



# ST. CYRIL OF JERUSALEM SCHOOL

4548 HASKELL AVENUE, ENCINO, CA 91436

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

WWW.STCYRIL.NET

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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"/> <a href="#">Morning &amp; Afterschool Care</a>	<input type="checkbox"/> Application Form <input type="checkbox"/> \$100.00 Non-Refundable Application Fee <input type="checkbox"/> Make an appointment for new <a href="#">student assessment</a> (818-501-4155) or click on <a href="https://calendly.com/apugliese-scj/admissions-new-student-assessment">https://calendly.com/apugliese-scj/admissions-new-student-assessment</a> <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"/> <a href="#">Morning &amp; Afterschool Care</a>	<input type="checkbox"/> Application Form <input type="checkbox"/> \$100.00 Non-Refundable Application Fee <input type="checkbox"/> Make an appointment for new <a href="#">student assessment</a> (818-501-4155) or click on <a href="https://calendly.com/apugliese-scj/admissions-new-student-assessment">https://calendly.com/apugliese-scj/admissions-new-student-assessment</a> <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"/> <a href="#">Morning &amp; Afterschool Care</a>

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## EXAMPLE

### Financial Responsibilities for the 2023-2024 School Year

#### K-8<sup>th</sup> 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-cyril.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 6<sup>th</sup> 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 1<sup>st</sup> 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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[RETURN TO ST. CYRIL](#)

## 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

<b>Father's</b> First Name _____	Middle _____	Last Name _____		
Birthplace _____	Religion _____	Occupation _____	Marital Status _____	Deceased _____
<b>Mother's</b> First Name _____	Maiden Name _____	Last Name _____		
Birthplace _____	Religion _____	Occupation _____	Marital Status _____	Deceased _____
<b>Guardian</b> 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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## Preschool, Pre-Kindergarten and Kindergarten Parent/Guardian Questionnaire

PARENTS: The information you provide us will allow us to know and understand your child as best as possible.

Please note that it is **not** expected for your child to know/perform all the items on this form.

**Childs' Full Name:** \_\_\_\_\_

**Nickname, if applicable:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Other Children in family:**

Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

**Please check the places that your child has visited:**

farm \_\_\_\_\_ beach \_\_\_\_\_ mountains \_\_\_\_\_ museum \_\_\_\_\_ county fair \_\_\_\_\_ downtown \_\_\_\_\_

zoo \_\_\_\_\_ other \_\_\_\_\_

**Has your child ever traveled by:**

plane \_\_\_\_\_ train \_\_\_\_\_ boat / ship \_\_\_\_\_

**Has your child previously attended pre-school?**

Yes \_\_\_\_\_ No \_\_\_\_\_ Years attended \_\_\_\_\_ Days per week \_\_\_\_\_

Name of School \_\_\_\_\_

**Does your child play:**

actively \_\_\_\_\_ quietly \_\_\_\_\_ mostly by himself/herself \_\_\_\_\_ with peers \_\_\_\_\_

with mostly boys \_\_\_\_\_ with mostly girls \_\_\_\_\_

**What activities does your child enjoy outdoors?**

\_\_\_\_\_  
**Does your child watch television?**

Yes \_\_\_\_\_ No \_\_\_\_\_ How many hours per week \_\_\_\_\_

Favorite shows \_\_\_\_\_

**What kind of books / stories does your child enjoy?**

\_\_\_\_\_  
Is your child able to sit and listen to a story? Yes \_\_\_\_\_ No \_\_\_\_\_ For how long? \_\_\_\_\_

Is your child able to remember songs or nursery rhymes?

List examples \_\_\_\_\_

Has your child had experiences with paints, crayons, and/or scissors? Yes \_\_\_\_\_ No \_\_\_\_\_

How often? \_\_\_\_\_

Does your child have any problems we should be aware of? \_\_\_\_\_

\_\_\_\_\_  
List any food allergies your child might have: \_\_\_\_\_

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At what age did your child:

walk alone \_\_\_\_\_

Feed himself / herself \_\_\_\_\_

Say first words \_\_\_\_\_

Talk in sentences \_\_\_\_\_

Is your child right or left handed? \_\_\_\_\_

Does your child select the clothing he/she wears? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your child dress himself/herself? Yes \_\_\_\_\_ No \_\_\_\_\_

Which items? buttons \_\_\_\_\_ snaps \_\_\_\_\_ ties shoes \_\_\_\_\_ zipper \_\_\_\_\_

Is your child able to: skip \_\_\_\_\_ hop \_\_\_\_\_ jump \_\_\_\_\_

Is your child able to print his/her name? Yes \_\_\_\_\_ No \_\_\_\_\_

Is your child aware of dangers such as: fire \_\_\_\_\_ electricity \_\_\_\_\_ traffic \_\_\_\_\_ strangers \_\_\_\_\_

Can your child take care of his/her toileting needs? Yes \_\_\_\_\_ No \_\_\_\_\_ To what extent? \_\_\_\_\_

Does your child wet the bed? Never \_\_\_\_\_ Occasionally \_\_\_\_\_ Rarely \_\_\_\_\_

What time does your child usually go to bed? \_\_\_\_\_

Is your child able to share and take turns? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your child know:

Parent's phone number? \_\_\_\_\_ Address? \_\_\_\_\_ Birth Date? \_\_\_\_\_

Does your child present any of the following behaviors:

Cries easily \_\_\_\_\_ Temper tantrums \_\_\_\_\_ Fearful in new situations \_\_\_\_\_ Sulks \_\_\_\_\_ Destructive \_\_\_\_\_

Inattentiveness \_\_\_\_\_ Bites nails \_\_\_\_\_ Eating problems \_\_\_\_\_ Sleeping problems \_\_\_\_\_ Whines \_\_\_\_\_ Frustrates easily \_\_\_\_\_

\_\_\_\_\_ Jealous \_\_\_\_\_ Dislikes sharing \_\_\_\_\_ Sucks thumb \_\_\_\_\_ None \_\_\_\_\_

Briefly describe your child: \_\_\_\_\_

\_\_\_\_\_

What are your child's strengths? \_\_\_\_\_

\_\_\_\_\_

What are your child's challenges? \_\_\_\_\_

\_\_\_\_\_

What do you expect your child to acquire through his/her Pre-Kindergarten or Kindergarten experience at St. Cyril School? \_\_\_\_\_

\_\_\_\_\_

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Additional Information you would like to share with your child's teacher:

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## REPORT OF HEALTH EXAMINATION FOR SCHOOL ENTRY

To protect the health of children, California law requires a health examination on school entry. Please have this report filled out by a health examiner and return it to the school. The school will keep and maintain it as confidential information.

### PART I TO BE FILLED OUT BY A PARENT OR GUARDIAN

CHILD'S NAME—Last	First	Middle	BIRTH DATE—Month/Day/Year
ADDRESS—Number, Street	City	ZIP code	SCHOOL

### PART II TO BE FILLED OUT BY HEALTH EXAMINER

#### HEALTH EXAMINATION

**NOTE: All tests and evaluations except the blood lead test must be done after the child is 4 years and 3 months of age.**

REQUIRED TESTS/EVALUATIONS	DATE (mm/dd/yy)
Health History	___/___/___
Physical Examination	___/___/___
Dental Assessment	___/___/___
Nutritional Assessment	___/___/___
Developmental Assessment	___/___/___
Vision Screening	___/___/___
Audiometric (hearing) Screening	___/___/___
TB Risk Assessment and Test, if indicated	___/___/___
Blood Test (for anemia)	___/___/___
Urine Test	___/___/___
Blood Lead Test	___/___/___
Other	___/___/___

#### IMMUNIZATION RECORD

**Note to Examiner:** Please give the family a completed or updated yellow California Immunization Record.  
**Note to School:** Please record immunization dates on the blue California School Immunization Record (PM 286).

VACCINE	DATE EACH DOSE WAS GIVEN				
	First	Second	Third	Fourth	Fifth
<b>POLIO</b> (OPV or IPV)					
<b>DtaP/DTP/DT/Td</b> (diphtheria, tetanus, and [acellular] pertussis) OR (tetanus and diphtheria only)					
<b>MMR</b> (measles, mumps, and rubella)					
<b>HIB MENINGITIS</b> (Haemophilus Influenzae B) (Required for child care/preschool only)					
<b>HEPATITIS B</b>					
<b>VARICELLA</b> (Chickenpox)					
OTHER (e.g., TB Test, if indicated)					
OTHER					

### PART III ADDITIONAL INFORMATION FROM HEALTH EXAMINER (optional) and RELEASE OF HEALTH INFORMATION BY PARENT OR GUARDIAN

#### RESULTS AND RECOMMENDATIONS

Fill out if patient or guardian has signed the release of health information.

- Examination shows no condition of concern to school program activities.
- Conditions found in the examination or after further evaluation that are of importance to schooling or physical activity are: *(please explain)*

I give permission for the health examiner to share the additional information about the health check-up with the school as explained in Part III.

- Please check this box if you **do not** want the health examiner to fill out Part III.

\_\_\_\_\_  
Signature of parent or guardian \_\_\_\_\_  
Date

Name, address, and telephone number of health examiner

\_\_\_\_\_  
Signature of health examiner \_\_\_\_\_  
Date

**If your child is unable to get the school health check-up, call the Child Health and Disability Prevention (CHDP) Program in your local health department. If you do not want your child to have a health check-up, you may sign the waiver form (PM 171 B) found at your child's school.**



GRADE	NUMBER OF DOSES REQUIRED OF EACH IMMUNIZATION <sup>1, 2, 3</sup>				
<b>K-12 Admission</b>	<b>4 Polio<sup>4</sup></b>	<b>5 DTaP<sup>5</sup></b>	<b>3 Hep B<sup>6</sup></b>	<b>2 MMR<sup>7</sup></b>	<b>2 Varicella</b>
<b>(7th-12th)<sup>8</sup></b>	<b>K-12 doses</b>	<b>+ 1 Tdap</b>			
<b>7th Grade Advancement<sup>9,10</sup></b>		<b>1 Tdap<sup>8</sup></b>			<b>2 Varicella<sup>10</sup></b>

- 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](http://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
<b>Polio #2</b>	4 weeks after 1st dose	8 weeks after 1st dose
<b>Polio #3</b> <sup>1</sup>	4 weeks after 2nd dose	12 months after 2nd dose
<b>Polio #4</b> <sup>1</sup>	6 months after 3rd dose	12 months after 3rd dose
<b>DTaP #2</b>	4 weeks after 1st dose	8 weeks after 1st dose
<b>DTaP #3</b> <sup>2</sup>	4 weeks after 2nd dose	8 weeks after 2nd dose
<b>DTaP #4</b>	6 months after 3rd dose	12 months after 3rd dose
<b>DTaP #5</b>	6 months after 4th dose	12 months after 4th dose
<b>Hep B #2</b>	4 weeks after 1st dose	8 weeks after 1st dose
<b>Hep B #3</b>	8 weeks after 2nd dose and at least 4 months after 1st dose	12 months after 2nd dose
<b>MMR #2</b>	4 weeks after 1st dose	4 months after 1st dose
<b>Varicella #2</b>	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.

