

Abington Public Schools

Student Registration



Do You Need to Register your child for school?

Grades 1 -12

Please contact the Office of Student Services between the hours of 9 a.m. and 2 p.m.

*781-982-2175
Abington Public Schools
1071 Washington Street*

*Early Education Program/Pre-Kindergarten - Please contact the **AEEP** at
781-982-2195*

*Kindergarten Program - Please contact **Beaver Brook Elementary School** at
781-982-2185*

Paper copies of the enrollment packet to be completed can be picked up at any of our schools or print one out from our website at <https://www.abingtonps.org>.

Registration paperwork can be dropped off with your information at the Student Services Office.

ALL KINDERGARTEN PARENTS/GUARDIANS MUST call Beaver Brook Elementary School at 781-982-2185 to schedule a screening appointment.

The Abington Public School District guarantees all students regardless of race, gender, sexual orientation, color, religion, national origin or disability, equal and unbiased treatment in and access to, all aspects of public school education. This policy of nondiscrimination extends to and includes admission to programs and activities in accordance with Title IX of the Educational Amendments of 1972, Chapter 622 of the Acts of 1971, Chapter 766 of the Acts of 1972 and Section 504.

Abington Public Schools

Student Registration Grades 1-12

We would like to welcome you to our school district. In order to help you enroll your child as quickly as possible, we have developed the following list of information you will need to provide to us ***prior*** to your child being officially enrolled.

For registration forms and information, please visit our website at www.abingtonps.org.

Please see the helpful checklist on page 2 for required registration documents.

No student shall be enrolled without a completed registration packet.

ABINGTON PUBLIC SCHOOL DISTRICT

REGISTRATION PROCESS

We recommend you check the boxes below after you have completed each step.

NO REGISTRATIONS WILL BE PROCESSED UNTIL ALL OF THE FOLLOWING MATERIALS HAVE BEEN RECEIVED.

1. **Official Birth Certificate**
2. **Proof of Residence** – see form on next page for required documentation
3. **Current physical examination and immunization history (including a lead test and record of vision screening completed by your child’s physician)**. If your child’s immunizations are not up to date, please contact your child’s doctor immediately for an appointment. Prior to attending school, student will need proof of immunizations and current physical.
4. **Complete the enclosed forms listed below:**
 - a. Form #1 School Record and Discipline Form
 - b. Form #2 Registration Form (3 pages)
 - c. Form #3 Student Emergency Information
 - d. Form #4 Student Health Update (2 pages)
 - e. Form #5 Home Language Survey
 - f. Form #6 Race/Ethnicity

Please note – if parent/guardian and the student are residing with a family member and do not own or rent the residence where they are living, you must provide the following:

- **Notarized Verification of Student Residency Form from head of household stating that child and parents/guardians are residing at stated address. (Local police departments and school security will make periodic checks to ensure student is living at declared address).**
- **Mass. Driver’s License/Mass ID for the head of that household with current address as well as Mass Driver’s License/Mass ID for Parents/Guardians**

Registrations may require additional documents be provided.

- **Proof of Residency as stated in #2 above.**

Abington Public School District

PROCEDURES FOR ENROLLMENT AND PROOF OF RESIDENCY

Under MGL, Chapter 76, Section 5, every person “shall have the right to attend the public school of the town where she/he actually resides.” The following procedures will be followed in order to verify a student’s residency.

Before any student is enrolled in the Abington Public School District, the student’s parent or legal guardian* must prove legal residence in the town of Abington. Children whose primary residence is outside of Abington are not eligible to attend the Abington Public School District. Residency means the domicile where a child spends the majority of her/his time. The law is very clear that the determination for residency lies in the establishment of “domicile” – where the student resides, as determined by the establishment of where the center of her/his domestic, social and civic life is, and this is where one is to attend school. This standard must be the first step met before a family seeks to demonstrate the residency of the child.

All applicants must submit at least **three proofs of residency**. (*Column C may be submitted within 30 days of registration.*)

The documents must be pre-printed with the name and address of the student’s parent or guardian. *When registering a student for Abington Public Schools, the district will confirm residency. These documents also will be required for any **change of address**.

All applicants must submit at least one document from <u>each</u> of the following columns:		
Column A	Column B	Column C
<p><i>Must be showing an Abington current address**</i></p> <ul style="list-style-type: none"> • Valid driver’s license • Valid Massachusetts photo Identification card • Valid passport, dated within the past year <p><i><u>If license/ID does not show current address, you can go online to www.massdot.state.ma.us/rmv and click on Change of Address, they will email you a receipt. Please submit a copy.</u></i></p>	<ul style="list-style-type: none"> • Copy of Lease • Mortgage Statement • Section 8 Agreement • Legal affidavit from landlord affirming tenancy • Copy of deed or purchase and sales agreement 	<p><i>A utility bill or work order dated within the past 60 days including</i></p> <ul style="list-style-type: none"> • Gas bill • Oil bill • Electric bill • Telephone bill • Cable bill <p><i>Please note that utility companies provide online access to download your bills/statements.</i></p>

***Legal guardianship requires additional documentation from a court or agency.**

*The Abington Public School District residency policy does not apply to homeless students. (McKinney-Vento Act)
Residency fraud impacts all tax payers*

*I/we understand that all applicants must reside in Abington (Massachusetts General Laws, Chapter 76, sec 5 every person shall have a right to attend the public schools of the town where he/she actually resides, subject to the following section. No School Committee is required to enroll a person who does not actual reside in the town unless said enrollment is authorized by law or by the School Committee. **Any person who violates or assists in the violation of this provision may be required to remit full restitution to the town of the improperly attended public schools.** No person shall be excluded from or discriminated against in admission to a public school or any town, or in obtaining the advantages, privileges and courses of study of such public school on account or race, color, sex, religion, national origin or sexual orientation.*

Amended by st.1971, c.622, c.1; st.1973, c.925, s.9A, ST.1993, C.282; ST.2004, C.352, S.33)



ABINGTON PUBLIC SCHOOLS

"The mission of the Abington Public Schools is to provide all students with relevant, challenging educational experiences to prepare them to be engaged, responsible citizens and members of the global community."

SCHOOL RECORD AND DISCIPLINE RELEASE

State law requires students and/or their parents to provide a complete school record upon enrollment in a new district. Please sign below to permit release of all school records for the named student to complete enrollment in the Abington Public Schools.

FORMER SCHOOL NAME: _____ Current Grade _____

ADDRESS: _____

PHONE: _____ FAX: _____

Please release complete school records for: _____,

Student Last Name, First Name Date of Birth

including:

- Transfer Card or Discharge Letter
- Health records (immunizations, birth certificate or passport)
- Academic/Attendance Records
- ELL Records
- Other: Special Education/Evaluation Reports (psychological, I.E.P., 504 Plan, etc.)
- Discipline Record

Signature of Parent/Guardian of Student

Date

Education Reform Act of 1993

Under the Education Reform Act, Section 37:37L of Chapter 71, we are requesting information relative to discipline. Please respond to the following question:

- The above named student **had no** issues relative to discipline as defined by Section 37:37L of Chapter 71.
- The above named student **has had** issues relative to discipline as defined by Section 37:37L of Chapter 71.
- A copy of this discipline record has been attached to this form.

Section 37, and Section 37L of said Chapter 71 of the General Laws, as appearing in the 1990 Official, is hereby amended by adding the following:

"A student transferring into a local system must provide the new school system with a complete school record of entering student. Said record shall include, but not be limited to, any incident reports in which such student were charged with any suspended act."

Signature of Administrator

Date

ABINGTON PUBLIC SCHOOLS STUDENT REGISTRATION

STUDENT INFORMATION

LAST NAME (LEGAL)	FIRST NAME (LEGAL)	MIDDLE NAME (LEGAL)
ENTERING GRADE	GENDER	DATE OF BIRTH
	Male <input type="checkbox"/> Female <input type="checkbox"/> Not Specified <input type="checkbox"/>	Month _____ Day _____ Year _____
Birth City/Town: _____		Date Student Entered the United States: _____
Student's Address: _____		Home Phone Number: _____
City: _____	State: _____	ZIP Code: _____
Student's Primary Language	Language Spoken In Home	Ethnicity: (Required by the MA Dept. of Education)
		<input type="checkbox"/> Hispanic or Latino

RACE: (PLEASE CHECK ALL THAT APPLY)

_____ American Indian/Alaskan Native	_____ White/Caucasian	_____ Asian
_____ Black/African-American	_____ Hawaiian/Other Pacific Islander	

ARE THERE ANY CUSTODY ISSUES OF WHICH WE SHOULD BE AWARE? ARE EITHER PARENT DENIED LEGAL ACCESS TO STUDENT RECORDS?

_____ No _____ Yes (★ If yes, please specify): _____

★ Current Legal documentation MUST be provided ANNUALLY to the Principal before restrictions can be implemented.

PARENT INFORMATION

Name: _____		Relationship To Student: _____
Address: _____		Preferred Phone: _____
City: _____	State: _____	E-Mail: _____
Cell Phone: _____	Place of Employment: _____	Work Phone: _____
Parent(s) Marital Status: ___ Married ___ Separated ___ Single ___ Divorced ___ Widowed		
Student Lives With _____ Yes _____ No		

Name: _____		Relationship To Student: _____
Address: _____		Preferred Phone: _____
City: _____	State: _____	E-Mail: _____
Cell Phone: _____	Place of Employment: _____	Work Phone: _____
Parent(s) Marital Status: ___ Married ___ Separated ___ Single ___ Divorced ___ Widowed		
Student Lives With _____ Yes _____ No		

★ If applicable – Documentation must be provided.

Who has physical custody?		Who has legal custody?	
Name: _____		Name: _____	
Address: _____		Address: _____	
Relationship: _____		Relationship: _____	
Preferred Phone: _____		Preferred Phone: _____	

★ If student resides with a guardian, please complete this section. (Paperwork MUST be on file.)

GUARDIAN INFORMATION

Name: _____		Name: _____	
Relationship to student: _____		Relationship to student: _____	

ABINGTON PUBLIC SCHOOLS STUDENT REGISTRATION

Address (if different)	Address (if different)
Preferred Phone (if different)	Preferred Phone (if different)
Military Family Status _____ Yes _____ No Please circle 1, 2 or 3 Student is a child of either (1) an active duty member of the uniformed services or National Guard & Reserve on active duty orders, or (2) a member or veteran who are medically discharged or retired within one year, or (3) a member who died on active duty.	
STUDENT'S PREVIOUS SCHOOL INFORMATION	
Has this student ever attended a public school in Abington: _____ Yes _____ No If yes, which school? _____ Last school / preschool completed: _____ Location: _____ Last grade attended: _____ Date left previous school: _____ Has this student ever been expelled from school? _____ Yes _____ No If yes, please state reason: _____ Check each that applies: <input type="checkbox"/> Student has an Individual Education Program (Special Education). <input type="checkbox"/> Student is receiving Title I services. <input type="checkbox"/> Student is receiving English Language Learner (ELL) services. <input type="checkbox"/> Student has a 504 Plan. Please complete the following for students born outside the United States or who have been education outside the U.S.: Has the student completed 3 years of schooling in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, how many full years were completed? _____ Date of first year of school in the United States: _____ Years of schooling at home/or in other country? _____ Highest grade completed at home/or in other country? _____	
Siblings with birthdates and schools they attend: _____ _____ _____	
Hospital Preference:	Doctor:
Insurance:	Policy Claim #
ALTERNATE CONTACT/EMERGENCY CONTACT PERSON (OTHER THAN PARENT/GUARDIANS)	
Name:	Relationship:
Preferred Phone Number:	Cell:
	Work:
Name:	Relationship:
Preferred Phone Number:	Cell:
	Work:
Name:	Relationship:
Preferred Phone Number:	Cell:
	Work:
SIGNATURE OF PARENT/GUARDIAN REGISTERING STUDENT	DATE

ABINGTON PUBLIC SCHOOLS STUDENT REGISTRATION

Form 2

Legal Last Name _____ First Name _____ Middle Name _____

MEDICAL CONTACTS – INSURANCE

Name of Primary Care Doctor		Phone No.	
Name of Dentist		Phone No.	
Health Insurance Yes No	Name of Insurance		
Health Insurance Number:		Is insurance through CommCare/Mass Health	Yes No

If you have no health insurance, Massachusetts has health insurance plans that will provide uninsured children with affordable health insurance (restrictions may apply). If you are interested in more information about these programs, please contact the School Nurse.

Release of Information regarding Medicaid (Please Initial.) As parent/guardian of the child named above, I give permission to disclose information from my child's educational records to school districts and designees, State, and Federal Medicaid

Release of Information regarding Mass Health (Please Initial.) As parent/guardian of the child named above, I give permission to disclose information from my child's educational records to school districts and designees, State, and Federal administration

MEDICAL INFORMATION

(If applicable, please complete this section)

Medical Illnesses (for example: asthma, seizures, heart condition):
Medications:
Allergies/Alert:

MEDICAL PERMISSIONS AND CONSENTS

I GIVE PERMISSION TO THE School Nurse to share information relevant to my child's health condition with appropriate school personnel when needed to meet my child's health and safety needs.

I give permission to exchange information with my child's primary care provider and/or emergency personnel for the purpose of referral, diagnosis and treatment.

I understand in the event of a medical emergency my child may be transported to the nearest local hospital by ambulance. I will not hold the school district financially responsible for the emergency care and/or transportation for said child.

(The School Nurse may administer specific medications to students during school hours based on written protocols for these medications that have been developed in collaboration with the school physician. Copies of the protocols are available by request.)

Parent/Guardian Signature _____ Date _____

STUDENT IMAGE AND SCHOOL WORK PERMISSIONS AND CONSENTS

The Abington Public Schools may use your child's **Image and/or school work** for newspapers/print (including class pictures and yearbooks), TV/video and website/Internet.

Should you request that your child's image or school work not be used for newspaper/print (including class pictures and yearbooks), TV/video and website/Internet, please provide your child's school with written notice as such.

I hereby release the Abington Public Schools, the Abington School Committee, employees, volunteers, agents and other personnel from any liability and legal or equitable claims of any kind arising from or related to, such publication.

Parent/Guardian Signature _____ Date _____

STUDENT PARENT HANDBOOK ACKNOWLEDGMENT

My student and I have access to and have read the Student Handbook, which is available online at www.abingtonps.org, and includes the school district's Computer/Network Acceptable Use Policy. We agree to adhere to the policies outlines in the

ADMINISTRATIVE GUIDELINES

PARENT INFORMATION LETTER

Re: Inclement Weather or
Emergency School Evacuation and Dismissal Policy

Dear Parent/Guardian:

In case it becomes necessary to dismiss our school, the following procedures have been worked out:

All schools (i.e., snow). Students will be sent home via regular method with dismissal being widely announced.

Individual School (i.e., emergency situation). Students will, in most cases, be transferred to a host location (e.g., Middle School to Frolio School Building) and released home at their regular time. Walkers will be supervised back to their regular school area and released; bus students will be transported from the host location. Dismissal will be widely announced.

Parents are requested to prepare a plan for their children if released home other than at regular school time.

EMERGENCY DISMISSAL POLICY

Received: _____

Child's Name _____

Comments or special instruction for the school:

Signature: _____

Form 4

ABINGTON PUBLIC SCHOOLS
HEALTH HISTORY
(To be completed by parent or guardian)

Name: _____ Date of Birth: _____

Place of Birth: _____

Address: _____ Phone: _____

Mailing Address (*if different from above*): _____

Father: _____ Occupation: _____

Mother: _____ Occupation: _____

Guardian is: Mother Father Other, if other, Name & Relationship _____

Marital Status: Married Widow(er) Single Divorced Separated

Does either parent live at an address different from above? Yes No

If yes, name of parent: _____

Address: _____

Phone (home): _____ (cell) _____

Are there visitation restrictions? No Yes (*if yes, a copy of legal documentation must be provided*)

DCF Caseworker: Past Present Name: _____

Do you have: Health Insurance No Yes *Insurance provider:* _____

Dental Insurance No Yes *Insurance provider:* _____

Immunizations: Massachusetts law requires that all children enrolling in public school must be immunized. A physical exam completed within the last 12 months is also necessary.

Child's physician: _____ Phone: _____

Child's dentist: _____ Phone: _____

Date of last physical: _____

Is your child capable of participating in a full program of school activities, including recess and physical education?

Yes No

Current health concerns		If yes, explain:
Does your child have allergies?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Food <input type="checkbox"/> Insects <input type="checkbox"/> Other
Does your child have any vision problems or wear glasses?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Does your child have any hearing problems?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Is your child taking prescribed medications on a daily basis?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Will your child be taking any medications at school?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Does your child have asthma?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Does your child have diabetes?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Does your child have a chronic illness or condition?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Does your child have headaches?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Does your child have bowel or bladder problems?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Is there anything else we should know about your child's health?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Past Health Concerns		If yes, explain:
Was your child born prematurely?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Does your child have any history of heart problems?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Has your child ever had surgery?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Has your child ever been hospitalized or been to the Emergency Room?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Has your child ever had seizures?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Does your child have any behaviors that concern you?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Does your child have any other health concerns?	<input type="checkbox"/> No <input type="checkbox"/> Yes	

Abington Public Schools

Home Language Survey (available in multiple languages)

Massachusetts Department of Elementary and Secondary Education regulations require that *all* schools determine the language(s) spoken in each student's home in order to identify their specific language needs. This information is essential in order for schools to provide meaningful instruction for all students. If a language other than English is spoken in the home, the District is required to do further assessment of your child. Please help us meet this important requirement by answering the following questions. Thank you for your assistance.

Student Information

Gender: M F

First Name **Middle Name** **Last Name**

_____/_____/_____
 _____/_____/_____
Country of Birth **Date of Birth (mm/dd/yyyy)** **Date first enrolled in ANY U.S. school (mm/dd/yyyy)**

School Information

_____/_____/_____
Start Date in New School (mm/dd/yyyy) **Name of Former School and Town** **Current Grade**

Questions for Parents/Guardians

<p>What is the native language(s) of each parent/guardian? (circle one)</p> <p>_____ (mother / father / guardian)</p> <p>_____ (mother / father / guardian)</p>	<p>Which language(s) are spoken with your child?</p> <p>(include relatives -<i>grandparents, uncles, aunts, etc.</i> - and caregivers)</p> <p>_____ seldom / sometimes / often / always</p> <p>_____ seldom / sometimes / often / always</p>
<p>What language did your child first understand and speak?</p>	<p>Which language do you use most with your child?</p>
<p>Which other languages does your child know? (circle all that apply)</p> <p>_____ speak / read / write</p> <p>_____ speak / read / write</p>	<p>Which languages does your child use? (circle one)</p> <p>_____ seldom / sometimes / often / always</p> <p>_____ seldom / sometimes / often / always</p>
<p>Will you require written information from school in your native language?</p> <p>Y <input type="checkbox"/> N <input type="checkbox"/></p>	<p>Will you require an interpreter/translator at Parent-Teacher meetings?</p> <p>Y <input type="checkbox"/> N <input type="checkbox"/></p>
<p>Parent/Guardian Signature:</p>	<p>_____/_____/_____ Today's Date: (mm/dd/yyyy)</p>

Name of Student _____

Grade _____

Name of Parent/Guardian _____

School _____

Please respond to the following two questions to guide you in completing the entire form:

1. Are you Hispanic or Latino? Select only one.

___ No, not Hispanic or Latino

___ Yes, Hispanic: a person of Cuban, Mexican, Chicano,
Puerto Rican, or other Spanish culture or origin regardless of race.

___ Yes, Latino: a person of South American or Central American origin.

2. What is your race? You may select one or more races.

___ White: a person having origins in any of the original peoples of
Europe, the Middle East, or North Africa.

___ Black or African American: a person having origins in any of the
black racial groups of Africa.

___ American Indian or Alaska Native: a person having origins in any
of the original peoples of North and South America (including
Central America) and who maintains tribal affiliation or
community attachment.

___ Asian: a person having origins in any of the original peoples of
the Far East, Southeast Asia, or the Indian subcontinent including,
for example, Cambodia, China, India, Japan, Korea, Malaysia,
Pakistan, the Philippine Islands, Thailand and Vietnam.

___ Native Hawaiian or Other Pacific Islander: a person having
origins in any of the original peoples of Hawaii, Guam, Samoa, or
other Pacific Islands.

Massachusetts School Immunization Requirements 2018-2019

Childcare/Preschool[¶]

Attendees <2 years should be immunized for their age according to the [ACIP Recommended Immunization Schedule](#). Requirements listed in the table below apply to all attendees ≥2 years. These requirements also apply to children in preschool classes called KO or K1.

Hib	1-4 doses ; the number of doses is determined by vaccine product and age the series begins
DTaP	4 doses
Polio	3 doses
Hepatitis B	3 doses ; laboratory evidence of immunity acceptable
MMR	1 dose ; must be given on or after the 1 st birthday; laboratory evidence of immunity acceptable
Varicella	1 dose ; must be given on or after the 1 st birthday; a reliable history of chickenpox* or laboratory evidence of immunity acceptable

Grades Kindergarten — 6[¶]

Requirements apply to all students including individuals from another country attending or visiting classes or educational programs as part of an academic visitation or exchange program. In ungraded classrooms, Kindergarten requirements apply to all students ≥5 years.

DTaP	5 doses ; 4 doses are acceptable if the 4 ^t dose is given on or after the 4 th birthday, DT is only acceptable with a letter stating a medical contraindication to DTaP.
Polio	4 doses ; 4 th dose must be given on or after the 4 th birthday and ≥6 months after the previous dose, or a 5 th dose is required. 3 doses are acceptable if the 3 dose is given on or after the 4 th birthday and ≥6 months after the previous dose.
Hepatitis B	3 doses ; laboratory evidence of immunity acceptable
MMR	2 doses ; first dose must be given on or after the 1 st birthday and the 2 nd dose must be given ≥28 days after dose 1; laboratory evidence of immunity acceptable
Varicella	2 doses ; first dose must be given on or after the 1 st birthday and 2 nd dose must be given ≥28 days after dose 1; a reliable history of chickenpox* or laboratory evidence of immunity acceptable

* A reliable history of chickenpox includes a diagnosis of chickenpox, or interpretation of parent/guardian description of chickenpox, by a physician, nurse practitioner, physician assistant or designee.

¶Meningococcal vaccine requirements (see Grades 7-12 table) also apply to residential students in grade pre-K through 8, but only if the school combines these grades in the same school with students in the grades 9-12.

*Medical exemptions (dated statement signed by a physician stating that a vaccine(s) are medically contraindicated for a student) and religious exemptions (dated statement signed by a student or parent/guardian if the student is <18 years of age, stating that a vaccine(s) are against sincerely held religious beliefs) must be renewed annually, at the stan of the school year.

Massachusetts School Immunization Requirements 2018-2019

Grades 7 — 12⁺

Requirements apply to all students including individuals from another country attending or visiting classes or educational programs as part of an academic visitation or exchange program. In ungraded classrooms, grade 7 requirements apply to all students ≥ 12 years. Requirements apply to all students, even if over 18 years of age.

Tdap	1 dose ; and history of DTaP primary series or age appropriate catch-up vaccination. Tdap given at ≥ 7 years may be counted, but a dose at age 11-12 is recommended if Tdap was given earlier as part of a catch-up schedule. Td should be given if it has been ≥ 10 years since Tdap.
Polio	4 doses ; 4 dose must be given on or after the 4 th birthday and 26 months after the previous dose, or a 5 th dose is required. 3 doses are acceptable if the 3 rd dose is given on or after the 4 th birthday and ≥ 6 months after the previous dose.
Hepatitis B	3 doses ; laboratory evidence of immunity acceptable
MMR	2 doses ; first dose must be given on or after the 1 st birthday and the 2 nd dose must be given ≥ 28 days after dose 1; laboratory evidence of immunity acceptable
Varicella	2 doses ; first dose must be given on or after the 1 st birthday and 2 nd dose must be given ≥ 28 days after dose 1; a reliable history of chickenpox* or laboratory evidence of immunity acceptable
Meningococcal	1 dose ; 1 dose MenACWY (formerly MCV4) required for newly enrolled full-time students attending a secondary school with grades 9-12 (in ungraded classrooms, those with students ≥ 13 years) who live in a congregate living arrangement approved by the secondary school (e.g., dormitory), Students may decline MenACWY vaccine after they have read and signed the MDPH Meningococcal Information and Waiver Form provided by their institution, Meningococcal B vaccine is not required and does not meet this requirement.

College (Postsecondary Institutions) ⁺

Requirements apply to all full-time undergraduate and graduate students all full and part-time health science students and any full or part-time students attending any postsecondary institution while on a student or other visa, including foreign exchange students attending or visiting classes as part of an academic visitation or exchange program, Meningococcal requirements apply to the group specified in the table below.

Tdap	1 dose ; and history of a DTaP primary series or age appropriate catch-up vaccination. Tdap given at ≥ 7 years may be counted, but a dose at age 11-12 is recommended if Tdap was given earlier as part of a catchup schedule. Td should be given if it has been ≥ 10 years since Tdap.
Hepatitis 3	3 doses ; laboratory evidence of immunity acceptable
MMR	2 doses ; first dose must be given on or after the 1 st birthday and the 2 nd dose must be given ≥ 28 days after dose 1; laboratory evidence of immunity acceptable. Birth in the U.S. before 1957 is acceptable only for nonhealth science students.
Varicella	2 doses ; first dose must be given on or after the 1 st birthday and 2 nd dose must be given ≥ 28 days after dose 1; a reliable history of chickenpox* or laboratory evidence of immunity acceptable. Birth in the U.S. before 1980 is acceptable only for non-health science students.

Meningococcal

1 dose; 1 dose MenACWY (formerly MCV4) required for all full-time students 21 years of age or younger.

The dose of MenACWY vaccine must have been received on or after the student's 16th birthday. Doses received at younger ages do not count towards this requirement. Students may decline MenACWY vaccine after they have read and signed the [MDPH Meningococcal Information and Waiver Form](#) provided by their institution. Meningococcal B vaccine is not required and does not meet this requirement.

*A reliable history of chickenpox includes a diagnosis of chickenpox, or interpretation of parent/guardian description of chickenpox, by a physician, nurse practitioner, physician assistant or designee.

*iMedical exemptions (dated statement signed by a physician stating that a vaccine(s) are medically contraindicated for a student) and religious exemptions (dated statement signed by a student or parent/guardian, if the student is <18 years of age, stating that a vaccine(s) are against sincerely held religious beliefs) must be renewed annually, at the start of the school year.

MDPH Immunization Program 2018-2019 School Year