**SOUTHERN BERKSHIRE**

 **REGIONAL SCHOOL DISTRICT**

Student’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_\_\_\_\_Date Registered \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IMMUNIZATION REQUIREMENTS FOR STUDENTS**

**IN GRADES PRE-KINDERGARTEN THROUGH SIXTH GRADE**

Parents or guardians of children registering for school must provide proof of required immunizations at the time of registration. **As required by state regulations (105 CMR 220.000), the Massachusetts Department of Public Health has established immunization requirements which must be administered to your child and proof of inoculation must be submitted prior to a student entering school. Specifically, the following vaccines are required, unless there is a medical exemption signed by a physician, or a religious exemption signed by the parent/guardian. The one exception to this is in the case of a homeless child entering the school. A homeless child cannot be denied entry into school because they are lacking immunizations or medical records.** (Department of Social Services placements must provide us with a Medical Passport.)

List of required immunizations for children two years of age through children entering seventh grade:

**By Two Years By Kindergarten By 7th Grade**

3 doses of Hep B 3 doses of Hep B 3 doses of Hep B

4 doses of DTaP/DTP 5 doses of DTaP/DTP Booster Tdap

3 doses of Polio 4 doses of Polio 4 doses of Polio

1-4 doses of HIB 2 doses of MMR 2 doses of MMR

1 dose of MMR 2 doses of Varicella 2 doses of Varicella

1 dose of Varicella

**\*Documentation of lead test is required prior to school admission.**

**\*\*Also required upon entry is a copy of a recent physical exam (within the last year) with the date and the doctor’s signature.**

Throughout your school experience a copy of your child’s physical exam must be given to the school nurse every 3 – 4 years.

I have read and will comply with the above requirements.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent or Guardian