

ROBERTSVILLE MIDDLE SCHOOL

Parent/Guardian Registration Checklist

Required Documentation

- Proof of Residency (lease/mortgage and current utility) (Dr. Henderson)
- Proof of Residential Guardianship (parenting plan, court order, etc, if applicable)
- Birth Certificate
- Social Security, optional
- Immunizations on the "Tennessee Immunization Certificate"
- School Entry Health Exam (30 day grace period)
- Health Insurance Provider
- Withdrawal Form from Previous School with Current Grades
- Current IEP/504 (if applicable)

Additional Forms in Registration Packet

- Information for Cumulative Record Form
- Request for Previous School's Records Form
- Oak Ridge Juvenile Form
- Grade Level Registration Sheet
- Residency Form
- Migrant Form
- Media Release Permission Form
- Clinic and Emergency Form
- Bus Form, optional
- Local Doctor's Offices

Any doctor's office, The Anderson County Health Department, The Little Clinic in Walgreens and The Kroger's Clinic can transfer immunizations from your state to a TN Immunization Certificate. There are additional immunization requirements for students entering 7th grade in TN, two doses of varicella and a Tdap booster.

Department of
Pupil Services

Telephone
(865) 425-9009

STUDENT ADMISSION PROCEDURES

Dear Parent or Guardian:

We want to welcome your children to Oak Ridge Schools and wish everyone well in starting their new classes. We welcome you as parents and promise you our dedicated efforts to help your children have a successful educational program.

KINDERGARTEN PRE-REGISTRATION

To help school officials know approximately how many kindergarten children will be enrolling in each school district and to simplify registration this summer, we ask that you complete an enrollment form which is available at each elementary school. According to Tennessee State Law, children must reach their fifth birthday by August 15th to be eligible for kindergarten. State law also requires that, prior to attending first grade all children must have attended an approved kindergarten program.

Kindergarten pre-registration May 2, 2016 through May 6, 2016 is the first step in enrolling your child in kindergarten. **THE REGISTRATION PROCESS IS TO BE COMPLETED ON OR BEFORE JUNE 19TH BY GOING TO YOUR CHILD'S SCHOOL WITH ALL THE REQUIRED INFORMATION FOR ENTERING SCHOOL.** At that time, you will receive important information (such as transportation, school materials, school meals, etc.) relative to your child's school year.

If you move during the summer to another school in the Oak Ridge school district, you should call the school office to request that your child's registration form be sent to the school in the district into which you have moved.

REQUIRED ADMISSION INFORMATION FOR ALL STUDENTS (K-12)

When you come to your child's school to register, please bring the following:

1. Child's birth certificate (a certified copy, for school records, not the hospital copy or Mother's copy).
2. Child's social security number or a copy of the card – **optional**.
3. Health Insurance Provider
4. The Tennessee Certificate of Immunization available from your doctor or Health Department consisting of two parts **which must be completed to begin school**.
 - A. **IMMUNIZATIONS:**
A Tennessee Certificate of Immunization shows the complete dates (month, day, and year) immunizations were administered.
 - B. **HEALTH EXAMINATION:**
A physical examination is required for all children entering Tennessee Schools (K-12). Oak Ridge schools require a current physical examination current since January 1st of the year the student will enter kindergarten. Students transferring to Oak Ridge Schools from another state must present a physical examination current within one year from date of enrollment.
5. **(Grades 1-12)** Provide the name, address and phone number of the school(s) where your child previously attended or provide report cards or withdrawal forms.
6. **(Grades 9-12)** Parents must call the Oak Ridge High School guidance office at 425-9607 to schedule a conference with a counselor.

Revised March 2016

Dr. Larrissa Henderson
Director of Pupil Services

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IMMUNIZATION/PHYSICAL EXAM INFORMATION

The Tennessee State Law requires that each child entering a Tennessee school for the first time have a physical examination and be immunized against diphtheria, whooping cough (pertussis), tetanus (DPT), polio, rubella (German measles), rubeola (red measles), mumps (MMR), Hepatitis A, Hepatitis B, and Varicella.

- DPT/DTaP/DT/Td** 4 or more doses, one of which was given on or after the fourth birthday. If the child is age seven or older three doses are required. If DT or Td must be used, only three doses are needed and the first dose is given after 12 months of age.
- POLIO** 4 doses of OPV or IPV; Final dose on or after the 4th birthday now required.
- MMR** 2 doses; The first dose is to be given on or after the first birthday and no earlier than four days before the first birthday. The second dose should be administered at least 30 days following the first dose.
- HEPATITIS A** 2 doses, spaced at least 6 months apart, is required by kindergarten entry effective July, 2011.
- HEPATITIS B** 3 doses, for entrance into kindergarten.
- VARICELLA (Chicken Pox)** 2 doses, proof of immunization against varicella, or a history of the disease documented by a physician or health care provider, will be required prior to entry into kindergarten and seventh grade and entrants into a Tennessee school in any other grade. The second dose should be administered at least three months following the first dose.
- TDAP** Tetanus-diphtheria-pertussis booster is required for students entering seventh grade. The booster is **not** required if a Td booster dose was given less than 5 years before seventh grade entry.

Immunizations may be obtained from your physician or the Anderson County Health Department located at 710 N. Main Street, Suite A, Clinton, TN 37716, telephone (865) 425-8801. A parent or legal guardian must accompany a child needing immunizations. Take all records of past immunizations to the Health Department or to your physician when completing immunizations. The Tennessee Certificate of Immunization may be obtained from your doctor or the Health Department.

Be sure to obtain a written record of all immunizations, including the dates the vaccine was administered, and signed by the health provider. This record must be on the Tennessee Certificate of Immunization signed by the provider (physician or Health Department). (TCA 49-6-5002 (a))

REMEMBER, NO PUPIL WILL BE ADMITTED TO ANY TENNESSEE SCHOOL UNTIL A CURRENT TENNESSEE CERTIFICATE OF IMMUNIZATION HAS BEEN RECEIVED BY THE SCHOOL. SCHOOL HEALTH RECORDS ARE SUBJECT TO ANNUAL AUDIT BY THE TENNESSEE DEPARTMENT OF PUBLIC HEALTH. STUDENTS ENTERING KINDERGARTEN MUST HAVE A PHYSICAL AFTER JANUARY 1ST OF THE YEAR THEY REGISTER.

Revised March 2016

INFORMATION FOR CUMULATIVE RECORD

Oak Ridge Schools
Oak Ridge, Tennessee

Completing this form constitutes
parental permission for preparation
of the pupil's cumulative record.

Birth Certificate on file _____
TN Health Record _____
SSN card on file _____
Previous School Record _____
Checked EIS _____
Enrolled (first time this year) _____
Transferred Enrollment _____
Enrolled from Out-of-State _____
Medication Form _____

SCHOOL NAME: _____

ENROLLMENT DATE: _____

Teacher first assigned to: _____

Has your child ever attended Oak Ridge Schools? Y or N

PUPILS SOCIAL SECURITY NUMBER _____

GRADE _____

PUPILS FULL LEGAL NAME _____
Last First Middle Generation
(Jr., Sr., II, III etc.)

Preferred Name _____
First Last Gender (circle one): Male Female

Pupil's Home Phone () _____ Mother's Maiden Last Name _____
Birthdate (mm/dd/yyyy) _____ Birth City _____ Birth County _____
Birth State _____ Birth Country _____
Immigrant _____ Date entered Country _____ Immigrant from _____ Year started school _____

Ethnic Code _____ (circle one Hispanic/Latino, Non-Hispanic/Latino)
Race _____ 1-American Indian or Alaska Native 2-Asian 3-Black or African American 4-Native Hawaiian or Other Pacific Islander 5-White
Active Duty _____ National Guard Military _____ Reserve Military Dependent _____

Home Language _____ Requires Translator Y N

Physical Address: _____ Apt _____
City _____ State _____ Zip _____ County _____

Mailing Address: _____ Apt _____
(if different) City _____ State _____ Zip _____ County _____

Previous Physical Address: _____ Apt _____
City _____ State _____ Zip _____ County _____

In Order to Attend Oak Ridge Schools, a student must be a legal resident of Oak Ridge or have an approved tuition contract. Legal residence is defined as living with a legal custodial parent or legal guardian who is domiciled (living) in Oak Ridge. If the legal custodian or guardian moves out of the Oak Ridge city limits during the school year, Pupil Services must be notified immediately. *Please provide school with appropriate legal documentation from judicial system regarding divorce/custody restrictions, orders of protection or power of attorney.*

ENGLISH LANGUAGE LEARNER INFORMATION

What is the first language this child learned to speak? _____
What language does this child speak most often outside of school? _____
What language do people usually speak in this child's home? _____
Parent/Guardian Signature: _____

Within the last two years has your child been served by:

CDC Placement _____
 A Title 1/Chapter 1 Program _____
 An Individual Education Plan (IEP) _____
 An English as Second Language (ESL) Program _____
 Home School _____

A 504 Program _____
 A Gifted Program _____
 A Speech Clinician _____
 Other _____

If yes to any of the above, please provide explanation or documentation. _____

Health Insurance Provider: _____

Health problems or physical limitations: _____

Medication(s): _____
(If medications are listed, please complete the form for Authorization for Medications.)

Is your child currently under a discipline action (suspension/expulsion) in another school system? Y or N
 Explain: _____

Any additional information you feel is relevant to the enrollment and services for your child. _____

SCHOOL HISTORY - List all schools attended (including Oak Ridge)							
Date Entered	Grade	School, City and State	Date Left	Date Entered	Grade	School, City and State	Date Left

BROTHERS AND SISTERS - Give last name if different							
Name	Sex	Yr. of Birth	Grade or Occupation	Name	Sex	Yr. of Birth	Grade or Occupation

I certify that all of the above information is true and correct and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws. I also certify that I am the parent, legal custodian/legal guardian of the child identified on this enrollment form.

PARENT OR LEGAL GUARDIAN SIGNATURE _____ Date _____

CONTACTS FOR:	(Last)	(First)	(Middle)
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ONE NAME PER CONTACT - MAILINGS WILL BE SENT TO CONTACT 1

<p>CONTACT 1: (Person with whom the student is living.)</p> <p>Name: _____</p> <p>Relationship: _____ (own, step, foster, other)</p> <p>Home Phone: _____ ()</p> <p>Work Phone: _____ ()</p> <p>Cell Phone: _____ ()</p> <p>Address: _____ (mailings will go to this address)</p> <p>Email Address: _____</p> <p>Employer: _____</p> <p>Year of Birth _____ Birthplace _____</p> <p>Education Completed: _____</p> <p>CONTACT 3: (Allowed to check student in/out Y N)</p> <p>Name: _____</p> <p>Relationship: _____</p> <p>Home Phone: _____ ()</p> <p>Work Phone: _____ ()</p> <p>Cell Phone: _____ ()</p> <p>Address: _____</p>	<p>CONTACT 2: (allowed to check student in/out Y N)</p> <p>Name: _____</p> <p>Relationship: _____ (own, step, foster, other)</p> <p>Home Phone: _____ ()</p> <p>Work Phone: _____ ()</p> <p>Cell Phone: _____ ()</p> <p>Address: _____</p> <p>Email Address: _____</p> <p>Employer: _____</p> <p>Year of Birth _____ Birthplace _____</p> <p>Education Completed: _____</p> <p>CONTACT 4: (Allowed to check student in/out Y N)</p> <p>Name: _____</p> <p>Relationship: _____</p> <p>Home Phone: _____ ()</p> <p>Work Phone: _____ ()</p> <p>Cell Phone: _____ ()</p> <p>Address: _____</p>
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STUDENT DIRECTORY INFORMATION (Please refer to the form in the discipline handbook, for more detailed information concerning directory information): The school, in conjunction with certain activities or certain community organizations may publish the names and addresses of students achieving awards or other recognition. If you do not want your child's name and/or address released as general student directory information you need to complete an opt-out form and return it to the building level principal. This form is located in the school office. A new opt-out form must be submitted at the beginning of each school year the student is enrolled.

Will your child be riding the bus? am _____ pm _____ both _____ If your child is an elementary or middle school student and rides the bus to a different address than the physical address listed above, please indicate their after school destination. _____

Please notify the office in writing if the transportation mode changes.



Release of Student Information

Please fax or mail to:

Robertsville Middle School

245 Robertsville Road

Oak Ridge, TN 37830

Ph: 865-425-9202

Fax: 865-425-9247 or 9236



Tammy Ollis, Counseling Office Secretary

E-mail: tollis@ortn.edu

School/Agency: _____ Attn: _____

Address: _____

Fax #: _____ Phone#: _____

Student's Name: _____ DOB: _____ Grade: _____

This request authorizes you to release the following records:

_____ Cumulative Records/Attendance/Discipline

_____ Withdrawal Grades/Test Scores

_____ Immunization/Health

_____ Birth Certificate/Social Security Card

_____ Special Ed/Psychological

_____ Other: _____

Parent/Guardian Signature

Date

OAK RIDGE SCHOOLS

Pursuant to state law enacted effective July, 1999, the following question must be completed by the parents or guardians of all students new to the district and those students resuming school attendance after a suspension or expulsion.

Student's Name: _____

School: _____ Grade: _____

Has your son or daughter ever been adjudicated (convicted) as a delinquent in a juvenile court or convicted of a felony in an adult court? (Circle one and sign and date below.)

Yes No

If "Yes," please complete a Court Reporting Form available from the guidance counselor, principal or vice-principal and place it in a sealed envelope to be given to the principal.

Parent/Guardian's Signature

Date

OAK RIDGE SCHOOLS RESIDENCY INFORMATION FORM FOR McKinney-VENTO

This questionnaire is in compliance with the McKinney-Vento Act, U.S.C. 42 § 11431 et seq. Your answers will help determine if the student meets eligibility requirements for services under the McKinney-Vento Act.

Student _____ Parent/Guardian _____

School _____ Phone/Pager _____

Age _____ Grade _____ D.O.B. _____

Address _____ City _____

Zip Code _____ Is this address Temporary or Permanent? (circle one)

Please choose which of the following situations the student currently resides in (you can choose more than one):

- _____ House or apartment with parent or guardian
- _____ Motel, car, or campsite
- _____ Shelter or other temporary housing
- _____ With friends or family members (other than or in addition to parent/guardian)

If you are living in shared housing, please check all of the following reasons that apply:

- _____ Loss of housing
- _____ Economic situation
- _____ Temporarily waiting for house or apartment
- _____ Provide care for a family member
- _____ Living with boyfriend/girlfriend
- _____ Loss of employment
- _____ Parent/Guardian is deployed
- _____ Other (Please explain)

Are you a student under the age of 18 and living apart from your parents or guardians? Yes No

Residency and Educational Rights

Students without fixed, regular, and adequate living situations have the following rights:

- 1) Immediate enrollment in the school they last attended or the local school where they are currently staying even if they do not have all of the documents normally required at the time of enrollment without fear of being separated or treated differently due to their housing situations;
- 2) Transportation to the school of origin for the regular school day;
- 3) Access to free meals, Title I and other educational programs, and transportation to extra-curricular activities to the same extent that it is offered to other students.

Any questions about these rights can be directed to Dr. Larrissa Henderson, the local McKinney-Vento Liaison at (865) 425-9009 or Paula Gaddis, the State Coordinator at (615) 741-3262.

By signing below, I acknowledge that I have received and understand the above rights.

Signature of Parent/Guardian/Unattached Youth _____ Date _____

Signature of McKinney-Vento Liaison _____ Date _____

School: _____ Grade: _____ New Student : YES NO

Student
Last Name: _____ First Name: _____

First Student

Request for Bus Service

In compliance with ORS transportation provider, First Student, and to new state laws, it is required that each student have an assigned bus number in order for them to ride the bus to or from school. **Every ORS student will be required to complete this Request for Bus Service Form before the bus number is assigned. First Student will honor bus requests on the 15th and 30th of each month. PLEASE DO NOT PUT YOUR CHILD ON A BUS UNTIL YOU RECEIVE WORD OF APPROVAL FROM THEIR RESPECTIVE SCHOOL OFFICE.**

Students will not be allowed to ride another bus other than the one they are assigned to without a bus pass from their respective school which the student will then provide to the driver.

Student
Home Address: _____ Home Phone: _____

If your student rides the bus to or from a different address listed above, please indicate that address:

AM: _____ PM: _____

Birth Date: ____/____/____ Gender: M F (circle one)

Emergency Contact/Phone # _____

People Authorized to get Kindergarten Student off the bus (they may be asked to provide ID):

AM Bus Service: YES NO (circle one) PM Bus Service: YES NO (circle one)

Parent Signature: _____ Date: _____

School Office Personnel: Please fax this completed form to Transportation Department at 425-1884 (no cover sheet required). Requests will be honored the 15th & 30th of each month, unless student is NEW to Oak Ridge Schools. Your office will receive a faxed bus approval with transportation information.

Thank You,
Diane Gibson

OAK RIDGE SCHOOLS
AUTHORIZATION FOR MEDICATION ADMINISTRATION DURING SCHOOL HOURS

The medication administration policy of the Oak Ridge School System states: every effort should be made to avoid the necessity of children being given medication at school. If under exceptional circumstances a student is required to take medication during school hours, only the school nurse or the principal's designee may assist the student. It is the parent/guardian's responsibility to bring this medication to school and remove any unused medication when treatment is completed. (Prescription medication must have a proper pharmacy label. Non-prescription medication must be in a new **UNOPENED** container with current expiration date.) All medication shall be kept in a locked container. (Inhalers may be kept with student if noted by physician below. Parent and student must sign the Medication Exemption form ORS-191ES). **Written authorization is for the current school year only.**

Medication to be given on a short-term basis (two weeks or less), prescription or non-prescription with adequate instructions provided, requires the **PARENT** to complete and sign.

Medication to be given longer than two weeks, the **PARENT** and **PHYSICIAN** portions of the form must be completed.

TO BE COMPLETED BY THE PHYSICIAN OR AUTHORIZED PRESCRIBER

STUDENT NAME: _____		SCHOOL: _____		BIRTHDATE: _____		SEX: _____	
NAME OF MEDICATION: _____				REASON FOR MEDICATION: _____			
Allergies: <input type="checkbox"/> None		or Describe: _____		Type of Reaction: _____			
Form of medication/treatment: _____							
Dosage: _____ Schedule (Time(s) of administration): _____							
Restrictions and/or important side effects: _____				None anticipated _____		Yes _____	
						PLEASE DESCRIBE:	
						Special Storage	
Requirements: _____ None _____ Refrigerate _____ Other (Describe)							
The student is both capable and responsible for assisted self-administering this medication:							
_____ Yes, with supervised assistance		_____ No, student cannot administer					
_____ Student may carry this medication (Emergency meds only – Inhaler, Epi Pen, Benadryl, Glucagon)							
Physician's Signature _____				Date _____			
Physician's Name: _____		Address: _____		Phone Number: _____			

TO BE COMPLETED BY PARENT/GUARDIAN

It is understood that the medication is administered to the student listed above solely at the request of and as an accommodation by the undersigned parent or guardian. I give permission for my child to be assisted with the medicine(s) described above at school by authorized persons or permitted to medicate herself/himself as also authorized by me and the physician.

*I give permission to the Oak Ridge Schools to contact the prescriber for questions. _____ YES _____ NO

I agree to release the Oak Ridge School System and its personnel from any liability arising out of the administration of the medication to the student. **I will assume full responsibility for any side effects and complications that my child may have as a result of taking this medication.**

Parent Signature: _____ Phone Number: _____ Date: _____

THE FOLLOWING TO BE COMPLETED BY SCHOOL PERSONNEL

School: _____ Medication shall be kept by: _____ Office _____ Teacher _____ Student _____ Clinic

Signature of school personnel to administer medication: _____ Date: _____

THIS FORM IS NON-TRANSFERRABLE

**PROCESS FOR MEDICATION ADMINISTRATION WITHIN OAK RIDGE SCHOOLS
PRESCRIPTION AND NON-PRESCRIPTION
(PARENT AND STAFF INFORMATION SHEET)**

- 1) Parent/guardian requests medication to be administered during the school day.
- 2) Parent/guardian obtains from school ORS-191 Medication Authorization form.
 - a. If medication dispensing less than two weeks, parent(s) will complete ORS-191 authorization form.
 - b. If medication dispensing is beyond two weeks, prescribing physician must complete ORS-191 form.
- 3) Parent will personally deliver to the school the completed ORS-191 authorization form and medication in the appropriately labeled container. No more than one month's supply will be stored. The principal's designee will receipt the number of dosages received. You may ask pharmacist for a separate medicine bottle to keep at school.
- 4) Individual designated to dispense medication **MUST** receive medication inservice provided by Oak Ridge Schools' Nurse **PRIOR TO DISPENSING**. Individual dispensing medication must follow **STRICT** student identification procedures outlined in the inservice.
- 5) Students in grades (K-4) will have a recent photograph attached to the ORS-191 authorization form to ensure proper identification.
- 6) Medication will be kept in a locked container until it is needed for dispensing. The locked container will be locked in a secure location for overnight storage.
- 7) Students will be directed by their teacher to report to the designated area at the designated time to receive their medication. If a student does not report, the person dispensing the medication will notify the school secretary who will locate the student in order for them to receive the medication. The person dispensing the medicine will inform the principal of the student who did not report for medication at the designated time.
- 8) The designated person dispensing the medication will document daily the time medication was taken. The designated person will sign his/her initials and the time medication is dispensed. If the student is absent or does not receive medication that day, the record will be signed with an "A" meaning absent. A "no show" is not acceptable and the student must be located.
- 9) For students receiving on-going medication, the principal's designee will remind the parent at least three (3) days before the supply lapses.
- 10) When medication regimen has been completed, the parent/guardian will remove the remaining medication from the school.
- 11) Any changes in dosage time or amounts will require a new ORS-191 authorization form with directions from prescribing physician.

NOTE: NO INDIVIDUAL MAY DISPENSE MEDICATION WITHOUT THE VERIFICATION OF SYSTEM WIDE NURSE AND APPROVAL OF PRINCIPAL.

ROBERTSVILLE MIDDLE SCHOOL
CLINIC AND EMERGENCY CONTACT INFORMATION 2016-17

Dear Parents:

Please complete the form below and return it to your child's homeroom teacher. **Current** information regarding health conditions, treatments, medications, and physical limitations is necessary in order for us to provide a safe and appropriate school environment. Such information will remain confidential and will be used only to better serve our students.

In addition to completing this information, please call the counseling center or school nurse if you wish to provide more detail or to discuss sensitive information.

Thank you for your cooperation.

Legal Name of Student _____

Homeroom Teacher _____ Grade: _____

Please check as appropriate:

_____ NO medical problems. _____ GLASSES/CONTACTS

_____ YES - illness or medical condition does exist (explain below OR ON THE BACK):

PARENT CONTACT INFORMATION---PLEASE REMEMBER TO UPDATE AS NEEDED

1) NAME _____ Relationship _____

Phone numbers (H) _____ (W) _____ (C) _____

Email address _____

2) Name _____ Relationship _____

Phone numbers (H) _____ (W) _____ (C) _____

3) Name _____ Relationship _____

Phone numbers (H) _____ (W) _____ (C) _____

Date completed _____



MEDIA RELEASE PERMISSION

In compliance with the federal Family Educational Rights and Privacy Act (FERPA, <http://www.ed.gov/policy/gen/guid/fpco/ferpa/index.html>), Oak Ridge Schools notifies parents annually about release of student information. The following applies to release of information to the media or other publically available information sources:

1. GENERAL MEDIA RELEASE

The school or district may feature my child's likeness (photograph, video, etc.) and/or work on Oak Ridge Schools' online resources, in publications, or other public media. No last names or other personal demographic information will appear with any student likeness or work except as set forth below.

2. EXCEPTION for HONORS and AWARDS

For the purpose of publically recognizing students for honor and awards, the school district will assume implied consent to release student information (including first and last name) unless a parent or guardian notifies Oak Ridge Schools within ten (10) calendar days after the first day of school (or the first day of enrollment). Student information related to honors and awards may appear in broadcast, print or digital media, in both district and non-district information sources.

3. PARENTAL/GUARDIAN APPROVAL for UNIQUE SITUATIONS

Should the school or school district wish to use a student's name, image or work for purposes other than as noted above, school officials will seek parental approval in advance.

Your signature below signifies agreement with the administrative procedures outlined above.

Name of Student: _____ Grade: _____

School: _____

Parent/Guardian Signature: _____ Date: _____

*Should a parent or guardian wish to go beyond the limits set above and further restrict use of a student's first name, image or work, please provide a signed copy of the *Non-Disclosure of Directory Information* form (found on the district website).



OAK RIDGE SCHOOLS
304 NEW YORK AVENUE
P.O. BOX 8588
OAK RIDGE, TN 37831-8588

Telephone: (865) 425-9009
Fax: (865) 425-9061

Dr. Larrissa Henderson
Director of Pupil Services
Email: lhenderson@ortn.edu

April 1, 2016

Dear Parents:

Please note the changes below regarding enrollment and the new immunization form required by the State Department of Education:

Children entering pre-Kindergarten, Kindergarten, 7th grade, other new enrollees:

The Department of Education has advised schools that children beginning pre-Kindergarten and Kindergarten will need the Tennessee Immunization certificate prior to attending. Children will need to have the Tennessee Immunization completed in order to pre-register for fall classes this spring.

New rules apply to all children entering Kindergarten and 7th grade. Kindergarten children must have **2 doses of the Hepatitis A immunization, spaced at least 6 months apart**. This requirement was effective July 1, 2011. Students entering 7th grade must have documentation of a dose of tetanus-diphtheria-pertussis (Tdap) vaccine booster and verification of Varicella immunity disease of *two doses of Varicella vaccine*.

Older children enrolling for the first time in a Tennessee school this fall must use the immunization certificate, just like new Kindergarten students. Verification of Hepatitis B and varicella immunity is now among the requirements for children enrolling for the first time in a Tennessee school at any grade level. Children transferring from one school to another within Tennessee should transfer their existing Tennessee certificate to the new school, as usual. Out-of-state records may be transferred to a Tennessee certificate by a healthcare provider or local health department.

If you have any questions, feel free to contact my office at 425-9009.

Sincerely,

Dr. Larrissa Henderson

Larrissa Henderson, Ed.
Director of Pupil Services



CERTIFICATE OF IMMUNIZATION

Child's Name (Last name, first name, middle)

Birth date (mm/dd/yy)

Parent/Guardian Name (Last name, first name, middle)

Phone (please include area code xxx-xxx-xxxx)

Address

City State Zip Code

Section 1a. Religious Exemption

Check here if religious exemption to immunization selected by parent/guardian

1b. Health Examination Documentation (if required)

This child has been examined: MM / DD / YY

Certified by (Signature/Stamp)

1c. Check if needed

Dental Screening

Vision Screening

Unless specifically exempted by law, Tennessee law requires a certificate on file for each child in attendance in any school or child care facility in Tennessee. Detailed instructions for this form and explanation of requirements are in "Instructions for Completion of Immunization Certificates" and the "Official Immunization Schedule" at the Tennessee Department of Health website (<http://health.state.tn.us/CEPS/required.html>) and on the Tennessee Web Immunization System.

VACCINE	DATE MM/DD/YY	DATE MM/DD/YY	DATE MM/DD/YY	DATE MM/DD/YY	DATE MM/DD/YY	DATE MM/DD/YY	Disposited (YY)	Sanology (YY)	History (YY)	Medical Exemption (Y)
Section 2a. Required Vaccines for School or Child Care Attendance (Dates Required)										
Hib Child Care Only (<5 years)										
Pneumococcal (PCV) Child Care Only (<5 years)										
DTP, DTaP, DT, Td										
Poliomyelitis										
Hepatitis B <input type="checkbox"/> Check here if 11-15 years 2-dose schedule used										
Hepatitis A Child Care Effective 7/2010 Kindergarten Effective 7/2011										
Measles										
Mumps										
Rubella										
Varicella										
Tdap Booster 7 th Grade Entry Only										
2b. Recommended Vaccines (Documentation Optional)										
Rotavirus										
Influenza										
Meningococcal										
HPV										

Section 3. Provider Assessment (select one, not valid if blank)

- A) Temporary Certificate - Expires MM / DD / YYYY
Expiration date one month after date next catch-up immunization is due.
- B) Up to Date for Child Care Entry and <18 Months of Age
Only if requirements incomplete, but up to date for age. Expires at 19 months of age.
- C) Complete for Child Care / Pre-School*
Fulfills all requirements for child care / pre-school or pre-K under 5 years of age.
- D) Complete K-6th Grade*
Fulfills requirements, Kindergarten through 6th grade.
- E) Complete 7th Grade or Higher
Fulfills requirements, 7th grade or higher.

*If age 4 years and fulfill requirements for Pre-School and Kindergarten, check BOTH Boxes C and D.

Section 4: (Required) Printed or Stamped Name, Address, Phone of Qualified Healthcare Provider (MD, DO, PA, Advanced Practice Nurse or Health Department):

(Signature area with large scribble)

Certified by (Signature/Stamp)

MM / DD / YYYY
Date of Issue