

**KNOX COUNTY SCHOOLS**  
**NEW STUDENT ENROLLMENT**

<b>FOR OFFICE USE ONLY</b>	
Student ID	_____
Homeroom	_____
School	_____
Bus Number	_____

Enrollment Date: \_\_\_\_\_ Grade \_\_\_\_\_

Student Name: \_\_\_\_\_  
Last Name First Name Middle Name

Student PIN Number: \_\_\_\_\_

**Gender:**  Female  Male

Date of Birth: \_\_\_\_\_

**Ethnicity:**  Hispanic  Non-Hispanic

Birthplace / City: \_\_\_\_\_

**Race: (check all that apply)**

Birth County: \_\_\_\_\_

Asian

Birth State: \_\_\_\_\_

Black

Birth Country: \_\_\_\_\_

American Indian

Pacific Islander

White

Mother's Maiden Name: \_\_\_\_\_

**Military Dependent:**  Reserve  National Guard

*(if applicable)*

Active Military

**Related Students attending any Knox County Schools** (in same household) -- Please include Last Name, First Name, and Birthdate

_____	_____
_____	_____

**Please list all legal guardians individually. If the student has more than two guardians, please use the additional space provided at the end of the form for the other contacts.**

Main Contact: \_\_\_\_\_

Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

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

\*Primary Phone #: \_\_\_\_\_

\*Primary Phone #: \_\_\_\_\_

Emergency #: \_\_\_\_\_

Emergency #: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Work #: \_\_\_\_\_

Work #: \_\_\_\_\_

Other #: \_\_\_\_\_

Other #: \_\_\_\_\_

\*Cell: \_\_\_\_\_

\*Cell: \_\_\_\_\_

Primary E-mail: \_\_\_\_\_

Primary E-mail: \_\_\_\_\_

Alternate E-mail: \_\_\_\_\_

Alternate E-mail: \_\_\_\_\_

*\*This is the telephone number that receives automated telephone calls.*

**Notes** (Individuals other than parent/guardian who may pick up the child.)

Name \_\_\_\_\_ Phone Numbers \_\_\_\_\_

Name \_\_\_\_\_ Phone Numbers \_\_\_\_\_

Name \_\_\_\_\_ Phone Numbers \_\_\_\_\_

Name \_\_\_\_\_ Phone Numbers \_\_\_\_\_

Student Name: \_\_\_\_\_  
Last Name First Name Middle Name

**Alerts** (non-medical special instructions) \_\_\_\_\_  
\_\_\_\_\_

**School History**

Pre-schools attended (if kindergarten student): \_\_\_\_\_  
Last school attended: \_\_\_\_\_  
Address: \_\_\_\_\_  
Other schools attended: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Is this student currently under suspension / expulsion from another school?  Yes  No
- Has this student previously received Special Education services?  Yes  No
- Has this student previously received services under Section 504?  Yes  No
- Is this student currently receiving Special Education services?  Yes  No
- Is this student currently receiving services under Section 504?  Yes  No

If YES, list program(s): \_\_\_\_\_  
\_\_\_\_\_

**Does the student stay in any of the following places at night? Check any that apply:**

- home/apartment owned or rented by the parent(s)/guardian(s)
- in a shelter
- in a motel / hotel
- in a car
- at a campsite
- in another location that is not appropriate for people (e.g., an abandoned building, no electricity or running water)
- temporarily with more than one family in a house, mobile home or apartment (because the family does not have a place of its own)
- other (in an arrangement that is not fixed, regular and adequate and is not described by the other choices)

Form completed by \_\_\_\_\_ Date \_\_\_\_\_

Relationship to the student \_\_\_\_\_

**List additional contacts on the following page.**

KNOX COUNTY SCHOOLS

**PROOF OF RESIDENCE FOR SCHOOL ENROLLMENT**

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Current Grade Level \_\_\_\_\_

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Current Grade Level \_\_\_\_\_

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Current Grade Level \_\_\_\_\_

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Current Grade Level \_\_\_\_\_

School student(s) zoned to attend \_\_\_\_\_

Parent / Guardian Name \_\_\_\_\_ Phone \_\_\_\_\_

Current Address \_\_\_\_\_ Zip \_\_\_\_\_

Former Address \_\_\_\_\_ Zip \_\_\_\_\_

In order to verify residency within the attendance zone of the requested school, **one current document** as listed below and dated within the past 60 days must be provided, showing the parent/guardian name and address. Post Office box numbers are not acceptable for verification of residence.

**Proof of Residence provided by parent / guardian:**

Deed/Lease/Rental Agreement

Utility Bill

Notarized Statement

If proof of residence is provided by a notarized statement from the homeowner or person responsible for lease/rent, please list the person's name and address. This person must also provide a deed/lease/rental agreement or utility bill for proof of residence.

Name of Renter/Owner \_\_\_\_\_ Phone \_\_\_\_\_

Address of Renter/Owner \_\_\_\_\_

**WARNING:** *Falsification of any information or document required for residence verification or the use of the address of another person without actually residing there will require that the student be withdrawn from this school and be assigned to the school which serves the actual residence address.*

I, \_\_\_\_\_ (print name), the parent/guardian of the student named above, declare under penalty of perjury that the above information is correct and that the student does reside at the address given above. If residency changes, I will notify the school within two weeks.

Signature of Parent / Guardian \_\_\_\_\_ Date \_\_\_\_\_

School Official's Signature \_\_\_\_\_ Date \_\_\_\_\_

# Karns Elementary School

8108 Beaver Ridge Road  
Knoxville, Tennessee 37931  
K-2 West Office (865) 539-7767 Fax (865) 539-7774  
3-5 East Office (865) 539-7772 Fax (865) 539-8605



## GUARDIANSHIP CONFIRMATION FORM

Student Name \_\_\_\_\_ Date \_\_\_\_\_

1. What is your relationship to the student?    Parent    Guardian    Foster Parent

2. If you are the parent, what is your status in regards to your child's other parent?  
Married    Separated    Divorced    Never Married    Deceased

3. Is this child subject to a parenting plan or court order?    Yes    No  
If yes a copy is required to be submitted to the school.

4. Are there any protection orders in place?  
Yes (a copy is required to be submitted to the school)  
No

5. Are you sharing your current residence with someone? (Grandparents, in-laws, etc.)  
Yes    No



6. Is your residence    Temporary    Permanent

I, \_\_\_\_\_ (print name), the parent/guardian of the student named above; declare the above information is correct.

\_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian

## Tennessee Parent Occupational Survey



Under Title I, Part C of the Elementary and Secondary Education Act (ESEA) our school district provides supplemental services to the children of agricultural workers who have recently moved. This survey is to help the school identify if your child might qualify for these free supplemental services such as tutoring, school supplies, summer camps in select counties, and other free services. Please answer the following questions and return this form to your child's school. **The information provided below will be kept confidential.**

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Parent/Guardian First & Last Name

\_\_\_\_\_  
Student First Name






\_\_\_\_\_  
Student Last Name

\_\_\_\_\_  
School Name

\_\_\_\_\_  
Student Grade

**1. Have you or an immediate family member performed any agriculture or fishing jobs temporarily or seasonally, in any part of the United States, in the past 3 years? Check all that apply.**

NO  
 YES. Check all that apply:

<p><b>Agriculture/Field Work:</b> planting, picking, sorting crops, soil preparation, irrigation, fumigation</p> 	<p><b>Processing &amp; Packaging:</b> fruit, vegetables, chicken, pork, beef, eggs, etc.</p> 	<p><b>Dairy/Cattle Raising:</b> feeding, milking, rounding up.</p> 
<p><b>Nursery/Greenhouse:</b> planting, potting, pruning, watering, harvesting</p> 	<p><b>Forestry:</b> soil preparation, planting, cutting trees; does not include landscaping.</p> 	<p><b>Other:</b> Any other agriculture or fishing work, please list here:</p> <p>_____</p> <p>_____</p>

**2. In the past 3 years, has your family moved to another state, city, school district, and/or county?**

NO  
 YES. My family has moved within the past 3 years. Indicate how long ago below.

\_\_\_\_\_ Years      \_\_\_\_\_ Months      \_\_\_\_\_ Weeks

**If you answered "Yes" to question 1, please complete the information below. A staff from the Migrant Education Program will follow up with your family to verify if you qualify for free services.**

\_\_\_\_\_  
Home Street Address

\_\_\_\_\_  
Apt #

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Language

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Best Day of Week and Time to Call

**For School Use Only:** Please forward all surveys with a "YES" response to Question 1 to your district migrant liaison for them to submit to the ID&R Team through [tn.msedd.com](http://tn.msedd.com). If you have any questions, email the TN MEP ID&R Team: [idr@tn-mep.net](mailto:idr@tn-mep.net)

Student State ID:

Enrollment Date:

District ID:



# KNOX COUNTY SCHOOLS

## Home Language Survey

The Tennessee Department of Education requires *all* schools to identify the language of every student enrolled. This is accomplished by the Home Language Survey (HLS). This document is to be completed only **ONE TIME** at the student's initial enrollment into a school. If the student is a transfer student, schools must make every attempt to obtain the original HLS.

NOTE to registrar: If any language besides (or in addition to) English is given as an answer to questions 1-3, please give this document to the ELL teacher at your school (or who monitors your school) immediately.

### Student Information

First Name	Middle Name	Last Name	M <input type="checkbox"/> F <input type="checkbox"/> Gender
Country of Birth	/ /	/ /	Date first enrolled in ANY U.S. school (grades K-12)

/ /

Date first entered the United States

**THIS FORM IS NOT USED TO IDENTIFY STUDENT'S IMMIGRATION STATUS.**

This information gives us insight into the knowledge and skills your child is bringing to our schools. This information may enable the district to receive additional federal funding to provide support for your child

### School Information

/ /20		
Enrollment Date in New School	Name of Former School and Town	Last Grade attended

Questions for Parents/Guardians	
1. What is the first language the student learned to speak?	Has this child ever received ELL (ESL) classes in another school?  Y <input type="checkbox"/> N <input type="checkbox"/> I don't know. <input type="checkbox"/>  If yes, what year did this student 1 <sup>st</sup> qualify for ELL?
2. What language does the student speak most often outside of school?	Will you require an interpreter/translator at Parent-Teacher meetings? Y <input type="checkbox"/> N <input type="checkbox"/>  If yes, what language?
3. What language is most often spoken to the student at home?	What is your preferred language for receiving emails and communications from KCS?
Parent/Guardian Signature:  <b>X</b>	Today's Date:    /    /20 (mm/dd/yyyy)

NOTE to ELL teacher: Please forward a copy of this form to the ELL Central Office. Place another copy in the student's green folder and the original in the purple file which is kept in the student's CR.

KNOX COUNTY SCHOOLS  
**Student Medical Profile**

*This information will be used by the school nurse to provide care for your child.*

Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_  
(Last) (First) (Middle)

Grade: \_\_\_\_\_ Homeroom: \_\_\_\_\_

Did the Student require medical care/hospitalization at birth or at any other time? \_\_\_\_ Yes \_\_\_\_ No. If yes, please explain: \_\_\_\_\_

Does the student require a daily medical procedure performed by a school nurse? If so explain: \_\_\_\_\_

What medications, if any, does the student take? \_\_\_\_\_

Does the student seem to have vision, hearing or speech problems? \_\_\_\_ Yes \_\_\_\_ No. If yes, please explain: \_\_\_\_\_

The student has a history of (Check any that apply): C= Current P= Past

- | C  | P                        | C                        | P                        | C                        | P                        | C                           | P                        |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-----------------------------|--------------------------|
| <input type="checkbox"/>                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          | <input type="checkbox"/>    | <input type="checkbox"/> |
| ADD/ADHD   |                          | ADD/ADHD                 |                          | Down's Syndrome          |                          | Shunts/hydrocephalus        |                          |
| <input type="checkbox"/>                         |                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |
| Amputation(s)                                    |                          | Celiac disease           |                          | "G" / "J" feeding tubes  |                          | Skin problems               |                          |
| <input type="checkbox"/>                         | <input type="checkbox"/> | <input type="checkbox"/> |                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |
| Asthma/reactive<br>airway disease                |                          | Cerebral palsy           |                          | Heart defects            |                          | Stomach problems            |                          |
| ____ Requires inhaler<br>(Please provide school) |                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          | <input type="checkbox"/>    | <input type="checkbox"/> |
|  |                          | Crohn's Disease          |                          | Hemophilia               |                          | Swallowing problems         |                          |
| <input type="checkbox"/>                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |
| Allergies:                                       |                          | Cystic fibrosis          |                          | Migraine headache        |                          | Tracheotomy                 |                          |
| ____ Bee stings                                  |                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |
| ____ Food: _____                                 |                          | Diabetes                 |                          | Muscular dystrophy       |                          | Traumatic Brain<br>Syndrome |                          |
| ____ Latex                                       |                          |                          |                          | <input type="checkbox"/> | <input type="checkbox"/> | Traumatic spinal injury     |                          |
| ____ Requires Epi-pen (please provide school)    |                          |                          |                          | Spina bifida             |                          | Urinary problems            |                          |
|  |                          |                          |                          | <input type="checkbox"/> | <input type="checkbox"/> | Other: _____                |                          |
|  |                          |                          |                          | Orthopedic problems      |                          |                             |                          |
|  |                          |                          |                          | <input type="checkbox"/> | <input type="checkbox"/> |                             |                          |
|  |                          |                          |                          | Sensitivity to light     |                          |                             |                          |
|  |                          |                          |                          | <input type="checkbox"/> | <input type="checkbox"/> |                             |                          |
|  |                          |                          |                          | Seizure disorder         |                          |                             |                          |

If any are checked above, please explain: \_\_\_\_\_

It is important for teachers and principals to have your child's special medical information so that any emergency can be handled appropriately. Summarize any special medical conditions: \_\_\_\_\_

Does your child require any special dietary accommodations? \_\_\_\_ If you answered yes and you want your child to eat at school please obtain and have your child's doctor fill out the dietary accommodations form.

Form completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to the student \_\_\_\_\_

KNOX COUNTY SCHOOLS  
ANDREW JOHNSON BUILDING



To: Parents and/or Guardians of Students Who Are Entering or Withdrawing From Knox County Schools

From: Student Support Services

Re: Special Education Services Available Through Knox County Schools

Knox County Schools provides a full continuum of services for students who qualify for special education under the Individuals with Disabilities Education Improvement Act (IDEIA '04).

If you feel your child might require Special Education or other services and want Knox County Schools to provide those services, contact the school to which your child is zoned \_\_\_\_\_ or call Student Support Services at 594-1540.

If records are available for review or other information that the school might need in order to determine appropriate services for your child, please sign and return a release of information form available at your school so that we may review those records and plan services, if needed.

Thank you for your assistance in this matter.

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date Signed

**(Please return a signed copy of this form to the school  
and retain a copy for your files.)**

White Copy – School  
Canary Copy – Parent

PP-155 (1/10)





## Knox County Schools Student Media Release Form

I, as the parent/guardian of \_\_\_\_\_, hereby give Knox County Schools and its employees, representatives and authorized media organizations permission to photograph, interview and record my child and his/her likeness for use in audio, video, film or other electronic, digital and printed media. I also give Knox County Schools permission to release photos or recordings of any type to news media outlets including, but not limited to, newspapers and television stations.

I understand that neither Knox County Schools nor the news media has any obligation to use or be compensated for such rights. I am also aware that I will not receive monetary compensation for my child's participation, and I waive any right to inspect or approve final use of materials.

I agree to release and hold harmless Knox County Schools, its staff, the Board of Education and assignees from any liability or claims of damage, known or unknown, related to such use.

*Please note if you opt out of the media release form, your child's photograph will still be included in yearbook and classroom publications as part of directory information unless you notify the district otherwise. Additionally, if at any time you wish to withdraw your consent, you may contact the Office of Public Affairs at 865-594-1905; however, any prior photos or recordings of your child will remain part of the district's archive.*

Name of child's school:

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Parent/legal guardian:

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(print)

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(signature)

Date: \_\_\_\_\_

KNOX COUNTY SCHOOLS  
ANDREW JOHNSON BUILDING

*Dr. Charles Q. Lindsey, Superintendent*



HEALTH SERVICES  
**ENROLLMENT REQUIREMENTS  
PARENT LETTER**

Dear Parent:

Every student who enters the Knox County School System for the first time or who is reentering after being in another school system must provide the school with the following information:

**Students entering school Pre-school – Grade 12 for the first time must provide:**

Proof of up-to-date immunizations and a physical examination on a Tennessee Pre-School Immunization Certificate or a Tennessee School Immunization Certificate completed by a medical provider. The form may be obtained from a medical provider, the Health Department or any Knox County School.

Students who will be entering school must provide proof of a physical exam completed by a medical provider. Students entering pre-school or kindergarten must have a physical exam that has been completed within the past year (12-month period) prior to entering school.

Physical examinations contained in records from students transferring from other school systems may be accepted if state guidelines are met.

Students/parents may contact the immunization clinic at the Health Department (215-5000) any weekday to obtain information regarding immunization certificates.

**No student will be enrolled or allowed to attend school without a completed Tennessee Pre-School / School Immunization Certificate.**

For further information or questions, you may call Health Services at 594-3735.

# CERTIFICATE OF IMMUNIZATION



Child's Name (Last name, first name, middle) \_\_\_\_\_ Birthdate (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 "TDH Summary of Immunization Rules- Certificate Instructions" at the Tennessee Department of Health website (<https://www.tn.gov/health/cedep/immunization-program/ip/immunization-requirements.html>) and on the Tennessee Immunization Information System ([tennesseis.gov](http://tennesseis.gov)).

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	Diagnosed (X)	+Serology (X)	History (X)	Medical Exemption (X)
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### Section 2a. Required Vaccines for School or Child Care Attendance (Dates Required)

<b>Hib</b> Child Care Only (<5 years)										
<b>Pneumococcal (PCV)</b> Child Care Only (<5 years)										
<b>DTP, DTap, DT, Td</b>										
<b>Poliomyelitis</b>										
<b>Hepatitis B</b> Check here if 11-15 years 2-dose schedule used										
<b>Hepatitis A</b> Child Care Effective 7/2010 Kindergarten Effective 7/2011										
<b>Measles</b>										
<b>Mumps</b>										
<b>Rubella</b>										
<b>Varicella</b>										
<b>Tdap Booster</b> 7th Grade Entry Only										

### Section 2b. Recommended Vaccines (Documentation Optional)

<b>Rotavirus</b>										
<b>Influenza</b>										
<b>Meningococcal ACWY</b>										
<b>HPV</b>										

### 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 fulfills requirements for Pre-School and Kindergarten, check BOTH Boxes C and D.*

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

\_\_\_\_\_ MM | DD | YYYY  
 Certified by (Signature/Stamp) or TennIS Date of Issue

# Vaccine Requirements for Attending Child Care Facilities, Pre-Schools and Schools in Tennessee\*

## Recommended Schedule of Required Doses for Attendance in Child Care / Pre-School / Pre-K and School For Children Who Started Immunizations Before Age 7 Years\*\*\*

Required Vaccines with footnote numbers in [ ]	2 Months of Age	4 Months of Age	6 Months of Age	12-15 Month of Age	16-18** Month of Age	4-6 Yrs.* (School Entry)	Total Doses Required**** For Assessment of Complete For School Attendance on Immunization Certificate
[1] Hib HbOC or	1	2	3	4			N/A for school (See Footnote [1])
[1] Hib PRP-T or	1	2	3	4			N/A for school (See Footnote [1])
[1] Hib PRP-OMP	1	2		3			N/A for school (See Footnote [1])
[2] PCV	1	2	3	4			N/A for school (See Footnote [2])
[3] DTP, DTaP, DT	1	2	3	4		5	5 or 4 (See Footnote [3])
[4] Polio	1	2		3		4	5, 4 or 3 (See Footnote [4])
[5] Hepatitis B	1	2		3			3 (See Footnote [5])
[6] Hepatitis A					1	2	2 (See Footnote [6])
[7] MMR				1		2	2 (See Footnote [7])
[8] Varicella				1		2	2 (See Footnote [8])
[9] Tdap							1 (7th grade only)

\*These requirements were established in accordance with the current Recommended Childhood and Catch-up Immunization Schedules, United States ([cdc.gov/vaccines/schedules/hcp/child-adolescent.html](http://cdc.gov/vaccines/schedules/hcp/child-adolescent.html)). Tennessee requirements for Kindergarten (5 years) include doses indicated for 4-6 years.

\*\*Certificates marked "Up to Date for Child Care Entry and <18 Months of Age" expire at 19 months of age. Parent/Guardian must provide an up-to-date certificate indicating "Complete for Child Care/ Pre-school" by or before 19 months of age.

\*\*\*For children starting immunizations at age 7 years or older, refer to the CDC/ACIP catch-up schedule available at: <https://www.cdc.gov/vaccines/schedules/hcp/imz/catchup.html>

\*\*\*\*Children who are behind schedule may attend while in the process of completing the requirements with minimum intervals as indicated below.

### Minimum Ages For Initial Immunization And Minimum Intervals Between Doses

Vaccine	Minimum Age For First Dose	Minimum interval from dose 1 to 2	Minimum interval from dose 2 to 3	Minimum interval from dose 3 to 4	Minimum interval from dose 4 to 5
[1] Hib (Primary Series)					
HbOC & PRP-T	6 weeks	28 Days	28 Days	See Footnote [1]	N/A
PRP-OMP	6 weeks	28 Days	See Footnote [1]	N/A	N/A
[2] PCV	6 weeks	28 Days	28 Days	See Footnote [2]	N/A
[3] DTP/DTaP (DT)	6 weeks	28 Days	28 Days	6 months	See Footnote [3]
[4] Polio	6 weeks	28 Days	28 Days	See Footnote [4]	See Footnote [4]
[5] Hepatitis B	birth	28 Days	See Footnote [5]	N/A	N/A
[6] Hepatitis A	12 months	6 months			
[7] MMR	12 months	28 Days	N/A	N/A	N/A
[8] Varicella	12 months	3 months [8]	N/A	N/A	N/A
[9] Tdap	See Footnote [9]				

Do not restart any series, no matter how long since the previous dose. Doses given up to 4 days before the minimum age or the minimum interval may be counted as valid.

Two different live vaccines must be given on the same day or spaced at least 28 days apart. The 4-day "grace period" does not apply to the 28-day interval between live vaccines not administered at the same visit.

**For purposes of vaccine spacing:** For intervals less than 4 months, 28 days = one "month" (1 month=4 weeks=28 days). For intervals of 4 months or longer, a "month" is a "calendar month." Ex: Six months from January 1 is July 1.

### Footnotes

- [1] The number of doses of Hib depends on age at 1st dose and brand of vaccine given. The last dose in the series necessary to meet requirements, whether 3rd or 4th, should be given at least 2 months after the previous dose and not before 12 months of age. One dose is sufficient to meet requirements if it is given at age 15 months or later. Hib is required for children younger than 5 years attending child care facilities. Hib is not required for kindergarten or higher grades and is not indicated for children who have reached the 5th birthday. If given on schedule, PRP-T and HbOC have a 3 dose primary series and a booster after age 12 months. PRP-OMP has a 2-dose primary schedule and a booster after 12 months. Providers are responsible for verifying that the child meets the appropriate schedule for the brand used.
- [2] The number of doses in the PCV series depends on age at 1st dose. Children who receive 3 doses before 12 months of age require a 4th dose after the 1st birthday. One dose is required after 12 months of age for all children aged 24-59 months with any incomplete schedule. The final dose should be given at least 8 weeks after the previous dose and not before 12 months of age. Consult the Catch Up schedule for additional guidance.
- [3] The minimum interval between the 4th and 5th doses is 6 months: dose 4 may be given as early as 12 months, but typically is given at age 15-18 months. One dose of DTP/DTaP/DT must be on or after the 4th birthday. If the 4th dose was on or after the 4th birthday, the 5th dose is not needed. The 4th dose should be administered a minimum of 6 months after the 3rd dose. However, the 4th dose does not need to be repeated if administered ≥ 4 months after dose 3. Total doses of diphtheria and tetanus toxoids should not exceed 6 before the 7th birthday.
- [4] The final dose of the polio vaccine series must be given on or after the 4th birthday and at least 6 months after the previous dose. If 4 doses are administered before the 4th birthday, a 5th dose should be given on or after the 4th birthday. If the 3rd dose of an all IPV or all OPV series is given on or after the 4th birthday and at least 6 months after the 2nd dose, a 4th dose is not needed.
- [5] The 3rd valid dose of hepatitis B vaccine must be at least 4 months after dose 1 and 2 months after dose 2 and not before 24 weeks of age. If the 3rd dose given is not valid for all criteria, a 4th dose is necessary.
- [6] One dose of hepatitis A vaccine is required for all children in child care aged 18 months or greater. The recommended schedule is for two doses, 6 to 18 months apart, beginning at one year of age. Proof of two doses, at least 6 months apart, is required for Kindergarten entry. Hepatitis A vaccine is not required for entry in older school grades.
- [7] The MMR requirement is 2 doses of measles vaccine, 2 doses of mumps vaccine and 2 doses of rubella vaccine, in combination or separately. Dose 2 of MMR is routinely given at 4-6 years, but may be given as soon as 28 days after dose 1.
- [8] The varicella requirement is for 2 doses of varicella vaccine or history of disease for all students entering Kindergarten, and new entrants into a Tennessee school in any other grade. The second dose is recommended 3 or more months after the first dose, routinely at age 4-6 years; in keeping with CDC guidance, the second dose is acceptable if given at least 4 weeks after the first dose.
- [9] A single dose of Tdap is required for 7th grade entry. Tdap meets the requirement if given any time after the 7th birthday. If Tdap is needed, it may be given regardless of interval since last Td.