

**INCOMPLETE APPLICATIONS ARE NOT  
ACCEPTED – BE SURE YOU HAVE  
EVERYTHING LISTED BELOW**



**2017-18 ENROLLMENT PROGRAM SELECTION**

<b>GRADES TK-8 REQUIRED DOCUMENTS</b>	<b>GRADES 9-12 REQUIRED DOCUMENTS</b>
TK/1 <sup>st</sup> – Physical Exam	Birth Certificate
Birth Certificate	Immunization Record including <b>TDAP booster</b>
Immunization Record- <b>7<sup>th</sup> grade entry TDAP required</b>	Transcript (if currently in 8 <sup>th</sup> entering 9 <sup>th</sup> then report card)
Report Card – most recent	Attendance Report
Discipline & Attendance - or letter from school saying there were no discipline or attendance issues	Discipline-or letter from school saying there were no discipline issues
<b>If Applicable provide the following documents:</b>	
CELDT test-most recent test from school records <b>(applies to English Language Learners only)</b>	
IEP <b>(Individualized Education Plan for Special Education</b>	
Section 504 <b>(meaning a physical or learning disability i.e., ADHD, hard of hearing, diabetes, heart disease, etc.)</b>	
Court Documents <b>(if applicable, i.e., custody papers, restraining orders, etc.)</b>	
Medication form – if your child needs medication dispensed at school, <b>please ask for this form</b>	

Student Name: \_\_\_\_\_ Grade in 2017-18 \_\_\_\_\_  
Last First

Siblings currently enrolled at Venture Academy: \_\_\_\_\_

**This form does not guarantee placement in your program preference**

<b>HOME SCHOOL &amp; INDEPENDENT STUDY</b>	(circle)
Please see our website: <a href="http://www.ventureacademyca.org">www.ventureacademyca.org</a> for more detailed descriptions	<b>GRADE LEVEL in 2017-18</b>
<i>Synergy - Elementary</i> (Transitional Kinder, K-8)	TK K 1 2 3 4 5 6 7 8
<i>Independent Study</i> (9-12)	9 10 11 12

<b>ON-SITE DAILY ATTENDANCE ACADEMIES Monday–Thursday</b> (circle) grade and mark 1 <sup>st</sup> & 2 <sup>nd</sup> choice in column ↓						
<b>Ventureland</b> - A full academic program with an emphasis on reading literacy is provided in a fun atmosphere. <b>Grades 1-5 8:15 a.m. – 12:45 p.m. Kinder am 8-11:45; pm 10:45-2:30</b>	K	1	2	3	4	5
<b>Kinect</b> focuses on kinesthetic learning (hands-on approach) while balancing student’s competitive nature with team building, sportsmanship & collaboration. Students are expected to participate in daily physical education class and adhere to an athletic dress code. Core classes and electives are offered to all grades with an AVID course for 7th and 8th grade. Additional academic support is available after school and on Fridays. <b>Class time: 8:00 a.m.-1:30 p.m. or 2:20 p.m.</b>		6	7	8		
<b>Venture Integrated Subjects Academy (VISA)</b> – Academic program provides students with an introduction to computer applications. <b>Class time: 8:15 a.m. – 12:45 p.m.</b>		6	7	8		
<b>VITA</b> - A full academic program is provided surrounding the theme of computer technology. <b>Class time: 8:15 a.m. – 12:45 p.m.</b>		7	8			
<b>Historic Durham Ferry</b> - Full academic program integrated with agricultural/environmental focus. Students are expected to participate fully in the outdoor experience. <b>Site tour and interview required. Class time: 8:15 a.m. – 2:15 p.m (5<sup>th</sup>-8<sup>th</sup>) 8:15 a.m. – 2:20 (9<sup>th</sup>-12<sup>th</sup>)</b>	5	6	7	8		
<b>Delta VISTA Science and Technology</b> students are exposed to real-world scientific learning experiences using the environment as a theme. They use Service Learning, science and technology to solve real-world problems – preparing them for success in post-secondary education or employment in a science-based economy. Students prepare to enter the work force or further academic/technical training. They can be part of the Health Occupations Students of America (HOSA), a national organization for students interested in health career fields. <b>Site interview may be required. Class time: 8:00 a.m. – 2:20 p.m.</b>		9	10	11	12	
<b>Excel Academy</b> provides a full academic program integrated with sports and health science curriculum. <b>Class time: 8:00 a.m.-2:20 or 3:30 p.m.</b>	9	10	11	12		
<b>Foundations, Visual/ Performing Arts</b> - A full academic program with a performing arts component. All students in this program are required to take drama as part of their daily schedule and additional visual/performing arts classes. All core classes are centered on visual and performing art. <b>Site interview may be required. Class time: 8:00 a.m. – 2:20 p.m.</b>		9	10	11	12	
<b>ImagineIT</b> - Full academic program integrated with an emphasis in a 21 <sup>st</sup> Century Education in Technology. Career paths and courses of study include: traditional and digital arts, aviation, engineering, energy, construction, sheet metal and state of the art Career Exploration Lab. <b>Site interview may be required. Class time: 8:00 a.m.-1:30 p.m.</b>		9	10	11	12	
<b>BrainworX</b> weaves 21st century skills and critically thinking standards, such as breadth, logic, and fairness, into core subjects giving students a rigorous yet exciting curriculum. Academy goal is to produce a skilled group of professionals who think critically and communicate effectively. <b>Class time: 8:00 a.m.-2:20 p.m.</b>	9	10	11	12		

**SOME ACADEMIES MAY BE IN LOTTERY. UPON ACCEPTANCE, YOU WILL RECEIVE AN ACCEPTANCE LETTER. TAKE THE LETTER TO YOUR CURRENT SCHOOL AND OBTAIN DIS-ENROLLMENT PAPERWORK—BRING THAT PAPERWORK TO OUR OFFICE ON YOUR FIRST DAY OF SCHOOL WITH US—DO NOT DISENROLL FROM YOUR CURRENT SCHOOL UNTIL YOU ARE ACCEPTED AT VENTURE.**

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## Venture Academy Enrollment Form 2017-18

Legal Last Name		Legal First Name		Legal Middle Name		Suffix	
Alias Last Name			Alias First Name		Alias Middle Name		Alias Suffix
Gender	Birth Date		Birth City	Birth State/Province		Birth Country	

Street		City		State		Zip	
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**Mailing Address (if different from above)**

Street or PO Box		City		State		Zip	
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Student Home Phone	Student Cell Phone	County of Residence		School District of Residence		
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Student's current living situation is one of the following:  Permanent Housing  Foster Home  Hotel/motel  Incarceration Facility  Temporary Shelter  Homeless  Other, please describe: \_\_\_\_\_

Student Email Address \_\_\_\_\_

**COURT DOCUMENTS MUST** be provided if there are issues regarding: Joint Custody, No legal custody, Emancipated Restraining Order, Releasing student/or information to other parent not living at home

### CURRENT SCHOOL & ENROLLMENT DETAILS

Name of school you are enrolled in now: _____ Dates Attended: _____ City of current school: _____ District of current school: _____ <input type="checkbox"/> Student is not currently enrolled (please list last school below) Last School Attended: _____ School Type Check one: <input type="checkbox"/> Public school <input type="checkbox"/> Private, non-religiously-affiliated school <input type="checkbox"/> Private, religiously-affiliated school <input type="checkbox"/> Charter School <input type="checkbox"/> Home School <input type="checkbox"/> Public School in a different state	Did you previously attend Venture Academy: <input type="checkbox"/> Yes <input type="checkbox"/> No What year did you attend Venture Academy: _____ Have you attended a school outside the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where? _____ Was there a school interruption? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how long were you out of school? _____ (this does not refer to summer break)
Provide date Student first started school in United States: Month: _____ Day: _____ Year: _____	Has the student been enrolled in US less than 3 Cumulative Years <input type="checkbox"/> Yes <input type="checkbox"/> No
If different than date above please provide date Student first started school in California: Month: _____ Day: _____ Year: _____	

### ETHNICITY & RACE

Primary Ethnicity \_\_\_\_\_ \*New federal race and ethnicity data collection/reporting requirements beginning in 2009-2010 require all students to identify their ethnicity and race from the choices below:

**Is this student Hispanic or Latino?**  Yes  No

**Race** \*Select one below

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> American Indian or Alaska Native<br>(Persons having origins in any of the original people of North, Central, South America)<br><input type="checkbox"/> Chinese (201)<br><input type="checkbox"/> Japanese (202)<br><input type="checkbox"/> Korean (203)<br><input type="checkbox"/> Vietnamese (204)<br><input type="checkbox"/> Asian Indian (205)<br><input type="checkbox"/> Laotian (206)<br><input type="checkbox"/> Cambodian (207)<br><input type="checkbox"/> Hmong (208)<br><input type="checkbox"/> Other Asian | <input type="checkbox"/> Arabian<br><input type="checkbox"/> Bangladeshi<br><input type="checkbox"/> Malaysian<br><input type="checkbox"/> Pakistani<br><input type="checkbox"/> Sri Lankan<br><input type="checkbox"/> Taiwanese<br><input type="checkbox"/> Thai<br><input type="checkbox"/> Fijian<br><input type="checkbox"/> Tongan | <input type="checkbox"/> Hawaiian (301)<br><input type="checkbox"/> Guamanian (302)<br><input type="checkbox"/> Samoan (303)<br><input type="checkbox"/> Tahitian (304)<br><input type="checkbox"/> Filipino/Filipino American (400)<br><input type="checkbox"/> African American or Black (600)<br><input type="checkbox"/> White (700) (Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East) |
|--|--|--|

## PARENT INFORMATION

Parent/Guardian		Parent/Guardian	
Last	First	Last	First
Relationship to Student		Relationship to Student	
Street		Street	
City	Zip	City	Zip
Mailing Address:(If different from above)		Mailing Address:(If different from above)	
Mailing City	Zip	Mailing City	Zip
Lives with Student <input type="checkbox"/> Yes <input type="checkbox"/> No If no, do you want mailings sent to other parent? <input type="checkbox"/> Yes <input type="checkbox"/> No		Lives with Student <input type="checkbox"/> Yes <input type="checkbox"/> No If no, do you want mailings sent to other parent? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Home Phone:	Cell Phone:	Home Phone:	Cell Phone:
Email		Email	
Employer	Work Phone	Employer	Work Phone
Federal Employer <input type="checkbox"/> Yes <input type="checkbox"/> No Military Active Duty <input type="checkbox"/> Yes <input type="checkbox"/> No Branch:		Federal Employer <input type="checkbox"/> Yes <input type="checkbox"/> No Military Active Duty <input type="checkbox"/> Yes <input type="checkbox"/> No Branch:	

### HIGHEST LEVEL OF EDUCATION

<input checked="" type="checkbox"/> Parent/Guardian	<input checked="" type="checkbox"/> Parent/Guardian
<input type="checkbox"/> Graduate Degree—Masters' or Doctorate MA, MS, PhD, EdD, MD JDD	<input type="checkbox"/> Graduate Degree Masters' or Doctorate MA, MS, PhD, EdD, MD JDD
<input type="checkbox"/> College Graduate—Bachelors' Degree	<input type="checkbox"/> College Graduate—Bachelors' Degree
<input type="checkbox"/> Some College—AA or 2 full years at 4-year college	<input type="checkbox"/> Some College—AA or 2 full years at 4-year college
<input type="checkbox"/> Vocational or Occupation School Certificate	<input type="checkbox"/> Vocational or Occupation School Certificate
<input type="checkbox"/> High School graduate-diploma or GED	<input type="checkbox"/> High School graduate-diploma or GED
<input type="checkbox"/> Not a high school graduate	<input type="checkbox"/> Not a high school graduate
<input type="checkbox"/> Decline to State	<input type="checkbox"/> Decline to State

## HOME LANGUAGE SURVEY

The California Education Code contains legal requirements which direct schools to determine the language(s) spoken in the home of each student. This information is essential in order for the school to provide adequate instructional programs and services.

What language did your child first learn to speak? \_\_\_\_\_

What language does the student most frequently read/speak at home? \_\_\_\_\_

What language do the parents/guardians most frequently speak to the student? \_\_\_\_\_

What language is most often spoken by adults in the home? \_\_\_\_\_

Is the student fluent in English?  Yes  No If no, please provide current California English Language Development Test (CELDT) results. Child cannot be enrolled without this documentation.

Is parent/guardian employed in agricultural or fishing activities on a seasonal or other temporary basis?  Yes  No

Immunization information is included with this Enrollment  Yes  No

Birth Certificate is included with this Enrollment Information  Yes  No

K-1 Physical  Yes  No

## PHOTO AND MEDIA PERMISSION

Please select and **INITIAL** the following IF YOU CONSENT TO YOUR CHILD BEING PHOTOGRAPHED OR VIDEOTAPED:

\_\_\_\_\_/Initial. I do give my consent to Venture Academy to photograph or videotape my child's image and voice. I understand and agree that this may include his or her likeness and/or voice in public displays that may be reproduced for use by other agencies with the approval of Venture Academy. I further agree to release, defend, and hold harmless such agencies, its staff, Venture Academy and its staff, as well as any agent that may be designated from any damage or cause of action, which may result from the use of my child's image or voice in any of its projects. This includes, but is not limited to any cause of action related to invasion of privacy. **THIS INCLUDES YEARBOOK PHOTO.**

\_\_\_\_\_/Initial I do give my consent for my child's photo(s) and/or information to be used in media publications of San Joaquin County Office of Education (SJCOE), Venture Academy Family of Schools, and outside media such as magazines, newspapers, and the Venture or SJCOE websites.

\_\_\_\_\_/Initial. I do give my consent for my student's work to be used for school purposes.

### VENTURE YEARBOOK PHOTO ONLY

\_\_\_\_\_/Initial NO OTHER PHOTO USE will be permitted – only yearbook

No initials means it is ok to use the student photo in the yearbook and all other publications.

### OR "I do not" NON-CONSENT INITIAL BELOW:

\_\_\_\_\_/Initial. I do not give my consent to Venture Academy to publicly release my child's photo(s) and information, including school work. **THIS INCLUDES VENTURE'S YEARBOOK.** \*\*If you choose not to let your child be photographed, please be sure to make your child aware of your decision.

## SPECIAL EDUCATION SERVICES

### Has your child ever received any Special Education services of any kind?

Yes    No

If NO: Sign and date here.

*I certify that my student has never received Special Education services of any kind and has never been on an **Individual Education Plan (IEP)**.*

Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

### If YES: Sign here and provide a copy of the **INDIVIDUAL EDUCATION PLAN (IEP)**, including an exit IEP.

I understand I must submit all Special Education documentation with my child's Enrollment paperwork. Without it, your application is considered incomplete

Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

## 504 PLAN

**A 504 Plan is a special accommodation for a physical or learning disability i.e., ADHD, hard of hearing, diabetes, heart disease, etc. This is different than a Special Education plan. Is your child currently on a 504 plan**

Yes    No   If yes, describe here:

### EXPULSION/JUVENILE DETENTION/PROBATION

Was the student expelled or up for expulsion at the time of disenrollment? Including situations in which enforcement of the expulsion order was suspended.    Yes    No

Was the student ever suspended for more than 10 days in any given school year?    Yes    No

Was the student a ward of the court or a dependent of the court?    Yes    No

Is the student currently on probation from a correctional facility?    Yes    No

Is the student pregnant and/or parenting?    Yes    No

Is the student a recovered dropout?    Yes    No

Does the student have a history of being truant?    Yes    No

Has the student been retained more than once in Kindergarten through Grade 8?    Yes    No (if yes, what grade?)

### **EMERGENCY AND HEALTH INFORMATION**

In case of emergency, illness, or accident to the above named student, and the school is unable to reach parents/guardians, the school is authorized to call those on the contact list below. Calls will be placed in order listed until we reach someone.

Name	Relationship	Home Phone	Cell or Work Phone
<b>Physician</b>			

If it is not possible to contact any of the above listed persons, I hereby authorize transportation to the nearest medical facility for such emergency medical treatment as deemed necessary for the safety and protection of my child, but not at the expense of the school.

Health Insurance Provider \_\_\_\_\_ ID# \_\_\_\_\_

**No known health problem or condition**

The following information is to be completed yearly so that the school can act on your behalf in the event of a medical emergency: Please check past or present illness:  Heart Condition  Asthma  Diabetes  Epilepsy or Convulsions  Serious Allergies (describe): (Bee sting, Penicillin reaction, Latex, etc.) \_\_\_\_\_

Any other serious illness, operation or physical handicap? Describe: \_\_\_\_\_

Does this student require continuing medication for his/her health?  No  Yes

Medication Prescribed \_\_\_\_\_

If it is necessary to administer medication while student is on school property, his/her physician will need to complete a San Joaquin County Office of Education Medications Dispensed in School Form. This form is valid for one year Ed Code 49423.

**I certify that all of the statements and information given above are true and correct to the best of my knowledge**

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

\_\_\_\_\_  
Date

How did you hear about Venture Academy? Friend or relative  Other  \_\_\_\_\_

**ONCE YOU ARE ACCEPTED AT VENTURE, YOU WILL RECEIVE AN ACCEPTANCE LETTER. TAKE THE LETTER TO YOUR CURRENT SCHOOL AND OBTAIN DIS-ENROLLMENT PAPERWORK—BRING THAT PAPERWORK TO OUR OFFICE ON YOUR FIRST DAY OF SCHOOL WITH US—DO NOT DISENROLL FROM YOUR CURRENT SCHOOL UNTIL YOU ARE ACCEPTED AT VENTURE.**



# **VOLUNTARY ACTIVITIES PARTICIPATION CONSENT FORM**

Acknowledgement and Assumption of Potential Risk

I authorize \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(Print Student Last Name, First Name) (Student)

to participate in a variety of Venture Academy Family of Schools (VAFS)-sponsored voluntary activities during the time my student is enrolled. This form covers activities that occur on our campuses. For field trips off-campus, each trip requires a separate permission slip which is given out by the teacher hosting the trip. These include, but are not limited to, trips to exhibitions and fairs, parks and zoos, athletic events, hiking and camping (including overnight), entertainment and bicycling trips.

I understand and acknowledge that these voluntary activities, by their very nature, pose the potential risk of serious injury/illness to individuals who participate in such activities.

I understand that some of the injuries/illnesses which may result from participating in these activities include, but are not limited to, the following:

- Sprains/strains
- Head and/or back injuries
- Communicable diseases
- Fractured bones
- Paralysis
- Unconsciousness
- Loss of eyesight
- Death

I understand and acknowledge that participation in these activities is completely voluntary and as such is not required by VAFS for course credit or for completion of graduation requirements. I further understand that completing this form is not a requirement for registration.

I understand and acknowledge that in order to participate in these voluntary activities, I and my child/self agree to assume liability and responsibility for any and all potential risk which may be associated with participation in such activities.

I give permission for my child to receive emergency medical attention in the event he/she is ill or injured. I understand that VAFS does not carry medical or dental insurance for my child should he/she suffer an injury related to school activities.

I understand, acknowledge, and agree that VAFS, its employees, officers, agent volunteers, shall not be liable for any injury/illness suffered by my child/self which is incident to and/or associated with preparing for and/or participating in these voluntary activities.

It is also understood that each student must go and return from voluntary activities with the school site staff. In the event students are transported to/from activities via VAFS bus or a county vehicle, a separate permission slip will be sent home for signature via the students' teacher for a specific field trip.

I acknowledge that I have carefully read this VOLUNTARY ACTIVITIES PARTICIPATION FORM and that I understand and agree to its terms.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Telephone Number where parents can normally be reached \_\_\_\_\_

Cell Phone Number \_\_\_\_\_ Alternate Phone Number \_\_\_\_\_

Alternate Person being called \_\_\_\_\_

Relationship to student \_\_\_\_\_

A signed VOLUNTARY ACTIVITIES PARTICIPATION CONSENT FORM must be on file with VAFS before a student will be allowed to participate in voluntary extracurricular activities that occur on our VAFS campuses.

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# GUIDE TO IMMUNIZATIONS REQUIRED FOR SCHOOL ENTRY

## GRADES TK/K-12



### Entry Requirements by Age and Grade Before Entering:

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

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 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
	4–6	4th	If the 3rd dose was given before the 4th birthday, one more dose is required before admission.	
	7–17	4th	If the 3rd dose was given before the 2nd birthday, one more dose is required before admission.	
DTaP, DTP, or DT	Under 7	2nd or 3rd	4 weeks	8 weeks
		4th	6 months	12 months
		5th	If the 4th dose was given before the 4th birthday, one more dose is required before admission.	
DTaP, DTP, DT, Tdap, or Td	7 & Older	2nd	4 weeks	8 weeks
		3rd	6 months	12 months
		4th	If the 3rd dose was given before the 2nd birthday, one more dose is required before admission.	
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
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 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.

