

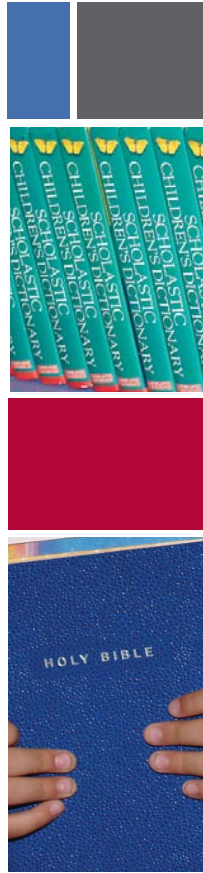
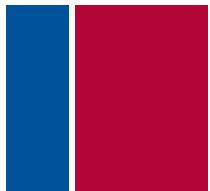
www.go-vcs.com



Vacaville Christian School

Office of Admissions
1117 Davis Street
Vacaville, CA 95687

(707) 446-1776 Ext. 2102



Vacaville Christian School

Student Application Packet for High School
(Kindergarten through 5th Grade)

2014-2015 School Year



www.go-vcs.com



Dear Parents,

Thank you for your interest in our Elementary Program at Vacaville Christian School(VCS). Our mission is to provide a quality, Christian education in a nurturing environment, equipping young people to achieve their full potential in life and in practical service to Jesus Christ.

As a parent, I understand you have a crucial decision to make about your child's future. That's why you have this packet in your hand! Please read through it carefully. For your convenience, I have provided a checklist below to facilitate the application process.

Once I've received your completed application packet and a \$100 non-refundable application fee, the school registrar will set appointments for student testing and a family interview. Upon review by the Elementary Principal, your child's application will be placed in an applicant waiting pool until a space becomes available in the grade you are applying for. You will be notified in writing as to your child's acceptance. At that time, you will receive a financial contract that needs to be returned to the school registrar along with a registration fee of \$200.

For more information on the admissions process, please turn to the last page of this packet or feel free to call me at (707) 446-1776 Ext. 2102. If you have not visited our campus, I encourage you to schedule a personal tour. I would love to meet you.

Sincerely,
Faith Shipley
Admissions Director

Please complete ALL REQUIRED forms in the application packet prior to returning the packet for consideration. Check-off each item on the checklist below to ensure the packet is complete. Print legibly on all forms.

Application for Admission: Standards: - Vacaville Christian School selects students who display academic ability and manifest mature, responsible, and self-disciplined behavior. We evaluate: past academic performance, evaluations from teachers, counselors, principals and other, and results of standardized tests. We also consider past record of behavior in academic and social settings, communication skills, testing and interviews.

APPLICATION PACKET CHECKLIST:

- Completed Application
- Parental Commitment Form (must be signed by BOTH parents)
- Emergency Contacts Form
- Copies of Court Ordered Custodial Agreements (if applicable)
- Copy of Birth Certificate
- Copy of Immunization Records
- Copies of Report Cards (for the past two years) and State Achievement Tests
- Completed State Health Examination Form for School Entry (dated within the last 18 mos.)
- New Student Information Sheet
- Educator's Recommendation Form
- Pastor Recommendation or Parent/Guardian Written Statement
- \$100 Non-refundable Application Fee*
- Letter of Verification for full-time ministers, if applicable

Please ensure that you have signed and dated each form where indicated and that all blanks are either completed or marked "N/A" if not applicable.

* Application submitted without the appropriate fee and signatures **will not be processed.**

Thank you for partnership in this process.
Please feel free to contact the Admissions Office if you have any further questions.

Admission Procedures:

The Admissions Office maintains a **waiting list** for each grade level. This list is necessary until the Principal is able to determine how many openings are available in each grade. Because re-enrollment for current VCS parents is held January 13th - February 13th, **we will not know the number of openings until February 14, 2014.** Applications will then be reviewed by the Principal and the openings will be filled accordingly, based on students application information, placement test and family interview.

Step One: Application - to initiate the application process, the Admissions Office must receive the following items:

- A. Completed Application Packet:** (one per child) The application, in addition to the supplemental forms listed on the front cover, need to be signed and completed.
- B. Application Fee:** A non-refundable application fee of \$100.00, made payable to Vacaville Christian Schools, must accompany the completed application packet.
- C. Pastor Reference Form**:** The Pastor Reference form may be completed by the Pastor or Children's Pastor at your church who works with and knows your child the best. In the event you are unable to contact your pastor, you may use the optional Parental Statement.
- D. Optional Parental Statement:** This form may be used in place of a Pastor Reference Form.
- E. Educator Recommendation**:** This form needs to be completed by your child's current teacher or the school administrator that handles academic affairs.
- F. Test results:** Please submit copies of standardized testing scores and report cards for the past two years with the application.

**** Important Note: It is the parent's responsibility to follow up on the Pastor and Educator forms. Failure to return these documents will delay your application process and prohibit your consideration for admission.****

Step Two: Testing - After the Admissions Office has received your completed application packet, your child will be scheduled for placement testing and a family interview.

- A. New Student Placement Testing:** The second step in the admissions process is the New Student Placement Test. Each new student will take a placement test to confirm grade level and academic integrity. **Second - Fifth Grade School Placement tests are scheduled for Wednesday, February 26, 2014 in the Elementary School. Kindergarten and 1st grade testing appointments will be scheduled individually with the Admissions office, after March 15th, 2014.**

Step Three: New Family Interview for Acceptance - Acceptance of Admissions Letter will be given to all applicants during the New Family interview with the Principal confirming or denying your child's acceptance. Applications for students beyond the number we are able to accept will be placed on a waiting list.

- A. New Family Interview:** This appointment will be scheduled after the student has completed the placement test. You will receive a call from the Admissions Office to schedule this appointment after March 1, 2014.

Step Four: Completion of School Registration - Once you've received an acceptance letter and enrollment contracts you will be required to sign and return the following items, within 7 days, along with your registration fee, to the school registrar, to secure your child's placement in our school. If you are selecting our Extended Care Program, your registration fee is also due at this time.

- A. Signed Contract of Payment and Liability Contract**
- B. Remittance of Registration Fee of \$200.**
- C. Extended Care Registration of \$25 (if applicable)**
- D. Completion of online Smart Tuition Account Registration**

Dorace Lynch
Elementary Principal
707-446-1776 ext. 5049
dlynch@go-vcs.com

Karyn Kempton
Elementary Vice Principal
707-446-1776 ext. 5048
kkempton@go-vcs.com

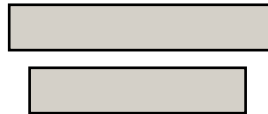
Vacaville Christian School, admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students of the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school administered programs.



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ADMISSIONS USE ONLY

App Date Received: ____/____/____

App Fee: _____ CASH CK# _____

Application Received by: _____

Forwarded to Registrar: ____/____/____

Testing Interview Wait List
 Accept Decline

OFFICE USE ONLY

PowerSchool ID: _____

Reg Fee: _____ CASH CK# _____

Student Start Date: ____/____/____

Ext. Care Fee: _____ CASH CK# _____

DayCare Options: Kindergarten ONLY(S)

K-8 Full-Time (R) K-8 Hourly (U)

Full-Time Minister Staff Rewards

ADMISSION APPLICATION for 2014-2015

PLEASE PRINT OR TYPE CLEARLY

STUDENT INFORMATION: All school mailings will be sent to this address

_____ / ____/____
 Legal Last Name Legal First and Middle Name Date of Birth M F Gender _____ Grade applying for

 Primary Address City State ZIP

Student Email Address: _____ Home Phone: _____

Ethnicity (optional): Asian African American Caucasian Hispanic American Indian Pacific Islander
 Other _____

Guardian # 1 INFORMATION: Relationship to Student: _____

 Last Name First and Middle Name Home Phone

 Mailing Address City State ZIP

Occupation: _____ Employer: _____

Email Address: _____ Work Phone: _____

Cell Phone: _____ Cell Phone Provider: _____

Can you receive Text/SMS Messages for School wide EMERGENCY/Disaster NOTIFICATIONS ONLY? YES NO

Are you an active duty military member? Yes No

Guardian # 2 INFORMATION: Relationship to Student: _____

 Last Name First and Middle Name Home Phone

 Mailing Address City State ZIP

Occupation: _____ Employer: _____

Email Address: _____ Work Phone: _____

Cell Phone: _____ Cell Phone Provider: _____

Can you receive Text/SMS Messages for School wide EMERGENCY/Disaster NOTIFICATIONS ONLY? YES NO

Are you an active duty military member? Yes No

Guardian # 3 INFORMATION: Relationship to Student: _____

Last Name First and Middle Name Home Phone

Mailing Address City State ZIP

Occupation: _____ Employer: _____

Email Address: _____ Work Phone: _____

Cell Phone: _____ Cell Phone Provider: _____

Can you receive Test/SMS Messages for School wide EMERGENCY/Disaster NOTIFICATIONS ONLY? YES NO

Are you an active duty military member? Yes No

Guardian # 4 INFORMATION: Relationship to Student: _____

Last Name First and Middle Name Home Phone

Mailing Address City State ZIP

Occupation: _____ Employer: _____

Email Address: _____ Work Phone: _____

Cell Phone: _____ Cell Phone Provider: _____

Can you receive Test/SMS Messages for School wide EMERGENCY/Disaster NOTIFICATIONS ONLY? YES NO

Are you an active duty military member? Yes No

Marital Status of Parents: Single Married Divorced Separated Remarried
Child lives with: Both Parents Mother Father Shared Custody Other _____

**Custody/ restraining orders must be kept in the student file.
Please bring the original documents to the Admissions Office
for copies to be made.**

VCS Parental Commitment

VCS Statement of Faith

We believe the Bible is the only Word of God, divinely inspired, inerrant, infallible, totally expressing His purposes to mankind. We accept the Bible as our final authority; the all-sufficient and complete rule for faith and conduct. (2 Timothy 3:15-17; 1 Peter 2:15)

We believe there is one God, eternally existent in three persons: Father, Son and Holy Spirit. God the Father, Creator and Ruler of the universe from Whom all life exists (Genesis 14:22; Genesis 1:1; Colossians 1:17); Jesus Christ, God the Son sent to take the form of a man to put God's great plan for humanity into effect (John 17:5; Philippians 2:5-11; Hebrews 1:2); God the Holy Spirit, revealing Jesus Christ and God's plan to the Christian and bearing witness to God's work in our world (John 16:13-14; 1 Corinthians 2:9).

We believe in the person of Jesus Christ, God's only eternal Son. Born of a virgin, He lived a sinless life; performed mighty miracles; died for the sin of the whole world; rose again to conquer sin, death, and Hell; ascended to the right hand of His Father to intercede on our behalf; and will return to earth again for those who have personally accepted forgiveness of sin through Him. (Isaiah 7:14; Hebrews 7:26; 1 Corinthians 15:3-4)

We believe that all mankind is born sinful and separated from God, requiring individual repentance and forgiveness through the blood of Jesus Christ, shed on the cross, as absolutely essential to be in right standing again with God. (Romans 10:9-17; John 3:16; Titus 2:11-13)

We believe in the continuing ministry of the Holy Spirit, by Whose indwelling, the Christian is enabled to live a godly life. (Ephesians 5:18; 4:30; 1 Corinthians 3:16)

We believe in the resurrection of the dead, both those saved through Jesus Christ and those lost through unrepentance and unacceptance of Christ's forgiveness - those who are saved unto resurrection of life and those lost unto resurrection and separation from God forever to damnation. (1 Thess. 4:16-17; Revelation 19:20; 20:11-15)

We believe in the spiritual unity of all believers in the Lord, Jesus Christ. (Ephesians 1:22-23; Romans 8:9). I understand the standards of VCS in all areas including character, academics, social, and spiritual development. I recognize that VCS is a non-denominational school that fully supports the local Christian churches in the community.

I have read the "Statement of Faith" printed above and by my signature below, I acknowledge VCS' Bible based education and agree to support, uphold and abide by all of its policies and procedures. VCS exists to serve students and parents who support Christian values. All parents and students are encouraged to regularly attend a Christian Church.

I have read and understand the terms set forth in this parental commitment and will adhere to this covenant for the duration of my child's attendance at Vacaville Christian Schools.

Vacaville Christian Schools, admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students of the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school administered programs.

Signature of father/legal guardian Date

Signature of mother/legal guardian Date

NOTE: MUST BE SIGNED BY BOTH PARENTS

CURRENT CHURCH: _____

Denomination: _____ Pastor _____

Address _____ Telephone _____

City _____, California ZIP _____

How often does the student attend church? Weekly Monthly Parents: Weekly Monthly

How did you hear about VCS? Newspaper Radio
VCS Parent/Friend's Name: _____

Yellow Pages Internet Returning Student/ Last Date Attended: _____

VCS Emergency and Medical Info

Medical Insurance Information:

Insurer	Group #	ID#
Physician	Address	Phone
Dentist	Address	Phone
Hospital(s) Preferred		

Authorization For Medical Treatment:

In the event of an emergency, I authorize VCS personnel to make arrangements for my child to receive medical care, including required transportation. I authorize the physician and/ or dentist named above to undertake such care as is considered necessary. In the event the above physician is unavailable, I authorize VCS personnel to arrange for emergency medical care. I agree to bear all costs incurred. I further hold the school harmless for any result of said treatment and bear solely the financial responsibility for such treatment.

Signature of Parent/ Guardian: _____ Date _____



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Educator's Recommendation K-5th Grade Applicants 2014-2015 School Year

*Please Note: This form must be filled out by a **PRESENT TEACHER OR ADMINISTRATOR**. Applicants **will not** be recommended for admissions without this form. For confidentiality, this form **MUST** be mailed to VCS by the school official completing the form.*

_____ is a candidate for enrollment at Vacaville Christian School.
(Student's Name)

Because of your experience with this child, we are asking for your input as to his/her social and academic skills. Please assist us by answering the following questions and returning this form as soon as possible. Please return the form directly to VCS by faxing to the Admissions office at (707) 446-1514. *Please note: although rarely requested, a parent/guardian has the legal right to view their child's file.*

1. How would you describe this student's overall academic performance? _____

2. If you used ability groups, would you place this student in your low, middle, or high group for reading? _____ math? _____

3. What is this student's greatest academic strength? _____

4. What is this student's greatest academic weakness? _____

5. Has this student ever been sent to the office? YES NO

Please indicate the reason and frequency of these visits, if you answered yes:

6. How much supervision do you think the applicant needs?
Constant _____ Frequent _____ Occasional _____ Minimal _____



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Student Information Sheet K-5th Grade Applicants 2014-2015 School Year

*Please note: This information is provided by the **PARENT**.*

All candidates for admission will be tested for grade level and require a reference from their previous teacher.

Student's Name: _____ Grade last completed: _____ Applying for: _____

How did you hear about our school? _____

Previous School Attended:

School (s): _____

Address: _____

Phone: _____ Teacher: _____

Reason for leaving school? _____

Please answer the following questions:

1. Does your child have problems that might affect his/her ability to learn in school?

____ Yes ____ No Please describe _____

2. Describe your philosophy of child training and discipline. What method(s) of discipline do you utilize with your child? _____

3. Does your child obey instruction? ____ Yes ____ No

4. What are your child's most difficult subjects? _____

5. What are your child's best subjects? _____

6. Has your child ever received any of the following? (Please check if applicable)

____ Tutoring ____ Chapter 1 ____ Resource ____ Speech/Language ____ Specialized Testing

7. If tutoring, by whom and for what? _____

8. If specialized testing, please describe: _____

Student Information

9. Please list the student's special interests, skills, or hobbies: _____

10. What are your child's personal goals for the coming year? _____

11. What do you expect to find at Vacaville Christian School that you would not find in another school?

12. Why did you choose Vacaville Christian School? _____

13. Is your child now or has he/she in the past been involved in:

A. Any scholastic difficulties in school? _____ Yes _____ No

B. Any discipline problems in school? _____ Yes _____ No

C. Suspension or expulsion from a previous school? _____ Yes _____ No

If you have answered yes to any of the above questions please briefly explain here:

14. Please describe the Christian values you view as critical for your child's development and growth.

15. In regard to your child, please describe any special needs of which VCS needs to be aware in order to provide the most effective learning and discipleship environment. _____



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Pastor Recommendation K-12th Grade Applicants 2014-2015

*NOTE: This form is **preferred**, but applicants may submit the Parent Written Statement in place of this form.*

_____ has applied for admissions to _____ grade at Vacaville Christian School. We welcome any information or comments you have regarding his/her character and spiritual life.

How long has the applicant attended your church? _____

Are the parent(s)/guardian(s) members of your church? _____

Is the family active in your church? _____

If yes, please indicate how: _____

Is the child active in the children/youth programs at the church? _____

Do you consider the child open to spiritual instruction? _____

If no, please explain: _____

Please share any specific concerns or highlights you have on the character of this applicant.

Clergy Name: _____

Church Name: _____

Address _____

Phone: _____

Would you like us to phone you regarding this applicant? Yes No

Please return this form by FAXING to the Admissions Office at: 707-446-1514



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Release of Specific Student Information 2014-2015

Dear Parents,

Vacaville Christian School does not release information or records concerning your child to organizations or individuals without your consent (except as noted below). There are a number of times, however, when such information may be requested. Rather than contacting you for specific permission to release information when each instance occurs, we have designed this form to serve as a release for most of those instances.

Your consent is **required** for us to release such information. If you choose to give your consent, **please initial where indicated** for each instance listed. If you wish to revoke your consent, you may do so at any time by **notifying the school in writing**. If you have any questions, please call your school's Administration Office.

Name of Student

Date

INSTANCES REQUIRING PARENTAL CONSENT TO RELEASE INFORMATION

Press

Parents' Initials

Information and photography concerning participation in special programs, winning of awards, honors, etc. This includes any photos used to advertise enrollment and/or activities at VCS.

(Advertising may be in print, multi-media, internet and website communications)

Room Parent

Names, addresses and phone numbers of children in the designated class.

Parents of Other Students

Addresses and phone numbers to contact student for out-of-school activities, i.e., birthday parties or other special events.

Statement of Consent

We/I consent to the release of the specified information to the organizations and individuals noted above upon their request. We/I understand that this consent may be revoked by us/me at any time by notifying the school in writing.

Signature of Parent/Guardian

Signature of Parent/Guardian

WE DO NOT WISH ANY INFORMATION BE RELEASED (please check the box)

Grades K-12



REFERENCE Health and Safety Code, Division 105, Part 2, Chapter 1, Sections 120325-120380; California Code of Regulations, Title 17, Division 1, Chapter 4, Subchapter 8, Sections 6000-6075

INSTRUCTIONS Post this guide on a wall or desktop as a quick reference to help you determine whether children seeking admission to your school meet California's school immunization requirements. If you have any questions, call the Immunization Coordinator at your local health department.

IMMUNIZATION REQUIREMENTS To enter or transfer into public and private elementary and secondary schools (grades kindergarten through 12), children under age 18 years must have immunizations as outlined below.

VACCINE

REQUIRED DOSES

Polio

4 doses at any age, but... 3 doses meet requirement for ages 4–6 years if at least one was given on or after the 4th birthday¹; 3 doses meet requirement for ages 7–17 years if at least one was given on or after the 2nd birthday.¹

Diphtheria, Tetanus, and Pertussis

Age 6 years and under (Pertussis is required)
DTP, DTaP or any combination of DTP or DTaP with DT (diphtheria and tetanus)

5 doses at any age, but... 4 doses meet requirements for ages 4–6 years if at least one was on or after the 4th birthday.¹

Age 7 years and older (Pertussis is not required)
Td, DT, or DTP, DTaP or any combination of these

4 doses at any age, but... 3 doses meet requirement for ages 7–17 years if at least one was on or after the 2nd birthday.¹ If last dose was given before the 2nd birthday, one more (Td) dose is required.

7th grade
Td booster

1 dose not required but recommended if more than 5 years have passed since last DTP, DTaP, DT, or Td dose.

Measles, Mumps, Rubella (MMR)

Kindergarten
7th grade
Grades 1–6 and 8–12

2 doses² both on or after 1st birthday.¹
2 doses² both on or after 1st birthday.¹
1 dose must be on or after 1st birthday.¹

Hepatitis B

Kindergarten
7th grade

3 doses at any age
3 doses³ at any age

Varicella

Kindergarten
Out-of-state entrants (grades 1–12)

1 dose⁴
1 dose for children under 13 years; 2 doses are needed if immunized on or after 13th birthday.⁴

¹ Receipt of the dose up to (and including) 4 days before the birthday will satisfy the school entry immunization requirement.
² Two doses of measles-containing vaccine required. One dose of mumps and rubella-containing vaccine required; mumps vaccine is not required for children 7 years of age and older.
³ Two doses of the 2-dose hepatitis B vaccine formulation along with provider documentation that the 2-dose hepatitis B vaccine formulation was used for both doses and both doses were received at age 11–15 years will also fulfill this requirement.
⁴ Physician-documented varicella (chickenpox) disease history or immunity meets the varicella requirement.

EXEMPTIONS

The law allows (a) parents/guardians to choose an exemption from immunization requirements based on their personal beliefs, and (b) physicians of children to elect medical exemptions. The law does not allow parents/guardians to elect an exemption simply because of inconvenience (a record is lost or incomplete and it is too much trouble to go to a physician or clinic to correct the problem). See the back of the blue California School Immunization Record (PM 286) for instructions and the affidavit to be signed by parents/guardians electing the personal beliefs exemption. For children with medical exemptions, the physician's written statement should be stapled to the CSIR. Schools should maintain an up-to-date list of pupils with exemptions, so they can be excluded quickly if an outbreak occurs.

PUPILS NOT MEETING REQUIREMENTS

Refer pupils who do not meet these State requirements to their physician or local health department. Give families a written notice indicating which doses are lacking.

DOCUMENTATION All children must present an immunization record.

What is it? It is a written immunization record, either a personal record with entries made by a physician or clinic, or a school immunization record—the blue California School Immunization Record (PM 286) from a former school or another state's school record. It must include at least the month and year each dose was received; for measles, rubella, and/or mumps vaccine given in the month of the first birthday, month, day, and year are required. A record with check marks instead of dates or saying only "up-to-date," "all requirements met," or "series complete" is inadequate. Also, parents cannot simply fill out a California School Immunization Record from memory but must present a written immunization record. Further, the record must show that all due vaccine doses have been received.

Who must present it? All children under age 18 years entering school or transferring between school campuses. Kindergarten entrants and entrants from outside the U.S. must present a personal immunization record. (Kindergarten entrants can present a California School Immunization Record from a child care center they previously attended, but this record usually will not include the final "booster" polio and DTP or DTaP vaccine doses or the second measles-containing vaccine dose.) Children transferring from other schools in California or other states must present either a personal immunization record or a state school immunization record. As of July 1, 1999, students entering 7th grade must present a personal immunization record so that the 7th grade requirement immunization dates can be added to the student's school immunization record.

When must it be presented? Kindergarten entrants, 7th grade entrants, and entrants from outside the U.S. must present the record at or before entry; no "grace period" of attendance is allowed for these pupils if they do not have a record. Children transferring from other schools in California or other states, or entering at other grade levels may be given up to 30 school days of attendance while waiting for their records to arrive from the previous school.

What do schools do with it? School staff must transcribe the immunization dates onto the California School Immunization Record (CSIR or blue card; PM 286), which is available from local health departments. School staff should then review the blue card to determine whether all immunization requirements have been met. The blue card is part of the child's Mandatory Permanent Pupil Record and must be transferred to the child's new school when he/she leaves your school. Although some vaccine doses are not required, please record dates of all doses from the child's personal immunization records on to PM 286. This information will be valuable should outbreaks of these diseases occur in your school.

CONDITIONAL ADMISSIONS

Children who lack one or more required vaccine doses that are not currently due may be admitted on condition that they receive the remaining doses when due, according to the schedule below. If the maximum time interval between doses has passed, the child must be excluded until the next immunization is obtained.

VACCINE	TIME INTERVALS BETWEEN DOSES
Polio	2nd dose: 6–10 weeks after 1st dose 3rd dose: 6 weeks to 12 months after 2nd dose
DTP, DTaP, DT, Td Under 7 years (DTP, DTaP, DT)	2nd dose: 4–8 weeks after 1st dose 3rd dose: 4–8 weeks after 2nd dose 4th dose: 6–12 months after 3rd dose
Age 7 years and older (Td)*	2nd dose: 4–8 weeks after 1st dose 3rd dose: 6–12 months after 2nd dose
MMR	2nd dose: 1–3 months after 1st dose
Hepatitis B for 3-dose formulation	2nd dose: 1–2 months after 1st dose 3rd dose: 2–6 months after 2nd dose and at least 4 months after 1st dose
for 2-dose formulation (7th grade entry for child 11 through 15 years old)	2nd dose: 4–8 months after 1st dose
Varicella (unimmunized out-of-state entrants ≥ 13 years old)	2nd dose: 4 weeks to 3 months after 1st dose

* Note: DTP, DTaP, DT doses received previously are counted toward meeting the 3-dose tetanus-diphtheria immunization requirement for this age group.