



**SUBURBAN CHRISTIAN
SCHOOL**

Health and Learning Information School Year 2018-2019

Student Name: _____

Male Female Date of Birth: _____

For us to meet the needs of every student entrusted to our care, it is imperative that the following questions are answered as accurately as possible. We will not automatically reject your application based upon your answers, however, providing false information will result in expulsion. Please use additional paper if necessary for detailed explanations.

EDUCATIONAL NEEDS	Please Check:		If yes, please explain:
Repeated a grade	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Has an IEP/ISP/504 Plan	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Diagnosed learning disability	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Diagnosed attention disability	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Received modifications or accommodations in the classroom	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Received tutoring outside of school	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Been enrolled in speech therapy	<input type="checkbox"/> No	<input type="checkbox"/> Yes	

BEHAVIORAL NEEDS	Please Check:		If yes, please explain:
Has been suspended from school	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Has been expelled from school	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Has been asked to withdraw from school	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Has been charged or convicted of a criminal offense	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Other	<input type="checkbox"/> No	<input type="checkbox"/> Yes	

PHYSICAL NEEDS	Please Check:		If yes, please explain:
Has been diagnosed with a physical disability	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Has a medical condition or a specific health need	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Social or emotional need	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Takes regular prescription medication	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Has any allergies	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Has any medical condition that would prevent participation in school activities including Physical Education class	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Has had any serious illness, injury or surgery	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Has had an overnight hospital stay during the past year	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Has missed more than 20 days of school last year	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Other	<input type="checkbox"/> No	<input type="checkbox"/> Yes	

To the best of my knowledge, the above information is accurate and true.

Parent/Guardian Signature: _____

Proof of up-to-date immunizations must be given to the school office before enrollment is finalized.
 Medical or religious objection forms must be signed by the parent / guardian prior to each school year.

School Immunization Requirements Quick Reference (2018-2019)

	REQUIRED	RECOMMENDED
3-5 years old	<ul style="list-style-type: none"> • 3 Hepatitis B • 4 DTaP (Diphtheria, Tetanus & Pertussis) • 3 Polio 	<ul style="list-style-type: none"> • 1 Varicella (Chickenpox) • 1 MMR (Measles Mumps & Rubella)
K-4th grade	<ul style="list-style-type: none"> • 3 Hepatitis B • 5 DTaP • 4 Polio 	<ul style="list-style-type: none"> • 2 MMR • 2 Varicella • 2 Hepatitis A
5th grade	<ul style="list-style-type: none"> • 3 Hepatitis B • 5 DTaP • 4 Polio 	<ul style="list-style-type: none"> • 2 MMR • 2 Varicella
6th grade	<ul style="list-style-type: none"> • 3 Hepatitis B • 5 DTaP • 4 Polio • 2 MMR 	<ul style="list-style-type: none"> • 2 Varicella • 2 Hepatitis A • 1 MCV4 (Meningococcal) • 1 Tdap (Tetanus, Diphtheria & Pertussis)
7th-11th grade	<ul style="list-style-type: none"> • 3 Hepatitis B • 5 DTaP • 4 Polio • 2 MMR 	<ul style="list-style-type: none"> • 2 Varicella • 1 MCV4 (Meningococcal) • 1 Tdap (Tetanus, Diphtheria & Pertussis)
12th grade	<ul style="list-style-type: none"> • 3 Hepatitis B • 5 DTaP • 4 Polio • 2 MMR 	<ul style="list-style-type: none"> • 2 Varicella • 2 Hepatitis A • 2 MCV4 • 1 Tdap

Hep B: The minimum age for the 3rd dose of Hepatitis B is 24 weeks of age.

DTaP: 4 doses of DTaP/DTP/DT are acceptable if 4th dose was administered on or after child's 4th birthday.

Polio: 3 doses of Polio are acceptable for all grade levels if the third dose was given on or after the 4th birthday and at least 6 months after the previous dose with only one type of vaccine used (all OPV or all IPV).

*For students in grades K-8th grade, the final dose must be administered on or after the 4th birthday and be administered at least 6 months after the previous dose.

Varicella: Physician documentation of disease history, including month and year, is proof of immunity for children entering preschool through 10th grade. Parental report of disease history is acceptable for grades 11-12.

Tdap: There is no minimum interval from the last Td dose.

MCV4: Individuals who receive dose 1 after their 16th birthday only need 1 dose of MCV4.

Hep A: The minimum interval between 1st and 2nd dose is 6 calendar months. 2 doses of Hep A is required for grades K-4, 6 and 12.

*For grades 5, and 7-11, 2 doses of Hep A vaccine are recommended.



Number under vaccine denotes the number of cumulative doses needed.