



Application for Re-Enrollment School Year 2018-2019

SUBURBAN CHRISTIAN
SCHOOL

Student Information

Student One:

First Name MI Last Name Grade Entering

Student Two:

First Name MI Last Name Grade Entering

Student Three:

First Name MI Last Name Grade Entering

Student Four:

First Name MI Last Name Grade Entering

Student Five:

First Name MI Last Name Grade Entering

Student Six:

First Name MI Last Name Grade Entering

Parent One

Biological Father Biological Mother Other _____

Marital Status: Married Divorced Widowed Single Separated Remarried

Student Lives With: Both Parents Father Mother Step-parent Guardian

Title First Name MI Last Name

Street Address City State Zip

Public School Corporation Home Phone Cell Phone

Work Phone E-Mail Address

Current Church Membership Pastor's Name Church Phone Number

Have you personally accepted Jesus Christ as your Savior, by faith trusting His death, burial and resurrection as the only means of salvation from sin? Yes No Not Sure

Do you regularly attend church? Yes No, I attend approximately _____ times per year.

Biological Father Biological Mother Other _____

Marital Status: Married Divorced Single Separated Remarried

 Title First Name MI Last Name

 Street Address City State Zip

 Public School Corporation Home Phone Cell Phone

 Work Phone E-Mail Address

 Current Church Membership Pastor's Name Church Phone Number

Have you personally accepted Jesus Christ as your Savior, by faith trusting His death, burial and resurrection as the only means of salvation from sin? Yes No Not Sure

Do you regularly attend church? Yes No, I attend approximately _____ times per 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.