Sacramento City Unified School District

Early Kinder Parent/Guardian Agreement Form

I, _____ parent/guardian(s) of

_____, fully understand that

the Early Kinder Program is not a substitution for the regular kindergarten program.

Therefore, I understand that upon completion of the Early Kinder Program in June,

2017, my child(ren) _____, will be

placed in a kindergarten program at their home school or apply for placement through the district Enrollment Center for the 2017/2018 school year.

_____

Print Parent/Guardian Name(s)

Parent/Guardian – Signature

_____ _____

Date

_____ _____

Administrator – Signature Date

Sacramento City Unified School District

EARLY KINDER

ENROLLMENT INFORMATION

Please be advised that for the safety and security of all children **ONLY** the parent(s), legal guardian(s) or educational rights holder(s) may enroll a child into our district. ***The parent/legal guardian/educational rights holder who enrolls the child will be required to present PHOTO IDENTIFICATION.***

The following documents are required to complete enrollment for students..
Please bring the following documents along with this completed packet to enroll your child at the Enrollment Center.

ADDRESS VERIFICATION

1. **Bring *ONE* of the following forms:**
   CURRENT mortgage / property tax bill
   CURRENT Rental / lease agreement
   CURRENT utility bill (SMUD, PG&E, or WATER) with correct name and address in the parent/legal guardian or education rights holders name **(must be current within 30 days)**
2. **Proof of birth** – original COUNTY ISSUED birth certificate or passport for each child.
3. **Immunization Record** current for each child.
4. **Guardianship / Custody papers (if applicable)**

NO ADDRESS VERIFICATION IN YOUR NAME?
Important-If you reside with someone and you are the **parent/guardian/educational rights** holder and **do not** have address verification in your name, you **MUST BRING THE FOLLOWING:**

- Declaration of Residency form (DOR). **Must be completed and signed** (see DOR form).
- A copy of the photo I.D. of the person who's name is on the address verification document.
- A copy or original of the address verification document.

Please contact the school office for information about Early Kinder enrollment.

A.M. WINN
3551 Explorer Dr. 95827
(916) 228-5880
A. M. and P. M. classes

Alice Birney Waldorf-Inspired
6251 13th Street 95831
(916) 395-4510
A. M. and P. M. classes

H.W. Harkness
2147 54th Ave 95822
(916) 433-5042
Morning class – 9:00 to 12:45

Hubert Bancroft
2929 Belmar St. 95826
(916) 395-4595
Morning class - 8:15 to 11:35

John Sloat
7525 Candlewood way 95822
(916) 433-5051
Morning class - 8:00 to 12:55

Leonardo da Vinci
4701 Joaquin Way 95822
(916) 395-4635
Afternoon class – 12:00 to 3:20

Pacific
201 41st Street 95824
(916) 433-5089
Morning class - 9:00 to 12:55

Tahoe
3110- 60th St. 95820
(916) 277-6360
Morning class - 9:00 to 12:00

Theodore Judah
3919 McKinley Blvd. 95819
(916) 395-4790
Morning class – 8:00 to 11:20

Washington
520 18th Street 95811
(916) 264-4160
Morning class - 9:00 to 12:45

For further information regarding SCUSD'S Early Kinder Program please contact John Conway, Early Kinder Coordinator SCUSD, at (916) 643-9280

Sacramento City Unified School District

Early Kinder Program

What is Early Kinder?

Early Kinder (also called Transitional Kindergarten) is the first year of a two-year kindergarten experience for children who turn age five from September 2nd through December 2nd.

The Early Kinder classes are taught by a credentialed teacher with a developmentally appropriate curriculum, which promotes a strong foundation and prerequisite skills needed for student success in kindergarten. Early Kinder is an optional program that gives children an additional year of preparation so they enter kindergarten with stronger academic, social and emotional skills needed for future success in school.

Early Kinder/Kindergarten registration Information

A child is eligible for Kindergarten in the same year that he or she has their fifth birthday by September 1st of that school year.

A child shall be eligible for Early Kinder (Transitional Kindergarten) if he or she has their fifth birthday from September 2nd through December 2nd of that school year.

Early Kinder Registration

School sites will consider student placement in SCUSD's Early Kinder program based upon the following:

- Students born on September2nd through December 2nd are eligible for Early kinder not kindergarten.
- Students shall not be enrolled into Early Kinder if the child turns age 5 after December 2nd.
- There is no separate priority for November, October, or September born children. Children born within this 3 month span have equal access to the Early Kinder program.
- Children with a sibling already enrolled in one of the ten schools with an Early Kinder Program will be given enrollment priority.

Parents requesting admission to a criteria-based school must meet admission requirements (example: Alice Birney Waldorf-Inspired K-8).

Due to space availability, parent's request for placement in SCUSD's Early Kinder Program does not guarantee student placement in the school or program requested. If over enrollment occurs, a special lottery will be held. All September 2nd through December 2nd born students shall have their names placed in an equitable lottery at the school site. The following year, Early Kinder students return to their home school site for kindergarten in accordance with district policy: "Students enrolled at a regional non-neighborhood Early Kinder school site shall return to their assigned neighborhood home school to continue their regular second year in kindergarten. Parents requesting to continue the second year of kindergarten as a regional non-neighborhood school would apply to so through the Open Enrollment process."

Sacramento City Unified School District

Early Kinder Information Request

Please print all Information

Neighborhood/Requested School _____ Primary Language _____

Student Legal Name (last, first) _____ Birth Date _____ Gender: M F

Parent Name _____ Home Phone _____ Cell Phone _____

Street Address _____ Work Phone _____

City, State, Zip _____

GENERAL INFORMATION

1. I would like to request that my child be placed in the ☐ AM class ☐ PM class ☐No Preference
2. How will your child get to school?
   ☐ I will transport to and from school ☐ My child will need to ride the SCUSD bus (bussing not available at all sites)
3. Will your child be attending daycare?
   ☐ No ☐ Private Daycare ☐ Child Development Site: _____
4. Does your child have any allergies or medical needs? ☐ No ☐ Yes
   If yes, please describe: _____
5. Names and grade level of siblings (brothers/sisters) attending the requested school:
   _____
6. Has your child been receiving Special Education services? ☐ No ☐ Yes
   If yes, please tell us what services your child has received:
   ☐ Special Day Class (SDC) Preschool ☐ Speech Therapy ☐Adaptive P.E.
   ☐ Other, please describe: _____

KINDERGARTEN READINESS

7. Has your child attended preschool? ☐ No ☐ Yes *If yes, how long?* _____
8. Please check what your child is able to do:

☐ Write his/her name	☐ Recognize letters in the alphabet (out of order)	☐ Count from 1 to 10
☐ Listen to a story	☐ Hop on one foot	☐ Hop on both feet
☐ Read a simple story	☐ Identify primary colors	☐ Skip
☐ Rhyme	☐ Recognize common shapes	☐ Tie shoes
☐ Say the alphabet		

Is there any other information you would like us to know about your child? _____
_____

Are you interested in being a volunteer helper at the school site? ☐ Yes ☐No

I understand that I have completed this form for informational purposes and I still need to complete enrollment. I also understand this does not guarantee placement in the school or program which I have requested.

Parent Signature: _____ Date: _____

Sacramento City Unified School District

EARLY KINDER

STUDENT REGISTRATION FORM

STUDENTS WHO ARE **NEW TO SCUSD**

For Office Use Only
Student ID #

SECTION A: DEMOGRAPHIC INFORMATION

Student Legal Last Name	Legal First Name	Legal Middle Name	Gender	Incoming Grade
			☐ Male ☐ Female	

Nickname: **Preferred Gender Pronoun:**

Legal name of person registering student: **Relationship to student:**

IS YOUR CHILD Hispanic or Latino? ☐ Yes ☐ No

WHAT IS YOUR CHILD'S RACE? (Check all that apply; mark "P" next to your child's primary race.)

☐ American Indian or Alaskan Native
☐ African American or Black
☐ Asian Indian
☐ Cambodian
☐ Chinese
☐ Filipino/Filipino American
☐ Guamanian
☐ Hawaiian
☐ Hmong
☐ Japanese
☐ Korean
☐ Laotian
☐ Other Asian
☐ Other Pacific Islander
☐ Samoan
☐ Tahitian
☐ Vietnamese
☐ White

Date of Birth **Month:**_____ **Day:**_____ **Year:**_____
(*Verification:* ☐ *Birth Certificate* ☐ *Other*: _____)

Place of Birth **City:** _____ **State:** _____ **Country:** _____

Date student first attended school in California? **Month:**_____ **Day:**_____ **Year:**_____

Date student first attended school in the United States? **Month:**_____ **Day:**_____ **Year:**_____

PARENT EDUCATION: Check the box that best describes the highest education level of *either* parent/guardian.

☐ Not a High School Graduate
☐ High School Graduate
☐ Some College (includes AA degrees)
☐ College Graduate
☐ Graduate Degree or Higher

PRESCHOOL: Did your child attend a preschool program? ☐ No ☐ Yes (if yes fill in the information below):

Name of preschool_____ City/State _____

HAS YOUR CHILD EVER BEEN EXPELLED? ☐ No ☐ Yes (Name of school and district: _____)

TRANSPORTATION AND RELATED INFORMATION

Check the boxes below if your child rides the bus.
☐ To School ☐ From School Bus # _____

Daycare Provider:_____
Phone #1: _____ Phone #2: _____

NON-HOUSEHOLD EMERGENCY CONTACTS: ***Authorized to pick up and care for the student with written or verbal permission***

Legal Name:	Relationship to student:	Primary Phone Number:
Legal Name:	Relationship to student:	Primary Phone Number:
Legal Name:	Relationship to student:	Primary Phone Number:

PLEASE READ: California Education Code 49408 states that school districts can require that emergency information be kept current. Parent/guardian is responsible for notifying the school, in writing, of telephone or address changes with three (3) days of occurrence. If the school is unable to reach anyone on this form in an emergency or if a student is left unattended during non-school hours, the school will contact law enforcement or Child Protective Services.

Parent/Guardian Initials:_____

EARLY KINDER

SECTION B: HEALTH AND EMERGENCY INFORMATION

☐ **Check here if student has NO KNOWN HEALTH PROBLEMS.**

☐ **Check here if student has KNOWN HEALTH PROBLEMS and check all that apply below.**

☐ ADD/ADHD ☐ Asthma ☐ Heart Problems ☐ Seizures

☐ SEVERE Allergy to: _____ ☐ Diabetes ___Type I ___Type II

☐ Epi-Pen ☐ Other: _____

☐ Check here if student wears glasses/contact lenses. ☐ Check here if student has hearing loss or uses hearing aids.

Does student have a condition that limits participation in: ☐ Classroom ☐ Physical Education

Explain:

List all medications (including dosage) taken by your child and indicate whether medication is needed at home, school, or both. *Note: California Education Code 49423 requires that if medications are to be taken at school, there must be a medication form on file at school, signed by both parents and physician. Parent or guardian shall inform the school nurse or designated certificated employee of the medication being taken.*

AT HOME _____

AT SCHOOL _____

WHAT SPECIAL SERVICES DOES YOUR CHILD RECEIVE? (Check all boxes that apply)

☐ **Resource (RSP)** ☐ **504** ☐ **Speech & Language** ☐ **Gifted (GATE)**

☐ **Special Day Class (SDC)** ☐ **IEP** ☐ **English Learner Support** ☐ **NONE**

Special Instructions/*Comments *(Medical 504 Plan, special health needs, emergency care plan, etc.):

EMERGENCY AUTHORIZATION

In the event of an emergency, when a parent/guardian is unavailable, I authorize school personnel to make such arrangements for my child to receive medical/hospital care, including necessary transportation, in accordance with their best judgment. I further authorize the physician named below to undertake such care of my child, as he/she considers necessary. In the event said physician is not available, I authorize such care and treatment to be performed by a licensed physician or surgeon. I understand that the parent or guardian is responsible for the cost of such emergency care.

Physician Name _____ Phone _____ Pager _____

Emergency Facility and Phone Number _____

Does this student have health insurance? ☐ Yes ☐ No **Does this student have dental insurance?** ☐ Yes ☐ No

Name of Insurance or Health Plan Provider: _____ Student's Medical Record Number: _____

If none, I give permission to SCUSD to share this information to help apply for health insurance for my child. ☐ *Yes* ☐ *No*

The information provided is accurate to the best of my knowledge, and I understand my responsibility.

_____

Signature of Person Registering Student ***Relationship to Student*** ***Date***

STUDENT REGISTRATION FORM (cont.)

Student Name:	***Grade:***

SECTION C: HOUSEHOLD INFORMATION

Are there other students in this household who attend ANY SCUSD schools (elementary, middle, or high schools)?

☐ No (Skip to Primary Household.)

☐ Yes (Complete the table below. Attach additional paper if needed.)

1st student's LEGAL name:	Date of Birth:	Grade and School:	Relationship to student:
2nd student's LEGAL name:	Date of Birth:	Grade and School:	Relationship to student:
3rd student's LEGAL name:	Date of Birth:	Grade and School:	Relationship to student:
4th student's LEGAL name:	Date of Birth:	Grade and School:	Relationship to student:
5th student's LEGAL name:	Date of Birth:	Grade and School:	Relationship to student:

Is there a legal custody agreement regarding this student?

If yes, check: ☐ *Sole Custody* ☐ *Joint Custody* ☐ *Guardian* ☐ *Foster/Group Home*

Is the student involved in any active court orders? ☐ No ☐ Yes *If yes, what kind?*

PRIMARY HOUSEHOLD:

*This is the address where the student **primarily** lives.*

Address:	Number	Street	Apt/Lot	City	State	Zip
Mailing Address (*if different*):	Number	Street	Apt/Lot	City	State	Zip

Parent/Guardian	Full Legal Name:			
Date of Birth	Home Phone	Cell Phone	Work Phone	Has this person ever been a student in SCUSD? ☐ No ☐ Yes
Email Address:	***Relationship to Student:***	Contact Preferences (*check preferred methods*): ☐ Infinite Campus Parent Portal ☐ Email ☐ Mailings		
Other Adult in Household	Full Legal Name:			
Relationship to Student:	Date of Birth	Cell Phone	Work Phone	Has this person ever been a student in SCUSD? ☐ No ☐ Yes

EARLY KINDER

SECONDARY HOUSEHOLD: *Complete this section **ONLY** if parents **do not** live in same household.*

Address:	Number	Street	Apt/Lot	City	State	Zip
Mailing Address (if different):	Number	Street	Apt/Lot	City	State	Zip

Parent/Guardian	Full Legal Name:			
Date of Birth	Home Phone	Cell Phone	Work Phone	Has this person ever been a student in SCUSD? ☐ No ☐ Yes
Email Address:	***Relationship to Student:***	Contact Preferences (*check preferred methods*): ☐ Infinite Campus Parent Portal ☐ Email ☐ Mailings		
Other Adult in Household	Full Legal Name:			
Relationship to Student:	Date of Birth	Cell Phone	Work Phone	Has this person ever been a student in SCUSD? ☐ No ☐ Yes

AUTOMATED MESSENGER CONTACT INFORMATION: Check to *receive automated messages*.

	Attendance	Behavior	General	Teacher	Priority
Primary Guardian's Email Address	☐	☐	☐	☐	☐
Primary Guardian's Home Phone	☐	☐	☐	☐	☐
Primary Guardian's Cell Phone	☐	☐	☐	☐	☐
Primary Guardian's Work Phone	☐	☐	☐	☐	☐
Other Adult's Cell Phone	☐	☐	☐	☐	☐
Secondary Guardian's Email Address	☐	☐	☐	☐	☐
Secondary Guardian's Home Phone	☐	☐	☐	☐	☐
Secondary Guardian's Cell Phone	☐	☐	☐	☐	☐
Secondary Guardian's Work Phone	☐	☐	☐	☐	☐
Other Adult's Cell Phone	☐	☐	☐	☐	☐

SCHOOL MOST RECENTLY ATTENDED *(Attach additional information, if needed.)*

School	City and State	Grade Level	Date Started	Date Left

For District Use Only

Proof of Residence	Proof of Immunization	Date/Time Registered	Enrollment Date	Grade	District Official Signature
Type: Verified:	Type: Verified:	Date: Time:			

TYPE OF REGISTRATION

☐ Neighborhood ☐ Open Enrollment ☐ Program Improvement ☐ Intra-district Transfer ☐ Inter-district Transfer
☐ Charter School ☐ Over Enrollment – Neighborhood School:_____ Receiving School:_____
☐ SHPD ☐ Foster Youth ☐ In-Transition ☐ Special Education – Placement:

Sacramento City Unified School District

Date: _____

Student ID: _____

Date of Birth: _____

Last School Attended: _____

EARLY KINDER

Home Language Survey

English, Spanish, Hmong (Leng/Der)

School/ Escuela
Tsev kawm ntawv/Tsev kawm ntawv

Name of student/ Nombre del estudiante
Miv-nyuas kawm ntawv Npe/ Menyuam kawm ntawv npe

Grade/Grado
Qeb/ Qib

1. **Which language did your child learn when he or she first began to talk?** _____
   ¿Qué idioma aprendió su hijo/a cuándo empezó a hablar?
   Yaam lug twg yog yaam kws koj tug mivnyuas kawm thaud nwg pib xyum has lug?
   Thaum koj tus menyuam pib hais lus ntawd nws hais hom lus twg?

2. **Which language does your child most frequently use at home?** _____
   ¿Qué idioma usa su hijo/a en la casa?
   Koj tug mivnyuas has (siv) yaam lug twg heev tshaaj nyob tom tsev?
   Nyob hauv tsev, feem ntau koj tus menyuam hais hom lus twg?

3. **Which language do you use most frequently to speak to your child?** _____
   ¿Qué idioma usa usted regularmente con su hijo/a?
   Koj has yaam lug twg heev tshaaj rua koj tug mivnyuas?
   Feem ntau koj hais hom lus twg rau koj tus menyuam?

4. **Which language is most often spoken by adults in the home?** _____
   ¿Qué idioma usan los adultos más a menudo en casa?
   Yaam lug twg yog yaam kws cov tuab-neeg laug has heev tshaaj nyob huv koj tsev?
   Nyob hauv tsev, feem ntau cov neeg laus hauv tsev hais hom lus twg?

If your child was not born in the United States, please answer the following questions.
Si su hijo/a no nació en los Estados Unidos, por favor conteste las siguientes preguntas.
Yog has tas koj tug mivnyuas tsi yug nyob tebchaws Asmesliskas nuav, thov teb cov lug-nug nraag qaab nuav.
Yog koj tus menyuam tsis yug nyob teb chaws Asmesliskas no, thov teb cov lus hauv qab no.

1. **In what country was your child born?** _____
   ¿En qué país nació su hijo/a?
   Koj tug mivnyuas yug nyob rua lub teb chaws twg?
   Koj tus menyuam yug nyob rau lub teb chaws twg?

2. **What was his/her entry date to the first school in the US?** _____
   ¿Cuál fue su fecha de entrada a la primera escuela en los Estados Unidos?
   Nub kws nwg tuaj kawm ntawv rua thawj lub tsev kawm-ntawv huv Asmesliskas yog nub twg?
   Hnub twg yog hnub nws nkag kawm ntawv rau thawj lub tsev kawm ntawv hauv Asmesliskas no?

_____
Parent Signature/Firma del Padre
Nam-txiv suam npe/ Niam Txiv Kos Npe

_____
Date/Fecha
Nub-tim/ Hnub tim

- If the answers to all the questions are English, enter "Eng" in the native language code in the box below. Enter as Home Primary Language in Infinite Campus.
- If the answers to questions 1, 2, or 3 are a language other than English, enter the appropriate native language code in the box below. Fill in Infinite Campus the same way.
- If the answer to question 4 is the only response indicating a language other than English, enter "Eng" in the native language box below. Fill in Infinite Campus the same way.

Home Language Code: _____

Chinese, Vietnamese, and Russian Translations on the back.

Sacramento City Unified School District

Date: _____

Student ID: _____

Date of Birth: _____

Last School Attended: _____

Home Language Survey

Chinese, Vietnamese, Russian

Chinese/母語調查

學校名稱: _____ 學生姓名: _____ 第_____ 年級

1. 當你子女初學講話時，他/她學什麼語言? _____
2. 現在你子女在家中談話時最常用什麼語言? _____
3. 你在家中最常用什麼語言? _____
4. 你家中的成年人大多數用什麼語言談話? _____

如果你子女不是在美國出生， 請填寫下列問題。

1. 你子女在什麼國家出生? _____
2. 你子女在美國第一次入學的日期是 _____

家長簽名: _____ 日期: _____

Vietnamese/ Tiếng Việt

Trường _____ Tên học sinh_____ Lớp_____

1. Con quí vị học ngôn ngữ nào lúc cháu bắt đầu biết nói? _____
2. Con quí vị thường dùng ngôn ngữ nào ở nhà nhất? _____
3. Quí vị thường sử dụng ngôn ngữ nào ở nhà nhất? _____
4. Trong gia đình, người lớn thường dùng ngôn ngữ nào nhất? _____

Nếu con quí vị không sanh ở Hoa Kỳ, xin trả lời các câu hỏi sau:

1. Con quí vị sanh tại quốc gia nào? _____
2. Ngày đi học đầu tiên ở Hoa Kỳ là ngày nào? _____

_____ _____

Chữ ký của phụ huynh Ngày

Russian/Русский язык

_____ _____ _____

Название школы Имя и фамилия ученика Класс

1. На каком языке ваш ребёнок начал говорить с рождения? _____
2. На каком языке ваш ребёнок чаще всего говорит дома? _____
3. На каком языке вы чаще всего говорите дома? _____
4. На каком языке взрослые чаще всего говорят дома? _____

Если ваш ребёнок родился за пределами Америки, пожалуйста, ответьте на следующие вопросы.

1. В какой стране ваш ребёнок родился? _____
2. Укажите число, когда ваш ребёнок начал посещать школу в Америке первый раз? _____

_____ _____

Подпись родителей Число

GUIDE TO IMMUNIZATIONS REQUIRED FOR SCHOOL ENTRY

GRADES TK/K–12

Requirements by Age and Grade Entering:

Vaccine	4-6 Years Old Elementary School at Transitional-Kindergarten/ Kindergarten and Above	7-17 Years Old Elementary or Secondary School	7th Grade*
Polio (OPV or IPV)	**4 doses** (3 doses OK if one was given on or after 4th birthday)	**4 doses** (3 doses OK if one was given on or after 2nd birthday)	
Diphtheria, Tetanus, and Pertussis (DTaP, DTP, DT, or Tdap)	**5 doses** (4 doses OK if one was given on or after 4th birthday)	**3 doses** (4 doses required if last dose was before 2nd birthday. At least one dose must be Tdap or DTaP/DTP given on or after 7th birthday for all 7th-12th graders.)	**1 dose of Tdap** (Or DTP/DTaP given on or after the 7th birthday.)
Measles, Mumps, and Rubella (MMR or MMR-V)	**2 doses** (Both given on or after 1st birthday. Only one dose of mumps and rubella vaccines are required if given separately.)	**1 dose** (Dose given on or after 1st birthday. Mumps vaccine is not required if given separately.)	**2 doses of MMR** or any measles-containing vaccine (Both doses given on or after 1st birthday.)
Hepatitis B (Hep B or HBV)	**3 doses**		
Varicella (chickenpox, VAR, MMR-V or VZV)	**1 dose**	**1 dose** for ages 7-12 years. **2 doses** for ages 13-17 years.	

*New admissions to 7th grade should also meet the requirements for ages 7-17 years.

INSTRUCTIONS:

California schools are required to check immunization records for all new student admissions at Kindergarten/TK through 12th grades and all 7th graders before entry.

1. Notify parents of required immunizations and collect immunization records.
2. Copy the date of each vaccine from the child's immunization record to the California School Immunization Record (Blue Card, CDPH-286) and/or supplemental Tdap sticker [PM 286 S (01/11)] or enter into an approved electronic system that prints a Blue Card.
3. Compare number of doses on the Blue Card to the requirements above.
4. Determine whether child can be admitted.

Questions?

Visit ShotsForSchool.org

or

Contact your local health department

(bit.do/immunization)

Continued on next page.

ADMIT A CHILD WHO:

- Has all immunizations required for their age or grade, or
- Submits a **personal beliefs exemption** (before January 1, 2016) for missing shot(s) and immunization records with dates for all required shots not exempted, or
- Submits a physician's written statement of a **medical exemption** for missing shot(s) and immunization records with dates for all required shots not exempted.

ADMIT A CHILD CONDITIONALLY IF:

- He/she is missing a dose(s) in a series, but the next dose is not due yet. (This means the child has received at least one dose in a series and the deadline for the next dose has **not** passed.) The child may not be admitted if the deadline has passed or the child has not yet received the 1st dose.
- Has a temporary medical exemption to certain vaccine(s) and has submitted an immunization record for vaccines not exempted.

When Missing Doses Can Be Given:

Vaccine	Age (Years)	Missing Dose	Earliest Date After Previous Dose	Deadline After Previous Dose
Polio		2nd	6 weeks	10 weeks
		3rd	6 weeks	12 months
DTP/DTaP	Under 7	2nd or 3rd	4 weeks	8 weeks
		4th	6 months	12 months
	7 & Older	2nd	4 weeks	8 weeks
		3rd	6 months	12 months
MMR		2nd	1 month	3 months
Hep B	4–6	2nd	1 month	2 months
		3rd	2 months after 2nd dose and at least 4 months after 1st dose	6 months after 2nd dose and at least 4 months after 1st dose
Varicella	13–17	2nd	4 weeks	3 months

DO NOT ADMIT A CHILD WHO:

Does not fit one of the previous categories. Refer parents to their physician with a written notice indicating which doses are needed.

FOLLOW-UP IS REQUIRED AFTER ADMISSION IF:

- Child was missing a dose(s) in a series, but admitted conditionally.
- Child has a temporary medical exemption.
- Awaiting records for transfers from within California or another state. School may allow up to 30 school days before exclusion.

Maintain a list of unimmunized children (exempted or admitted conditionally), so they can be excluded quickly if an outbreak occurs.

Notify parents of the deadline for missing doses. Review records every 30 days until all required doses are received.