



# INTERNATIONAL STUDENT APPLICATION (Part I)

2911 San Fernando Road, Los Angeles, CA, 90065  
Phone: (323) 344-4330 Fax: (323) 344-4339 Website: www.ribetacademy.com  
Email: vshi@ribetacademy.com School SEVIS Code: LOS214F01647000

### Instructions:

The application form must be completed in English and all supporting documents must be supplied in English. Print neatly in black ink or type. Return **completed** Part I of the application (page 1-5) together with an **APPLICATION FEE OF \$200**. Part II of the Application can be submitted after the student has been accepted. Before proceeding, make sure you have scanned copies of the following documents available:

- **Passport;**
- **At least three previous years of transcripts;**
- **One of the language tests scores (TOEFL, TOEFL Jr., or IELTS);**
- **Current I-20, if you are now studying in the United States and planning to transfer to Ribet Academy;**
- **Attach A few pictures of you or family in activities;**
- **You are welcome to include documents (academic/sports/art achievements, etc.) that will strengthen your admission status.**

## GENERAL INFORMATION

### PROGRAM INFORMATION:

Program Choice:  Full Year (August-June)  Fall Semester (August-January)  Spring Semester (January-June)

Current Grade \_\_\_\_\_ Entering Grade \_\_\_\_\_

Housing:  Dorm  Ribet host family  Agent host family  Student family

Do you currently hold a valid I-20 from another school?  Yes  No (If yes, please attach a copy of current I-20)

### STUDENT INFORMATION: (Please enter you personal information exactly as it appears on your passport.)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Middle Name \_\_\_\_\_ English Name (Name wants to be called) \_\_\_\_\_

Date of Birth \_\_\_\_\_ (mm/dd/yyyy) Place of Birth \_\_\_\_\_ (City) \_\_\_\_\_ (Country)

Gender:  Male  Female First Language \_\_\_\_\_

Student's Address: \_\_\_\_\_  
Number & Street

City \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_ Zip Code \_\_\_\_\_

Country of Legal Residence \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

Passport Number \_\_\_\_\_ Issued Country \_\_\_\_\_ Expiration Date \_\_\_\_\_ (mm/dd/yyyy)

Student Email \_\_\_\_\_ Phone \_\_\_\_\_

Skype ID \_\_\_\_\_

### Standardized Testing (Please attach a copy of the official report of the test with student's name and test date on it.)

TOEFL  TOEFL JR  IELTS Date Taken \_\_\_\_\_ (dd/mm/yyyy) Score \_\_\_\_\_

TOEFL  TOEFL JR  IELTS Date Taken \_\_\_\_\_ (dd/mm/yyyy) Score \_\_\_\_\_



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STUDENT NAME \_\_\_\_\_

## FATHER'S INFORMATION:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ (mm/dd/yyyy) English Level:  Beginner  Intermediate  Fluent

Country of Legal Residence \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

Address (if different from student's) \_\_\_\_\_  
Number & Street

City \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_ Business Phone \_\_\_\_\_

Employed by \_\_\_\_\_ Occupation \_\_\_\_\_

## MOTHER'S INFORMATION:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ (mm/dd/yyyy) English Level:  Beginner  Intermediate  Fluent

Country of Legal Residence \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

Address (if different from student's) \_\_\_\_\_  
Number & Street

City \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_ Business Phone \_\_\_\_\_

Employed by \_\_\_\_\_ Occupation \_\_\_\_\_

## SIBLING INFORMATION:

1. Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ (mm/dd/yyyy) Gender:  M  F

2. Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ (mm/dd/yyyy) Gender:  M  F

3. Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ (mm/dd/yyyy) Gender:  M  F

## AGENCY INFORMATION: (If applicable)

Representative Name \_\_\_\_\_ Company Name \_\_\_\_\_

Address \_\_\_\_\_  
Number & Street City State/Province Country Zip Code

Email \_\_\_\_\_ Phone \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_



# INTERNATIONAL STUDENT APPLICATION (Part I)

STUDENT NAME \_\_\_\_\_

## EDUCATIONAL INFORMATION

### EDUCATION HISTORY:

The following information must be completed and signed by school administrator from the institution attended. **Copies of the official transcripts with English translations must be submitted together with the application.** Please note original transcripts will be required upon registration at Ribet.

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

Equivalent US Grades: 9 10 11 12 Other \_\_\_\_\_ From \_\_\_\_\_ (mm/yyyy) to \_\_\_\_\_ (mm/yyyy)

Address \_\_\_\_\_

Number & Street

City

State/Province

Country

Zip Code

Please explain your grading equivalent if not explained in the official transcripts

| American Grades      | Your Grades   |       |
|----------------------|---------------|-------|
|                      | Number/Letter | Words |
| Superior (A+)        |               |       |
| Excellent (A)        |               |       |
| Very Good (A- or B+) |               |       |
| Good (B or B+)       |               |       |
| Average (C)          |               |       |
| Sufficient (C-)      |               |       |
| Poor (D)             |               |       |
| Fail (F)             |               |       |

How many hours of class per week does each credit/unit stands for? \_\_\_\_\_

Administrator's Name \_\_\_\_\_

Administrator's Signature \_\_\_\_\_

Date \_\_\_\_\_

OFFICIAL SCHOOL STAMP:



# INTERNATIONAL STUDENT APPLICATION (Part I)

STUDENT NAME \_\_\_\_\_

## PERSONAL INFORMATION

- Please list your interests, hobbies, and activities that you and your family do \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- Which academic subject are you most passionate about and why? \_\_\_\_\_  
 \_\_\_\_\_
- Do you play in a band or orchestra? If yes, what instrument(s) do you play? \_\_\_\_\_
- Do you participate in any competitive sports? If yes, what sports? \_\_\_\_\_
- How often do you attend church? \_\_\_\_\_ Are you active in any church groups? \_\_\_\_\_  
 Would you be willing to attend church with your Host Family? \_\_\_\_\_
- Do your parents require you to return home at a specific time in the evening? \_\_\_\_\_  
 If yes, what time on weekdays? \_\_\_\_\_ What time on weekends? \_\_\_\_\_
- Allergic to animals? \_\_\_\_\_ Vegetarian? \_\_\_\_\_
- Why would you like to come to the United States for your education? \_\_\_\_\_  
 \_\_\_\_\_

### PARENT'S LETTER OF INTRODUCTION *(If requesting Ribet host family)*

Write a paragraph in English to the **HOST PARENTS** who will share their home with your son or daughter. *Describe your child's personality and interests, expectations and relationships. We ask that you be very frank and honest in your letter, and that you comment on your child's strengths and weaknesses. This will be very helpful to us in finding the best host family for your child.*

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# INTERNATIONAL STUDENT APPLICATION (Part I)

STUDENT NAME \_\_\_\_\_

## **STUDENT'S LETTER OF INTRODUCTION:**

**In your own words write a brief letter, which tells us more about yourself.** *Suggestions: Describe yourself. Tell about any extra special accomplishments or awards. (Are you an expert soccer player, musician or computer whiz?) Is there any activity in which you would like to participate in the USA? Describe a typical school day and weekend and how you spend your time with friends away from school. Describe a particular experience in your life, which seems important to you. Introduce members of your family and say a few words about them. Describe the responsibilities you have at home and how you feel about them. Discuss what you expect to gain for yourself, your family, and your country. Describe how you will share your culture with your host family. Describe how and why you think your host community and family will benefit by welcoming YOU as an exchange student.*



# INTERNATIONAL STUDENT APPLICATION (Part II)

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## AGREEMENT TO ACCEPTANCE CONDITIONS

*Please read carefully then sign and date where indicated.*

In the City of \_\_\_\_\_ country of \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ in the year of 20\_\_\_\_, I/we, the undersigned parents of \_\_\_\_\_ my/our son/daughter, and I, the student applicant, agree to the following terms and conditions. The above-named student is applying to participate in a cultural exchange program sponsored by Ribét Academy and we give our son/daughter our permission to participate in this program.

1. We understand the program is designed to increase understanding among people of the world and is not to be used for the sole purpose of foreign language training. We have discussed the importance of good behavior with our son/daughter and he/she understands the significance of acting in a manner which will reflect well on our family and our country.
2. We understand and agree that the enrollment of our son/daughter in the Ribét Academy program is primarily for the cultural exchange and that a **diploma or graduation is not guaranteed to any student.**
3. We understand student placements are based on compatibility and availability with selection by a host family.
4. We agree that the program participant will obey the disciplinary rules of the host family and school, will give respect and obedience to the host family and school officials, and will keep communications open at all times.
5. We understand and agree that the program participant will not take any unprescribed drugs, drink alcoholic beverages, possess false identification, drive any motorized vehicle, or participate in any dangerous sport such as hang gliding, bungee jumping, etc. If the program participant does any of the above, we understand that he/she may be immediately returned home at our family's expense, and we accept full responsibility for any situation arising from his/her involvement with the above.
6. We understand that prolonged or inappropriate use of the internet, including email or chat rooms may result in a first warning and then program termination.
7. We agree that the program participant may not take any action that may change the nature of his/her life, i.e. getting married, changing religions, tattoos.
8. We understand and agree that the program participant will be subject to all of the laws of the host country. In the case of serious infraction of the rules and requirements governing the conduct of the program participant, or in the case of extreme homesickness, or poor adjustment to the host family or school the participant may be returned home immediately at the discretion of Ribét Academy and at the expense of our family.
9. We understand that the program participant may not drive any motorized vehicle that requires an operator's license, nor be a passenger in a private plane. A student is allowed to register for school-sponsored driver education classes. If a license is obtained through this program, the license must be immediately given to the local Ribét Academy representative. It will be returned to the student on the day of departure for home.
10. We understand that as natural parents we are responsible for providing funds for the necessary day-to-day expenses for our son/daughter. The suggested amount is approximately \$300-\$500 a month.
11. We agree that the program participants are not allowed to go home during the program unless with prior approval. Visits from the natural parents and friends during the program are strongly discouraged and must have prior approval from Ribét Academy.
12. We agree that the program participant is to return home within five (5) days after the last day of school.
13. We agree to pay the early return of our son/daughter if it is deemed necessary for medical reasons after consultation between ourselves, program personnel, and medical authorities.
14. We agree to pay for any medical and dental bills not covered by the accident and sickness insurance. We agree to pay for any deductible amount due that the insurance policy might not cover.
15. We agree that the program participant is to possess a return flight ticket from the airport located nearest the host family to the participant's country. This return ticket is to be carried to the United States by the participant and is to be kept in safekeeping by the participant until time for the participant to return home.
16. We agree to pay for any and all telephone calls made by the program participant including those calls made which might appear on the host family's telephone bill after the departure of the program participant.
17. We give Ribét Academy the right to use the participant's name and photograph for reproduction in any medium for the purposes of publication, advertising, trade, display, or editorial use.

**Parent Name:** \_\_\_\_\_  
*Print Name* *Signature* *Date*

**Student Name:** \_\_\_\_\_  
*Print Name* *Signature* *Date*



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### TRAVEL AUTHORIZATION

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We, as parents of the undersigned student, do hereby authorize Ribét Academy and the American Host Parents as agents of the undersigned parents, to make the determination for student travel for the duration of student's participation in the Academic Year Program.

It is understood that this authorization is given in advance only when the student is traveling and supervised by Ribét Academy, host parent or by a representative of a school program, or with sponsored tours. We understand that the student may not travel unsupervised.

**Signature of parent:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of student:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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## AUTHORIZATION TO TREAT A MINOR

I, (We) the undersigned parent(s), or legal guardian of \_\_\_\_\_, a minor, do hereby authorize and consent to any x-ray examination, anesthetic, or medical or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act, or a dentist licensed under the provisions of the Dental Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital. It is understood that this authorization authority and power to render care which the aforementioned physician in the exercise of his best judgment may deem advisable. It is understood that before shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached. Furthermore, we (parents/guardian) want to assure you that we will reimburse any and all expenditures not covered by the accident and sickness insurance policy of Ribét Academy.

Birth date: \_\_\_\_\_ (mm/dd/yyyy)

Date of last tetanus booster: \_\_\_\_\_ (mm/dd/yyyy)

List any restrictions: \_\_\_\_\_

Allergies to Drugs or Foods: \_\_\_\_\_

List medications taken regularly: \_\_\_\_\_

Special medications or pertinent information: \_\_\_\_\_

Family Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
*Number & Street City State/Province Country Zip Code*

Parent's Email \_\_\_\_\_ Phone \_\_\_\_\_

Signature of parent: \_\_\_\_\_ Date: \_\_\_\_\_



## HEALTH QUESTIONNAIRE

### MEDICAL HISTORY – Do you have the following?

|    |     |  |    |     |                                  |    |     |                              |
|----|-----|--|----|-----|----------------------------------|----|-----|------------------------------|
| No | Yes | Measles  | No | Yes | Concussion or Head Injuries      | No | Yes | Sexually Transmitted Disease |
| No | Yes | Mumps  | No | Yes | Rheumatic Fever or Heart Disease | No | Yes | Strokes                      |
| No | Yes | Chickenpox   | No | Yes | Eating Disorder                  | No | Yes | Tuberculosis                 |
| No | Yes | Epilepsy   |    |     | (anorexia/bulimia)               | No | Yes | Broken Bones                 |
| No | Yes | Diabetes   |    |     |                                  | No | Yes | Cancer                       |
| No | Yes | Have you ever been hospitalized, had surgery, or been under extended medical care? <i>If yes, for what reason?</i> |    |     |                                  |    |     |                              |

### SYSTEMIC REVIEW – Do you have the following?

|                               |     |  |              |     |                             |                     |     |                           |
|-------------------------------|-----|--|--------------|-----|-----------------------------|---------------------|-----|---------------------------|
| <b>Eyes-Ears-Nose-Throat:</b> |     |  | No           | Yes | Impaired hearing            | <b>Neck:</b>        |     |                           |
| No                            | Yes | Eye disease or injury  | No           | Yes | Do you wear hearing aids?   | No                  | Yes | Stiffness                 |
| No                            | Yes | Do you wear glasses?   | No           | Yes | Dizziness                   | No                  | Yes | Thyroid trouble           |
| No                            | Yes | Double vision  | No           | Yes | Episodes of unconsciousness | No                  | Yes | Enlarged glands           |
| No                            | Yes | Headaches  | <b>Skin:</b> |     |                             | <b>Respiratory:</b> |     |                           |
| No                            | Yes | Glaucoma   | No           | Yes | Skin disease, hives, eczema | No                  | Yes | Spitting up blood         |
| No                            | Yes | Nosebleeds   | No           | Yes | Jaundice                    | No                  | Yes | Chronic or frequent cough |
| No                            | Yes | Chronic sinus trouble  | No           | Yes | Frequent infection or boils | No                  | Yes | Asthma                    |
| No                            | Yes | Ear disease  | No           | Yes | Abnormal pigmentation       |                     |     |                           |
| No                            | Yes | Have you been in good general health most of your life? <i>If not, please explain.</i> |              |     |                             |                     |     |                           |

### ALLERGIES AND SENSITIVITIES

- Is there a history of skin reaction or other reaction or sickness following infections or oral administration of:

|    |     |   |    |     |  |
|----|-----|---|----|-----|--|
| No | Yes | Penicillin or other antibiotics             | No | Yes | Novocaine or other anesthetics                   |
| No | Yes | Morphine, Codeine, Demerol, other narcotics | No | Yes | Sulfa drugs                                      |
| No | Yes | Aspirin, empirin or other pain remedies     | No | Yes | Adhesive tape or latex (circle)                  |
| No | Yes | Tetanus, antitoxin or other serums          | No | Yes | Any other drug or medication                     |
| No | Yes | Any foods, such as egg, milk or chocolate   | No | Yes | Cancer   |
|    |     | List:                                       |    |     | List:  |
| No | Yes | Pets/Animals Please explain.                | No | Yes | Any other allergies? <i>If yes, please list.</i> |

### NEURO-PSYCHIATRIC

*If yes, please explain:*

|    |     |  |
|----|-----|--|
| No | Yes | Have you ever had psychiatric care?          |
| No | Yes | Have you been advised to see a psychiatrist? |
| No | Yes | Have you ever had fainting spells?           |



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## CLINICAL EVALUATION

To be filled out by a **Physician**.

**Physician's Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

| Number & Street |                                      |          |
|-----------------|--------------------------------------|----------|
| Normal          | Check each item                      | Abnormal |
|                 | Head, Face, Neck, Scalp              |          |
|                 | Nose                                 |          |
|                 | Sinuses                              |          |
|                 | Mouth and Throat                     |          |
|                 | Ears – General (interior & exterior) |          |
|                 | Drums (perforated)                   |          |
|                 | Eyes                                 |          |
|                 | Ophthalmoscopic                      |          |
|                 | Pupils                               |          |
|                 | Ocular Motility                      |          |
|                 | Lungs and Chest                      |          |
|                 | Heart                                |          |

| City State/Province Country Zip Code |                              |          |
|--------------------------------------|------------------------------|----------|
| Normal                               | Check each item              | Abnormal |
|                                      | Anus and Rectum              |          |
|                                      | Endocrine System             |          |
|                                      | G – U System                 |          |
|                                      | Vascular System              |          |
|                                      | Abdomen and Viscera          |          |
|                                      | Upper Extremities            |          |
|                                      | Spine, other Musculoskeletal |          |
|                                      | Body Marks, Scars, Tattoos   |          |
|                                      | Skin, Lymphatics             |          |
|                                      | Neurologic                   |          |
|                                      | Psychiatric                  |          |

### MEASUREMENTS AND OTHER FINDINGS

**Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ **Color Hair:** \_\_\_\_\_  
**Eye color:** \_\_\_\_\_ **Build:** slender medium heavy  
**Blood pressure:** Sitting: \_\_\_\_\_ Recumbent: \_\_\_\_\_ Standing: \_\_\_\_\_  
**Pulse (arm at heart level):** Sitting: \_\_\_\_\_ After Exercise: \_\_\_\_\_  
 2 mins After: \_\_\_\_\_ Recumbent: \_\_\_\_\_ After Standing 3 Mins: \_\_\_\_\_

### LABORATORY FINDINGS

**Urinalysis (A. Specific Gravity):** Albumin \_\_\_\_\_ Sugar \_\_\_\_\_  
**Serology (Specify Test):** \_\_\_\_\_ **Blood Type & RH Factor:** \_\_\_\_\_  
**Tuberculosis (Clearance must be within 6 months)**  
**Chest X-Ray:** Date \_\_\_\_\_ Positive or Negative \_\_\_\_\_  
**Skin Test:** Date \_\_\_\_\_ Positive or Negative \_\_\_\_\_

**Signature of Physician:** \_\_\_\_\_ **Date of Exam:** \_\_\_\_\_

We certify that the information supplied is true and complete to the best of our knowledge. We authorized any of the doctors, hospitals, or clinics mentioned above to furnish and complete transcript of medical records for purposes of processing this application.

**Signature of Student:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Parent:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## RIBÉT ACADEMY IMMUNIZATION RECORD

This record is part of the student's permanent record (cumulative folder) as defined in Section 49068 of the Education Code and shall transfer with that record. Local health departments shall have access to this record in schools, childcare facilities, and family day care homes.

This record must be completed by school and child care personnel from the immunization record provided by parent or guardian. See reverse side for instructions.

Student Name \_\_\_\_\_ Sex: M  F  Birthdate \_\_\_\_\_ Place of Birth \_\_\_\_\_

Name of Parent or Guardian \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_ Address \_\_\_\_\_

Telephone \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

White, not Hispanic  
 Hispanic  
 Black  Other: \_\_\_\_\_

| VACCINE  | DATE EACH DOSE WAS GIVEN |     |     |     |     |         |
|--|--------------------------|-----|-----|-----|-----|---------|
|  | 1st                      | 2nd | 3rd | 4th | 5th | Booster |
| <b>POLIO (OPV or IPV)</b>  | / /                      | / / | / / | / / | / / |         |
| <b>DTP/DTaP/DT/Td</b> (Diphtheria, tetanus and [acellular] pertussis OR tetanus and diphtheria only) | / /                      | / / | / / | / / | / / | / /     |
| <b>MMR (Measles, mumps, and rubella)</b>   | / /                      | / / |     |     |     |         |
| <b>HIB (Required only for child care and preschool)</b>  | / /                      | / / | / / | / / |     |         |
| <b>HEPATITIS B</b>   | / /                      | / / | / / |     |     |         |
| <b>VARICELLA (Chickenpox)</b>  | / /                      | / / |     |     |     |         |
| <b>HEPATITIS A (Not required)</b>  | / /                      | / / |     |     |     |         |
| <b>Tdap (Must have by 7<sup>th</sup>-12<sup>th</sup> grade)</b>                                      | / /                      |     |     |     |     |         |

**I. DOCUMENTATION**  
 I certify that I reviewed a record of this child's immunizations and transcribed it accurately:  
 Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Staff  
 Signature \_\_\_\_\_  
 Record presented was:

- Yellow California Immunization Record
  - Out-of-state school record
  - Other immunization record
- Specify: \_\_\_\_\_

**II. STATUS OF REQUIREMENTS**

- A. All requirements are met.  
Date: \_\_\_\_/\_\_\_\_/\_\_\_\_
- B. Currently up-to-date, but more doses are due later.

Exemption was granted for:

- C. Medical Reasons—Permanent
- D. Medical Reasons—Temporary
- E. Personal Beliefs

**III. 7<sup>th</sup> GRADE ENTRY**

- A. All requirements are met.  
Name: \_\_\_\_\_ Date: \_\_\_\_\_
- B. Currently up-to-date, but more doses are due later. Needs follow up.  
Name: \_\_\_\_\_ Date: \_\_\_\_\_

| TB SKIN TESTS  | Type*  | Date given | Date read | mm indur | Impression   | CHEST X-RAY (Necessary if skin test positive)                |
|--|--|------------|-----------|----------|--|--|
|  | <input type="checkbox"/> PPD-Mantoux<br><input type="checkbox"/> Other | / /        | / /       |          |  | <input type="checkbox"/> Pos<br><input type="checkbox"/> Neg |
| <input type="checkbox"/> PPD-Mantoux<br><input type="checkbox"/> Other | / /  | / /        |           |          | <input type="checkbox"/> Pos<br><input type="checkbox"/> Neg |  |

\*If required for school entry, must be Mantoux unless exception granted by local health department