Home Phone: _____ Cell/Pager: _____ Work Phone: _____

Are there any legal restrictions on the release of your child or his/her records to non-custodial parent?
 Yes No **If yes, please specify and provide documentation to the principal.**

In case of accident or illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated below and to follow his/her instructions. If it is impossible to contact the physician, the school may make whatever arrangements necessary.

Hospital of Preference: _____

Physician's Name: _____ Phone: _____

Dentist's Name: _____ Phone: _____

Is there any medical problem that we should be alerted to? _____

Parent/Guardian Signature: _____ Date: _____

Revised 1/5/12

Hamden Public Schools
Hamden School Health Services
Health History Questionnaire

Dear Parent/Guardian,

Please fill out the following health history information if your child is a new entrant to Hamden elementary schools and return to the school nurse. If this is part of the kindergarten packet, please bring the completed form to the school nurse when you register for school along with your child's Immunization records.

1. Identifying Information

Student's Name: _____ Entering Grade: _____ Email: _____

Current Address: _____ Phone: _____ Cell: _____
(Include Apartment/Floor)

Date of Birth: _____ Birth Place: _____ Gender: Male Female

Parent/Guardian Name(s): _____

Last School Attended: _____

2. Early Health and Developmental History

Birth Weight: _____

Please note any complications of pregnancy, labor or delivery, such as illness, infection, long labor, prematurity, etc.: _____

Have you or your primary health care provider identified any developmental problems or concerns?

Yes No

If yes, please explain: _____

3. Medical Information

Primary Health Care Provider's Name: _____ Phone: _____

Date of last physical exam _____

Findings: _____

Is your child on regular medication? Yes No If yes, please name and explain:

Does your child occasionally need medication for any reason? Yes No If yes, please name and explain:

Does your child have an allergy to:

Food	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> If yes, explain: _____
Insects	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> If yes, explain: _____
Medication	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> If yes, explain: _____
Environment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> If yes, explain: _____

Latex
Other

Yes
 Yes

No
 No

If yes, explain: _____
 If yes, explain: _____

4. Review of Systems

If your child has/had any of the following within the past 12 months please check and briefly describe.

Head: None/No incidents Loss of Consciousness Pain

Eyes: None/No incidents Squinting Tearing Cross Eyes Loss/Impaired Sight

Ears: None/No incidents Excess Wax Frequent Infections PE Tubes Loss/Impaired Hearing

Nose: None/No incidents Frequent Colds Nose Bleeds Allergies (explain type)

Throat: None/No incidents Frequent Infections Strep Throat Difficulty Swallowing

Mouth & Teeth: None/No incidents Toothaches Cavities Sourness of the Mouth Speech Problems

Lungs: None/No incidents Difficulty Breathing Wheezing Persistent Cough Asthma Infections
(Bronchitis/Pneumonia)

Heart: None/No incidents Murmur Chest Pains Tires Easily Shortness of Breath
 High Blood Pressure Elevated Heart Rate

Stomach & Bowels: None/No incidents Vomiting Diarrhea Constipation Frequent Stomachaches

Bladder & Kidneys: None/No incidents Painful Urination Infections Bed Wetting

Bones & Muscles: None/No incidents Joint Pain Joint Swelling Limp Knee Pain

Growth: None/No incidents Overweight Underweight Anemia (low red blood cells) Too short Too Tall

Skin & Lymph: None/No incidents Rashes Hives Infections Swollen Glands Bruise Easily Eczema

Hospitalization (explain): _____

Serious Injury/Accident (explain): _____

Surgery (explain): _____

5. Current Behavior and Development

Activities of daily living: Please briefly describe:

Usual sleep pattern (include any problem): _____

Usual eating pattern (include any dietary limitations): _____

Elimination Pattern (indicate any problem with urination or bowel movement): _____

Exercise Habits: _____

Behaviors Please check and explain as appropriate. My child...

- is overly active Yes No Sometimes: _____
- is easily distracted Yes No Sometimes: _____
- is very quiet Yes No Sometimes: _____
- has unusual fears Yes No Sometimes: _____
- has temper tantrums Yes No Sometimes: _____
- plays regularly with other children Yes No Sometimes: _____
- can cooperate with other children Yes No Sometimes: _____

Skills Can your child use...

- pencils? Yes No
- crayons? Yes No
- scissors? Yes No

Language

- Can strangers easily understand your child's speech? Yes No
- Is your child under care for speech? Yes No

What languages are spoken at home? _____

6. Family Information

Has your family had any recent significant changes? (death, divorce, move)

If yes, please explain:

Does any immediate family member or relative have any significant medical problem(s)?

If yes, please explain:

Please give the following information for other children in your family:

Name	Age	Gender	Any Health Problems?	School (if still in school)

8. School Adjustment

How do you think your child will react on the first day of school? _____

Is there anything we can do or should know that might help your child in adjusting positively in school?

What does your child enjoy? _____

Please list your child's interests: _____

What does your child dislike? _____

Thank you for your time and assistance. This information will help me to provide appropriate health care for your child in the school setting. Please keep me updated about any future changes in your child's health status.

I can be reached at: _____

Sincerely,

School Nurse

Date

The above information is accurate to the best of my knowledge.

Parent/Guardian Signature

Date

Home Language Survey

Student's Name: _____ Hamden School: _____ Date: _____

Phone Number: _____ Grade Level in Previous School: _____

Date of Birth: _____ Country of Birth: _____ Male Female

1. Language(s) you speak to your child: _____

2. Language(s) your child speaks to you: _____

3. Language your child learned first: _____

4. How long have you lived in the United States? _____

5. Name and phone number of English speaking contact if needed

Name: _____ Phone Number: _____

6. Put an "X" on the grades your child attended in United States schools

None	1	2	3	4	5	6	7	8	9	10	11	12
------	---	---	---	---	---	---	---	---	---	----	----	----

7. a. Date your child entered the U.S.: _____ b. Date your child entered U.S. schools: _____

8. Was your child in a bilingual or ESL/ESOL program? Yes No

If yes, Date completed: _____ Not completed Not sure

School where services were offered: _____
(school)

Address: _____
(street) (town/city) (state) (zip)

Parent/Guardian Signature: _____ Date: _____

For School Use Only

State and federal guidelines state that all English language learners must be identified and assessed annually. Families can decide on participating only after the student is assessed. Students that opt out do not receive services, but must be assessed annually. It is imperative that we have this information as complete and correct as possible. ELL's receive support accommodations on CMT's and CAPT, and have rigid exiting criteria.

If 2 answers to 1,2, and 3 are not English, the child needs screening.

If the answer to 7a is less than three years, the child needs screening.

If the answer to a past bilingual or ESL/ESOL program is not completed, the family doesn't know, isn't sure, or the records aren't clear, the child needs screening.

Exchange students are not considered for identifying ELL's

If it is indicated that screening is needed, please notify the ESOL coordinator, William Thomas, at he the time of the initial registration by scanning this page and emailing it or sending a fax to 407-2058 and an email. Copy sent to:

_____ Date: _____

HAMDEN PUBLIC SCHOOLS

INTERNET USE AGREEMENT

1. Students and/or parents may never share passwords or accounts. Users have full responsibility for the use of their account. All violations of this policy that can be traced to an individual account name will be treated as the sole responsibility of the owner of the account.
2. Users may never use the Network for any activities that are considered illegal pursuant to state or federal law. Illegal activities may include, but are not limited to, the following conduct:
 - a. Tampering with computer hardware or software, unauthorized entry into computers, or vandalism or destruction of computer files.
 - b. Fraudulent copying, communications or modification of original, authored materials.
 - c. Using the network to harass or disparage others based on their race, national origin, sex, sexual orientation, age, disability, or religious or political beliefs.
 - d. Violations of copyright rules regarding software, information, and attributions of authorship. For this reason, commercial software may not be installed on the system without express permission of the system administrator.
 - e. Deliberate attempts to degrade or disrupt system performance of the Network or any other computer system or network on the Internet. Such conduct may include, but is not limited to, the development of programs that harass other users or infiltrate a computer system and/or damage the software components of a computer system, and use of the network to intentionally obtain or modify files, passwords or data belonging to other users.
 - f. Hate mail, threats, harassment, and other similar communication via the Network.
3. The Network will not be used to transmit or obtain obscene or pornographic material. There is to be no display or transmission of sexually explicit images, messages, or cartoons, or any transmission or use of E-mail communications that contain ethnic slurs or racial epithets.
4. Loading or use of unauthorized games and programs is prohibited.
5. Do not post communications to a public forum without the prior consent of the author of the communication. However, messages posted in a public forum such as newsgroups may be copied in subsequent communications, so long as proper attribution is given.
6. Use appropriate language. Profanity or obscenity will not be tolerated on the network. All network users should use language appropriate to school situations as indicated by district and school codes of conduct.
7. Avoid offensive or inflammatory speech. Network users must respect the rights of others both in the local community and in the Internet at large. Personal attacks are an unacceptable use of the Network.
8. Do not assume a false name or communicate on the Network using another person's name or password.
9. Behave in an exemplary manner on "virtual" field trips. When "visiting" locations on the Internet, or using video conferencing or screen sharing communications tools, network users must conduct themselves as representatives of both their school and the community.
10. Use of the Network for non-school purposes is prohibited.
11. Do not reveal personal information about yourself or others, including home address, telephone numbers, social security number or credit card number.

Student

I understand and will abide by the above Internet Use Agreement. I further understand that any violation of the regulations above is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked, school disciplinary action, and/or appropriate legal action may be taken.

Student Name (please print): _____

Signature: _____ Date _____

School : _____ Grade _____

Parent or Guardian

As the parent or guardian of this student, I have read the Internet Use Agreement. I understand that this access is designed for educational purposes. However, I also recognize it is impossible for Hamden Public Schools to restrict access to all controversial materials and I will not hold the school system responsible for materials students may acquire on the network. I hereby give permission for my child to access the Internet to issue an account if necessary and to certify that the information on this form is correct.

Parent/Guardian Name (please print) _____

Parent/Guardian Signature _____ Date _____

If more space is needed, please use back of page.

4. The Student(s) has/have resided at this address since _____.
5. I submit this affidavit in order to attest that the Student(s) is/are residing with me at my residence address in Hamden, Connecticut and, therefore, the Student(s) is/are legally entitled to attend the Hamden public schools. I further attest that I am providing the Student(s) with residence at my address in Hamden without payment or compensation to me or any other member of my family (directly or indirectly) and that such residence at my address is not being provided for the sole purpose of attending Hamden Public Schools.
6. If I move outside of Hamden, or the Student(s) no longer reside(s) with me at my Hamden residence, I agree to so inform the Hamden Public Schools immediately.
7. I understand and hereby acknowledge that the statements herein are true and that I may be subject to civil and criminal penalties if I have knowingly provided inaccurate information.
8. If it is determined that the Student(s) is/are not legally residing in Hamden and/or is/are not legally entitled to school accommodation in Hamden, I acknowledge and understand that the Hamden Board of Education may assess me tuition for the period of time that the Student(s) was/were not legally entitled to attend Hamden Public Schools. I hereby agree to waive any defenses or claims I may have in any administrative, legal or other proceeding brought by the Hamden Public Schools to collect tuition for the period of time that the Student(s) illegally attended Hamden Public Schools.

Dated: _____, Connecticut

_____201____

By: _____

This document must be witnessed and signed by another person over the age of 18:



Revised 1/5/12

Hamden Public Schools
Permission to Photograph/Video Tape

In connection with the educational programs in our school building, opportunities may occur to photograph or videotape your child. These photographs and/or videos may be used in the school or PTA newsletters, school web sites, yearbooks, bulletin boards, in local or regional newspapers, on television, to train staff members, or as part of a public performance.

In order to grant the school district permission to photograph and/or videotape your child parents/guardians of all students must complete and return the form below.

I hereby give permission for my child _____ to be photographed, videotaped, audio-taped, named on radio, named or shown on television, named or pictured in a newspaper, and/or appear in a public performance (which may be photographed or videotaped).

Parent/Guardian Name (please print)

Parent Guardian Signature

Date

Please not: As per the Hamden Public Schools Web Site Policy (6141.311), no personal information and/or identification of any student (other than first name, and last initial) may be contained in a school web site, whether in conjunction with published photograph or not.



Hamden Public School Health Services Health Assessment and Immunization Information

Dear Parents/Guardian,

State Law in Connecticut requires that every student entering a school system in the State must meet certain health requirements before s/he is allowed to begin school. These requirements are implemented to protect the health of students in our schools.

These requirements include a health assessment and immunizations before entry into school as described below.

1. Health Assessment: Includes a physical examination with height, weight, blood pressure, pulse, and hematocrit or hemoglobin; vision, hearing, speech, scoliosis, and gross dental screening; health and developmental history; and updating of immunizations.

- A. The medical evaluation must be recorded on the Connecticut State Department of Education, Health Assessment Record (HAR-3) to be acceptable. Page one must be completed and signed by the parent/guardian, page two and three must be completed and signed by the Primary Health Care Provider.
- B. **For any student first entering a school in Connecticut**, any health assessment completed in the United States within twelve months prior to the student's date of entry into school in Hamden is acceptable
- C. **For any student transferring from another school in Connecticut**, documentation that the state-mandated health assessments were accomplished as required (on entry, in 6th or 7th grade and in 10th or 11th grade, depending on the student's grade level), and documentation of any significant findings will suffice to meet entry requirements into Hamden Public Schools. Adequate documentation is the student's health record from the former school system, including all previously completed state health assessment forms.
- D. **Any student entering from Asia, Africa, Latin America or any high risk area** is required to get a PPD or show proof of having received one with the date and results.
- E. A more recent health assessment that indicated in (B) or (C) above may be required of any entering student if the School Medical Advisor determines it necessary for the protection of the student or others in school.

No student will be allowed to enter school until the requirements are met.

Students who are not adequately immunized may enter once they provide documentation of having received a dose of each required vaccine for which that student is lacking in the month prior to first attendance; and, continues on the recommended schedule with intent to continue the series as required.

The only valid proof of immunizations is the signature of a primary health care provider or department of health, stating what immunizations were given and the date on which they were administered. Exemptions for mandated immunizations for medical or religious reasons are valid only with appropriate documentation. Forms are available from the school nurse and on the Hamden Public Schools' website (www.hamden.org).

Please call the schools nurse if you have any questions. If school is not in session, please call Hamden School Health Services, (203) 407-2220.

Thank you for your cooperation.

Part II — Medical Evaluation

Health Care Provider must complete and sign the medical evaluation and physical examination

Student Name _____ Birth Date _____ Date of Exam _____

I have reviewed the health history information provided in Part I of this form

Physical Exam

Note: *Mandated Screening/Test to be completed by provider under Connecticut State Law

*Height _____ in. / _____ % *Weight _____ lbs. / _____ % BMI _____ / _____ % Pulse _____ *Blood Pressure _____ / _____

	Norma I	Describe Abnormal	Ortho	Normal	Describe Abnormal
Neurologic			Neck		
HEENT			Shoulders		
*Gross Dental			Arms/Hands		
Lymphatic			Hips		
Heart			Knees		
Lungs			Feet/Ankles		
Abdomen			*Postural	No spinal abnormality	Spine abnormality: Mild Moderate Marked Referral made
Genitalia/ hernia					
Skin					

Screenings

*Vision Screening	*Auditory Screening	Lead:	Date
Type: <u>Right</u> <u>Left</u>	Type: <u>Right</u> <u>Left</u>		
With glasses 20/ 20/	Pass Pass	*HCT/HGB:	
Without glasses 20/ 20/	Fail Fail	*Speech (school entry only)	
Referral made	Referral made	Other:	

TB: High-risk group? No Yes PPD date read: Results: Treatment:

*IMMUNIZATIONS

Up to Date or Catch-up Schedule: **MUST HAVE IMMUNIZATION RECORD ATTACHED**

*Chronic Disease Assessment:

Asthma No Yes: Intermittent Mild Persistent Moderate Persistent Severe Persistent Exercise induced
*If yes, please provide a copy of the **Asthma Action Plan** to School*

Anaphylaxis No Yes: Food Insects Latex Unknown source
Allergies *If yes, please provide a copy of the **Emergency Allergy Plan** to School*
 History of Anaphylaxis No Yes Epi Pen required No Yes

Diabetes No Yes: Type I Type II **Other Chronic Disease:**

Seizures No Yes, type:

This student has a developmental, emotional, behavioral or psychiatric condition that may affect his or her educational experience. *Explain:*

Daily Medications (*specify*): _____

This student may: **participate fully in the school program**
 participate in the school program with the following restriction/adaptation: _____

This student may: **participate fully in athletic activities and competitive sports**
 participate in athletic activities and competitive sports with the following restriction/adaptation: _____

Yes No Based on this comprehensive health history and physical examination, this student has maintained his/her level of wellness. Is this the student's medical home? Yes No I would like to discuss information in this report with the school nurse.

Immunization Record

To the Health Care Provider: Please complete and initial below.

Vaccine (Month/Day/Year) Note: *Minimum requirements prior to school enrollment. At subsequent exams, note booster shots only.

	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5	Dose 6
DTP/DTaP	*	*	*	*		
DT/Td						
Tdap	*				Required for 7th grade entry	
IPV/OPV	*	*	*			
MMR	*	*			Required K-12th grade	
Measles	*	*			Required K-12th grade	
Mumps	*	*			Required K-12th grade	
Rubella	*	*			Required K-12th grade	
HIB	*				PK and K (Students under age 5)	
Hep A	*	*			PK and K (born 1/1/2007 or later)	
Hep B	*	*	*		Required PK-12th grade	
Varicella	*	*			2 doses required for K & 7th grade as of 8/1/2011	
PCV	*				PK and K (born 1/1/2007 or later)	
Meningococcal	*				Required for 7th grade entry	
HPV						
Flu	*				PK students 24-59 months old – given annually	
Other						

Disease Hx _____
of above (Specify) (Date) (Confirmed by)

Exemption

Religious _____ **Medical: Permanent** _____ **Temporary** _____ **Date** _____
Recertify Date _____ Recertify Date _____ Recertify Date _____

Immunization Requirements for Newly Enrolled Students at Connecticut Schools

KINDERGARTEN

- DTaP: At least 4 doses. The last dose must be given on or after 4th birthday.
- Polio: At least 3 doses. The last dose must be given on or after 4th birthday.
- MMR: 2 doses given at least 28 day apart – 1st dose on or after the 1st birthday.
- Hib: 1 dose on or after 1st birthday (Children years and older do not need proof of Hib vaccination).
- Pneumococcal: 1 dose on or after 1st birthday (born 1/1/2007 or later and less than 5 years old).
- Hep A: 2 doses given six months apart- 1st dose on or after 1st birthday.
- Hep B: 3 doses-the last dose on or after 24 weeks of age.
- Varicella: For students enrolled before August 1, 2011, 1 dose given on or after 1st birthday; for students enrolled on or after August 1, 2011 2 doses given 3 months apart – 1st dose on or after 1st birthday or verification of disease*.

GRADES 1-6

- DTaP /Td/Tdap: At least 4 doses. The last dose must be given on or after 4th birthday;

students who start the series at age 7 or older only need a total of 3 doses of tetanus-diphtheria containing vaccine.

- Polio: At least 3 doses. The last dose must be given on or after 4th birthday.
- MMR: 2 doses given at least 28 days apart- 1st dose on or after the 1st birthday.
- Hep B: 3 doses – the last dose on or after 24 weeks of age.
- Varicella: 1 dose on or after the 1st birthday or verification of disease*.

GRADE 7

- Tdap/Td: 1 dose of Tdap for students 11 yrs. or older enrolled in 7th grade who completed their primary DTaP series; For those students who start the series at age 7 or older a total of 3 doses of tetanus-diphtheria containing vaccines are needed, one of which **must** be Tdap.
- Polio: At least 3 doses. The last dose must be given on or after 4th birthday.
- MMR: 2 doses given at least 28 days apart – 1st dose on or after the 1st birthday.
- Meningococcal: one dose for students enrolled in 7th grade.
- Hep B: 3 doses-the last dose on or after 24 weeks of age.

- Varicella: 2 doses given 3 months apart – 1st dose on or after 1st birthday or verification of disease*.

GRADES 8-12

- Td: At least 3 doses. Students who start the series at age 7 or older only need a total of 3 doses of tetanus-diphtheria containing vaccine one of which should be Tdap.
- Polio: At least 3 doses. The last dose must be given on or after 4th birthday.
- MMR: 2 doses given at least 28 days apart- 1st dose on or after the 1st birthday.
- Hep B: 3 doses-the last dose on or after 24 weeks of age.
- Varicella: For students <13 years of age, 1 dose given on or after the 1st birthday. For students 13 years of age or older, 2 doses given at least 4 weeks apart or verification of disease*.

* **_Verification of disease:** Confirmation in writing by a MD, PA, or APRN that the child has a previous history of disease, based on family or medical history.