



ST. CYRIL OF JERUSALEM SCHOOL

4548 HASKELL AVENUE, ENCINO, CA 91436

818-501-4155 (P) 818-501-8480 (F)

WWW.STCYRIL.NET

Dear Prospective Family,

Thank you for choosing St. Cyril of Jerusalem School. Our school has been fostering a faith filled community and offering quality academic programs since 1950. As a parent, I know how important choosing a school for your child can be. These are choices that shape the lives of our children and our families as a whole.

At St. Cyril, being an educator is more than a job or a career; it is a calling. Part of that calling is our call to service. We take the call to serve our students in the areas of faith, academics, community, and personal excellence very seriously. My top priority as principal of this great community is to ensure that this call to service is fostered and realized throughout your child's journey at St. Cyril. Our expectation is that when your child moves on from St. Cyril they will have embraced the learning expectations we promote: to Love God, to Love Others, to Love Self, and to Love Learning.

In our time together, I look forward to getting to know you personally. While you will find the same professionalism here that exists in other schools, please know that as Catholic educators, we strive to provide a faith-filled and family atmosphere within our community. I look forward to meeting you and being able to collaborate with you on how to best serve the needs of your child within this wonderful community.

Included in this letter are important dates and information that will help you with the admissions process.

Please take the time to peruse our website and inquire with our front office about admissions questions. I invite you to come and experience all that St. Cyril of Jerusalem School has to offer your family by scheduling a tour or simply dropping by when you have the time. Thank You and God Bless!

Yours in Christ,

Mrs. Angelica Pugliese

Principal

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DATES TO REMEMBER

August 1st

- School Tours begin.** To [schedule a tour](https://calendly.com/apugliese-scj/st-cyril-school-campus-tour), go to: <https://calendly.com/apugliese-scj/st-cyril-school-campus-tour>
- New Student Assessment for Grades K-8th.** To schedule a new [student assessment](https://calendly.com/apugliese-scj/st-cyril-school-campus-tour), go to <https://calendly.com/apugliese-scj/st-cyril-school-campus-tour>

October 26th & January 18th

OPEN HOUSE 5:30 p.m.-7:00 p.m.

February 28th

- Application deadline
- Schedule a new student [assessment](https://calendly.com/apugliese-scj/st-cyril-school-campus-tour): <https://calendly.com/apugliese-scj/st-cyril-school-campus-tour>

March 15th

- Admissions letters sent

April 1st

Deadline for new student registration for

May 1st

- Tuition and fees deadline to the business office.



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PRIORITY OF ACCEPTANCE

➔ Students who are able to complete the academic program are accepted in the following order:

- 1st - Siblings of children already enrolled
- 2nd - Catholic children
- 3rd - Non-Catholic children

MINIMUM AGE REQUIREMENTS

- ➔ Preschool students MUST BE 3 YEARS OLD upon school entry and toilet trained
- ➔ Pre-Kindergarten students MUST BE 4 YEARS OLD upon school entry and toilet trained
- ➔ Kindergarten students MUST BE 5 YEARS OLD by September 1st

ADMISSIONS PROCESS CHECKLIST:

Preschool & Pre-Kindergarten	Kindergarten	Grades 1st-8th
<input type="checkbox"/> Application Form <input type="checkbox"/> \$100.00 Non-Refundable Application Fee <input type="checkbox"/> Copy of Birth Certificate <input type="checkbox"/> Copy of Baptismal Certificate (Catholic students only) <input type="checkbox"/> Proof of immunization records (current, with month, day, year of immunization) <input type="checkbox"/> Copy of Social Security card <input type="checkbox"/> Parent Questionnaire Form <input type="checkbox"/> Identification and Emergency Information <input type="checkbox"/> Child's Preadmission Health History Parent Report <input type="checkbox"/> Consent for Emergency Medical Treatment <input type="checkbox"/> Notification of Parent's Rights <input type="checkbox"/> Physician's Report <input type="checkbox"/> Personal Rights <input type="checkbox"/> Morning & Afterschool Care	<input type="checkbox"/> Application Form <input type="checkbox"/> \$100.00 Non-Refundable Application Fee <input type="checkbox"/> Make an appointment for new student assessment (818-501-4155) or click on https://calendly.com/apugliese-scj/admissions-new-student-assessment <input type="checkbox"/> Copy of Birth Certificate <input type="checkbox"/> Copy of Baptismal Certificate (Catholic students only) <input type="checkbox"/> Proof of immunization records (current, with month, day, year of immunization) <input type="checkbox"/> Copy of Social Security card <input type="checkbox"/> Parent Questionnaire Form <input type="checkbox"/> Academic / Character Reference Form <input type="checkbox"/> Report of Health Examination for School Entry <input type="checkbox"/> Parish Verification (if applying for tuition reduction) <input type="checkbox"/> Parent Authorization Release of School Records <input type="checkbox"/> Morning & Afterschool Care	<input type="checkbox"/> Application Form <input type="checkbox"/> \$100.00 Non-Refundable Application Fee <input type="checkbox"/> Make an appointment for new student assessment (818-501-4155) or click on https://calendly.com/apugliese-scj/admissions-new-student-assessment <input type="checkbox"/> Copy of Birth Certificate <input type="checkbox"/> Copy of Baptismal Certificate (Catholic students only) <input type="checkbox"/> Copy of 1st Communion Certificate (Catholic Students only) <input type="checkbox"/> Proof of immunization records (current, with month, day, year of immunization) <input type="checkbox"/> Copy of Social Security card <input type="checkbox"/> Academic / Character Reference Form <input type="checkbox"/> Parish Verification (if applying for tuition reduction) <input type="checkbox"/> Most Current Report Card <input type="checkbox"/> Standardized Testing <input type="checkbox"/> Parent Authorization Release of School Records <input type="checkbox"/> Morning & Afterschool Care

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Financial Responsibilities for the 2023-2024 School Year

EXAMPLE

K-8th TUITION FEE per student

K-8 Non Parishioner	\$9,397.50
K-8 Parishioner	\$7,297.50

Preschool & Pre-K Annual Tuition Per Child

PS PK Full Day 5 Days	\$9,943.50
PS PK Half Day 5 Days	\$6,462.75
PS PK Full Day 3 Days	\$5,966.10
PS PK Half Day 3 Days	\$3,877.65

Parishioner Tuition Rate:

As practicing Catholics, we encourage families to attend Sunday Mass each week at our home parish of St. Cyril. It is important that we see our parish and school as one community, together in Christ. The parish tuition rate is offered to families who are registered and active members of Saint Cyril of Jerusalem Church who contribute to the parish through regular Sunday Mass attendance and offertory donations given either by envelope or online donation.

To qualify for the 2023-2024 parish tuition rate, a minimum of 30 Sunday Mass attendances is required. For those newly enrolled to the school community, you will start at the full tuition rate. Once you have become registered members of the parish and made a minimum of 15 Sunday Mass attendances, you will be granted the parish tuition rate.

Attendance is determined by the number of weekly offering envelopes or weekly online gifts submitted to the parish (multiple envelopes submitted on the same day count as one) and is monitored by the Parish. A minimum weekly offering of \$20.00 per family is requested equalling a minimum of \$600 per year. In-kind donations of similar value are also welcome. Please contact the parish office for information on in-kind donation opportunities.

If you wish to enroll in online giving, please visit the Online Giving page on the parish website at: <https://st-cyрил.org/give-online> and follow the instructions to set up an online giving account and establish a recurring weekly donation.

Please note, your contributions to the parish are tax deductible. Please contact your tax professional.

Church contributions will be reviewed on a quarterly basis and if not current, your tuition rate will increase to the “non-parishioner rate.”

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ANNUAL FEES PER STUDENT

PS -8th Registration	\$325.00
PS - 8th Books / Materials	\$350.00
K-8th Technology	\$230.00
K-8th Emergency (Every two years; 2023-2024 SY)	0
6th-8th iPad (New Jr. High; includes 256GB iPad 10th generation + 4-years Apple Care)	\$805.00
5th iPad (Optional; includes 256GB iPad 10th generation + 4-year Apple Care)	\$805.00
8th Graduation	\$275.00
PS-8th Student Activity Fee	\$100.00

*All fees, other than registration, may be paid as part of a family's regular tuition payment over the course of the year.

** iPad Fee for incoming 6th Grade or new students can be paid in full by May 14, 2023 or over a 12 or 18 month period through FACTS

*** Athletic Fees, Musical Instruments, Enrichment Classes, Clubs, or Field Trip costs are not included.

Payment Plans

Full Payment - June 1, 2023 - Full payment of tuition and fees paid directly to St. Cyril School (\$100 discount per child for paying in full by June 1, 2023). Visa/MasterCard/Amex/Discover Card/Venmo/Paypal/checks accepted

Payment Plans - FACTS Tuition Management Company (ACH withdrawals) handles tuition payments and other fees by an automatic withdrawal from your checking and/or savings account over a period of 10 or 12 months.

12 Monthly Payments Begins June 2023 Annual FACTS Enrollment Fee : \$50

10 Monthly Payments Begins August 2023 Annual FACTS Enrollment Fee : \$50

VIRTUS Training/Fingerprinting

Every parent/guardian must complete a Protecting God's Children (VIRTUS) training class and be fingerprinted before volunteering in any capacity on campus, as a coach, or on a field trip.

Volunteer Hours - Each family is required to complete 30 volunteer service hours during the school year. Kindly note that fifteen (15) of these hours may be fulfilled through the Parish. The hours must be fulfilled by June 1, 2024. Any volunteer hours not completed by June 1st will be billed at \$25.00 per hour. You are financially responsible for unfulfilled volunteer hours. Any parent that takes on a chair position for any major school event, or coaches a school sport, receives all thirty (30) of their volunteer hours. Volunteer opportunities are posted on the School Speak Volunteer Calendar and all hours must be recorded through School Speak.

School Fundraising - Because tuition and fees alone do not fully cover the cost of educating your child at St. Cyril, each family is encouraged to contribute to and participate in our annual fundraisers. The success of our fundraisers is critical to fulfilling our school vision and to help sustain our continued growth, especially in the area of improvement to the school grounds and classroom programs.

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Exciting Before & After-School Experiences

MONTHLY TUITION RATES (Dismissal - 6:00)	
1st child	\$252 a month
Siblings	\$200 a month
MONTHLY TUITION RATES (4:15-6:00) for Junior High Students participating in sports or enrichment	
1st child	\$158 a month*
Siblings	\$132 a month*
DAILY FEES FOR EMERGENCY CARE	
Monday - Thursday	\$32/child - \$42 for 2 or more children

St. Cyril of Jerusalem School offers an after-school program for families who are seeking a safe environment under the supervision of our trained staff.

The program includes homework period, outdoor play, crafts, and more.

Sample Schedule for After School Care

2:55 Restrooms & Handwashing
 3:15 Check-in
 3:30 Snacks & Fresh Air
 3:45 Homework
 5:00 Outside Play / Craft / Games

To Enroll, please visit this [after school care registration link](#)



<https://forms.gle/y33uUiNwj8izYKBY6>

MORNING CARE	Time: 6:45 am - 7:30 am Location: Annex Room Fee: \$2 per student
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Exciting Before & After-School Experiences

Student Pick Up:

Students will meet at the outdoor classroom area upon school dismissal

Location:

After school care room will be in the Library
This is also where parents will pick up.

Billing:

Registration fees will be billed after Aug. 31st
Monthly fees will be billed at the end of each month

Afterschool Enrichment & Sports:

Students who attend after enrichment classes will be picked up by their instructor/coach at the outdoor classroom.

After class, the instructor will take them to after school care room

After School Care Phone:
PHONE 747-276-7904

Gate Code

Use the Ventura walk through gate
Gate code will be shared with parents once registered

Sample Schedule (Fri Minimum Days)

1:05 Line Up, Restrooms & Handwashing at outdoor classroom
1:20 Check-in at Afterschool care room (Music Bungalow or Library)
2:00 Lunch & Fresh Air (pack a lunch)
3:00 Outside activity/games (weather permitting)
4:30 Inside activity/crafts/games
6:00 pick up

Sample Schedule (Mon-Thu)

2:55 Line Up, Restrooms & Handwashing
3:15 Check-in
3:30 Snacks & Fresh Air
3:45 Homework
5:00 Outside Play / Craft / Games
6:00 Pick Up



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Application Form

STUDENT INFORMATION

Last Name _____	First Name _____	Middle Name _____	Grade applying for _____
Gender _____	Date of Birth _____ (month/day/year)	Birthplace _____	

CONTACT INFORMATION

Mother's phone number (cell) _____	(work) _____	(home) _____	email _____
Father's phone number (cell) _____	(work) _____	(home) _____	email _____
Guardian's phone number (cell) _____	(work) _____	(home) _____	email _____

FAMILY INFORMATION

Father's First Name _____	Middle _____	Last Name _____		
Birthplace _____	Religion _____	Occupation _____	Marital Status _____	Deceased _____
Mother's First Name _____	Maiden Name _____	Last Name _____		
Birthplace _____	Religion _____	Occupation _____	Marital Status _____	Deceased _____
Guardian First Name _____	Last Name _____			
Birthplace _____	Religion _____	Occupation _____	Marital Status _____	Deceased _____

RESIDENCE INFORMATION

Father's Address: _____	City _____	State _____	Zip _____	Telephone _____
Mother's Address: _____	City _____	State _____	Zip _____	Telephone _____

SIGNATURE _____

DATE _____



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PREVIOUS ENROLLMENT INFORMATION

Dates attended: _____ to _____ Grade(s) _____ Releasing School Name _____
City _____ State _____ Phone _____

SACRAMENTAL INFORMATION

Baptism Date _____ (mo/day/year) Church _____ City _____ State _____
1st Communion Date _____ (mo/day/year) Church _____ City _____ State _____

GENERAL INFORMATION

Are you a registered contributing member of St. Cyril of Jerusalem Church?

Yes _____ (if yes, env # _____) No _____ if no, Parish Name: _____

Does your child currently attend Religious Education classes? Yes _____ (where? _____) No _____

Primary Language spoken at home* _____ Ethnic Background* _____

List other siblings names, age _____

* Information gathered will be used **only** for Title 1 and Archdiocesan census.

Thank you for your interest in St. Cyril of Jerusalem School and your belief that a Catholic Education is an advantage for life.



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PARISH DISCOUNT VERIFICATION FORM

Dear Pastor,

The family indicated below is applying for a reduction of tuition payments at St. Cyril of Jerusalem School. Please verify that this family is a member of your parish by signing and including the parish seal. St. Cyril of Jerusalem School offers an annual tuition reduction to the members of St. Cyril's parish.

Existing parishioners are considered "worshiping and supporting" after attending a minimum of 30 Sunday Masses in a year. New parishioners are considered "worshiping and supporting" after attending a minimum of 15 Sundays in a six month period. We are pleased to offer this assistance to our Catholic families.

Thank You,

Angelica Pugliese
Principal

FAMILY INFORMATION (To be completed by parishioner)

Mr./Mrs. _____

Address: _____ City: _____

Phone: _____ Envelope Number: _____

PARISH VERIFICATION (To be completed by pastor)

Pastor: _____

Date: _____

Church Seal

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ACADEMIC / CHARACTER REFERENCE (Grades K - 8)

FOR THE PARENT / GUARDIAN* As part of the admission process at St. Cyril of Jerusalem School, we request a candid assessment of the applicant. Please complete the following information and give this form to a teacher or administration at your child's current school who knows your child well. (He/she will appreciate being given plenty of time to complete this form, as well as a stamped envelope in which to mail it directly to St. Cyril of Jerusalem.)

APPLICANT INFORMATION:

First _____ Middle _____ Last _____ Candidate for Entering Grade: _____

School Name _____ Address/ City/ State _____

PARENT/ GUARDIAN SIGNATURE _____ **Date** _____

FOR THE TEACHER / PRINCIPAL: Thank you very much for your assistance. Your remarks will be held in the strictest confidence and will be most appreciated as we begin our review of the applicant's personal characteristics and academic credentials. Please return this form - along with the applicant's most recent report card to: **St. Cyril of Jerusalem School, Attention: Secretary to the above address as soon as possible.**

ACADEMIC ASSESSMENT:	Excellent	Good	Average	Below Average
Motivation				
Ability in relation to achievement				
Self discipline				
Attendance at school				
Creative qualities				
CHARACTER ASSESSMENT:				
General conduct				
Self confidence				
Personal initiative				
Reaction to setbacks				
Ability to work with others				

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CHARACTER ASSESSMENT continued	Excellent	Good	Average	Below Average
Leadership				
Respect accorded to faculty				
Emotional maturity				
Concern for others				
Warmth of personality				
Sense of humor				

Please list extraordinary health problems: _____

Please list any learning issues which could affect the applicant's performance: _____

Have you any reason to doubt the applicant's integrity? Please explain: _____

Has the applicant's home environment been a positive force in his/her development? Please explain: _____

If this student were to re-apply at your school, would you grant acceptance? _____

Please check all that apply:

- _____ Parents/Guardians meet financial obligations
- _____ Parents/ Guardians have difficulty meeting financial obligations
- _____ Parents/Guardian fail to meet financial obligations
- _____ Parent/ Guardians support school sponsored activities
- _____ Parent/ Guardians do not support school sponsored activities.
- _____ Parent/ Guardians are an asset to school environment and/or morale.
- _____ Parent/ Guardians are not an asset to school environment and/or morale.

Form completed by: Name _____ Position _____

Phone number where you can be reached during the day: _____

Signature: _____ Date _____

Thank you for completing this form. Please return this form - along with the applicant's most recent report card to:
St. Cyril of Jerusalem School, Attention: ADMISSIONS to 4548 Haskell Avenue Encino CA 91436

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PARENT AUTHORIZATION FOR RELEASE OF SCHOOL RECORDS (K-8th)

TRANSFERRING FROM _____

SCHOOL ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

In accordance with the Family Education Rights and Privacy Act of 1947 and California State Law, I hereby authorize the release to the below named school all school records, including grades, health records and any other developmental information on the below named pupil:

NAME OF STUDENT _____

DATE OF BIRTH _____

GRADE _____

SIGNATURE of Parent / Legal Guardian _____

DATE _____

Please send the above requested records to:

St. Cyril of Jerusalem 4548 Haskell Avenue Encino, CA 91436-3113

School Official

Date

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GRADE	NUMBER OF DOSES REQUIRED OF EACH IMMUNIZATION ^{1, 2, 3}				
K-12 Admission	4 Polio⁴	5 DTaP⁵	3 Hep B⁶	2 MMR⁷	2 Varicella
(7th-12th)⁸	K-12 doses	+ 1 Tdap			
7th Grade Advancement^{9,10}		1 Tdap⁸			2 Varicella¹⁰

- Requirements for K-12 admission also apply to transfer pupils.
- Combination vaccines (e.g., MMRV) meet the requirements for individual component vaccines. Doses of DTP count towards the DTaP requirement.
- Any vaccine administered four or fewer days prior to the minimum required age is valid.
- Three doses of polio vaccine meet the requirement if one dose was given on or after the 4th birthday.
- Four doses of DTaP meet the requirement if at least one dose was given on or after the 4th birthday. Three doses meet the requirement if at least one dose of Tdap, DTaP, or DTP vaccine was given on or after the 7th birthday (also meets the 7th-12th grade Tdap requirement. See fn. 8.)
- One or two doses of Td vaccine given on or after the 7th birthday count towards the K-12 requirement.
- For 7th grade admission, refer to Health and Safety Code section 120335, subdivision (c).
- Two doses of measles, two doses of mumps, and one dose of rubella vaccine meet the requirement, separately or combined. Only doses administered on or after the 1st birthday meet the requirement.
- For 7th-12th graders, at least one dose of pertussis-containing vaccine is required on or after the 7th birthday.
- For children in ungraded schools, pupils 12 years and older are subject to the 7th grade advancement requirements.
- The varicella requirement for seventh grade advancement expires after June 30, 2025.

DTaP/Tdap = diphtheria toxoid, tetanus toxoid, and acellular pertussis vaccine

Hep B = hepatitis B vaccine

MMR = measles, mumps, and rubella vaccine

Varicella = chickenpox vaccine

INSTRUCTIONS:

California schools are required to check immunization records for all new student admissions at TK /Kindergarten through 12th grade and all students advancing to 7th grade before entry. Students entering 7th grade who had a personal beliefs exemption on file must meet the requirements for TK/K-12 and 7th grade. See shotsforschool.org for more information.

UNCONDITIONALLY ADMIT a pupil whose parent or guardian has provided documentation of any of the following for each immunization required for the pupil's age or grade as defined in table above:

- Receipt of immunization.
- A permanent medical exemption.*
- A personal beliefs exemption (filed in CA prior to 2016); this is valid until enrollment in the next grade span, typically at TK/K or 7th grade.†

CONDITIONALLY ADMIT any pupil who lacks documentation for unconditional admission if the pupil has:

- Commenced receiving doses of all the vaccines required for the pupil's grade (table above) and is not currently due for any doses at the time of admission (as determined by intervals listed in Conditional Admission Schedule, column entitled "EXCLUDE IF NOT GIVEN BY"), or
- A temporary medical exemption from some or all required immunizations.*

CONDITIONAL ADMISSION SCHEDULE FOR GRADES K-12

Before admission a child must obtain the first dose of each required vaccine and any subsequent doses that are due because the period of time allowed before exclusion has elapsed.

DOSE	EARLIEST DOSE MAY BE GIVEN	EXCLUDE IF NOT GIVEN BY
Polio #2	4 weeks after 1st dose	8 weeks after 1st dose
Polio #3¹	4 weeks after 2nd dose	12 months after 2nd dose
Polio #4¹	6 months after 3rd dose	12 months after 3rd dose
DTaP #2	4 weeks after 1st dose	8 weeks after 1st dose
DTaP #3²	4 weeks after 2nd dose	8 weeks after 2nd dose
DTaP #4	6 months after 3rd dose	12 months after 3rd dose
DTaP #5	6 months after 4th dose	12 months after 4th dose
Hep B #2	4 weeks after 1st dose	8 weeks after 1st dose
Hep B #3	8 weeks after 2nd dose and at least 4 months after 1st dose	12 months after 2nd dose
MMR #2	4 weeks after 1st dose	4 months after 1st dose
Varicella #2	Age less than 13 years: 3 months after 1st dose	4 months after 1st dose
	Age 13 years and older: 4 weeks after 1st dose	8 weeks after 1st dose

1. Three doses of polio vaccine meet the requirement if one dose was given on or after the fourth birthday. If polio #3 is the final required dose, polio #3 should be given at least six months after polio #2.
2. If DTaP #3 is the final required dose, DTaP #3 should be given at least six months after DTaP #2, and pupils should be excluded if not given by 12 months after second dose. Three doses meet the requirement if at least one dose of Tdap, DTaP, or DTP vaccine was given on or after the seventh birthday. One or two doses of Td vaccine given on or after the seventh birthday count towards the requirement.

Continued attendance after conditional admission is contingent upon documentation of receipt of the remaining required immunizations. The school shall:

- review records of any pupil admitted conditionally to a school at least every 30 days from the date of admission,
- inform the parent or guardian of the remaining required vaccine doses until all required immunizations are received or an exemption is filed, and
- update the immunization information in the pupil's record.

For a pupil **transferring** from another school in the United States whose immunization record has not been received by the new school at the time of admission, the school may admit the child for up to 30 school days. If the immunization record has not been received at the end of this period, the school shall exclude the pupil until the parent or guardian provides documentation of compliance with the requirements.

* In accordance with 17 CCR sections 6050-6051 and Health and Safety Code sections 120370-120372.

† In accordance with Health and Safety Code section 120335.

