

District 191 now offers two registration methods. Families may choose to register the traditional paper way, or now have the convenience of registering online at [www.isd191.org](http://www.isd191.org). Online registration instructions may be found on the district website. Paper registration instructions are listed below. Please note that required documents remain the same regardless of registration approach.

1. Complete the attached enrollment forms and gather required documentation for each student you wish to enroll. A checklist is included to help you determine the items that are required for registration. Please use this tool to ensure that all items your student needs for enrollment are complete.

Upon completion, you may bring or mail the registration to the district's Welcome Center at the following address for processing.

**Burnsville-Eagan-Savage School District 191 - Welcome Center**

200 W Burnsville Pkwy, Suite 101- Burnsville, MN 55337

Enrollment questions: 952-707-4180 Fax: 952-707-4181

E-mail: [welcomecenter@isd191.org](mailto:welcomecenter@isd191.org)

2. You will be contacted by office staff from your student's assigned school. Teacher name, homeroom, and bussing information (if applicable) will be provided at that time. Please **do not** go to the school to start classes without first being contacted by the school.

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Edward Neill Elementary	952.707.3100	13409 Upton Ave S. – Burnsville, MN 55337
Gideon Pond Elementary	952.707.3000	613 East 130th St. – Burnsville, MN 55337
Harriet Bishop Elementary	952.707.3900	14400 O'Connell Rd. – Savage, MN 55378
Hidden Valley Elementary	952.707.3800	13875 Glendale Rd. – Savage, MN 55378
Marion W. Savage Elementary	952.707.3200	4819 W 126th St. – Savage, MN 55378
Rahn Elementary	952.707.3600	4424 Sandston Drive. – Eagan, MN 55122
Sioux Trail Elementary	952.707.3300	2801 River Hills Dr. – Burnsville, MN 55337
Sky Oaks Elementary	952.707.3700	100 East 134th St. – Burnsville, MN 55337
Vista View Elementary	952.707.3400	13109 County Rd 5 – Burnsville, MN 55337
William Byrne Elementary	952.707.3500	11608 River Hills Dr. – Burnsville MN 55337



## ENROLLMENT CHECKLIST

Dear Parent/Guardian:

The following checklist is provided to assist you in gathering and completing all information that is needed to register your child with the Burnsville-Eagan-Savage School District #191. Please use this checklist and return it with your child's enrollment forms and required documentation.

**Student Name:** \_\_\_\_\_ **School:** \_\_\_\_\_

Item and Description	Required	Office Use
Registration Form for New Students - District Form	X	
Proof of Legal Name and Birth Date - Documentation (birth certificate, passport, I-94, hospital birth record, etc.)	X	
Proof of Residency - Documentation (include home purchase agreement, rent/lease agreement, utility bill)	X	
Pupil Immunization Record - State or Health Care Provider form Immunization Guidelines - Are Your Kids Ready for School?	X	
Health Office Emergency Information - District Form	X	
Consent to Release Educational Information - District Form	X	
Additional Forms and Descriptions (if applicable)	Optional (if needed)	Office Use
Application for Educational Benefits – <a href="http://www.schoolunchapp.com">www.schoolunchapp.com</a>		
Early Childhood Screening: Required for incoming Kindergarten students		
Student Child Care Information Used to arrange transportation to and from in district day care		
School District Enrollment Options Program - State Form (Used to request enrollment into a District 191 school when living outside of District 191's boundary area)		
Variance Request Form - (Used to request enrollment into a District 191 school other than the school serving your residential area)		
Magnet School Application - if applicable for Rahn & Byrne		
District Enrollment Procedures (for office use only)		
Temporary Housing indicated – submit StaffCentral Form		
Request for records faxed to previous school		
Health office verifies immunization record		
Verify enroll date on database (e-mail changes to Enrollment Center)		

Initial Intake by \_\_\_\_\_ Date \_\_\_\_\_

# REGISTRATION FORM FOR NEW STUDENTS

## Burnsville-Eagan-Savage Independent School District #191

Revised 05/13/2015

If you need assistance in filling out this form, please call 952-707-4180

### FOR OFFICE USE ONLY

Student # \_\_\_\_\_ Enroll Date \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_  
 Prev Dist \_\_\_\_\_ Last Loc \_\_\_\_\_ Res Dist \_\_\_\_\_ SAC \_\_\_\_\_ Eth \_\_\_\_\_ Lang \_\_\_\_\_  
 Name and birth date verified: birth certificate \_\_\_\_\_ passport \_\_\_\_\_ other \_\_\_\_\_  
 Proof of residency: rental agreement \_\_\_\_\_ home purchase \_\_\_\_\_ utility bill \_\_\_\_\_ other \_\_\_\_\_ EC staff \_\_\_\_\_

### STUDENT INFORMATION

Student's Legal Name (as it appears on student's birth documentation)

\_\_\_\_\_  
 Last Name First Name Middle Name  
 \_\_\_\_\_  
 Date of Birth Gender Grade Level  
 Male  Female

#### Student's Race/Ethnicity

#### Student's Language

State Reporting Requirement

Please check one.

- \_\_\_ 1. American Indian/Alaskan native
- \_\_\_ 2. Asian/Pacific Islander
- \_\_\_ 3. Hispanic
- \_\_\_ 4. Black (not Hispanic origin)
- \_\_\_ 5. White (not Hispanic origin)

Federal Reporting Requirement

Part A: Is the student Hispanic or Latino?

Yes  No

Part B: What is the student's race?

Check all that apply.

- \_\_\_ American Indian or Alaskan Native
- \_\_\_ Asian
- \_\_\_ Black or African American
- \_\_\_ Native Hawaiian or Pacific Islander
- \_\_\_ White

Which language did your student first learn to speak?

Which language is most often spoken by adults in your home?

Which language does your student usually speak?

Interpreter needed?  Yes, language \_\_\_\_\_  No

#### Student Military Affiliation

Does this student have an immediate family member (parent or sibling) who is currently in the armed forces as a reservist or active duty?  Yes  No

If yes, is this military member currently deployed?  Yes  No

### STUDENT'S ADDRESS & FAMILY INFORMATION

\_\_\_\_\_  
 Street Address Apt.# City State Zip Code

Is the student's family staying in a shelter or other temporary housing?  Yes  No

\_\_\_\_\_ Primary Phone

Student lives with:

Head of Household 1: \_\_\_\_\_

Last Name  
 Gender  Male  Female

First Name  
 Legal Guardian  Yes  No

Relationship to Student

Work Phone Ext.

Cell Phone

E-mail Address

Head of Household 2: \_\_\_\_\_

Last Name  
 Gender  Male  Female

First Name  
 Legal Guardian  Yes  No

Relationship to Student

Work Phone Ext.

Cell Phone

E-mail Address

Please list below family members who live in the same household that are **NOT listed on the previous page**.

Last name	First Name	MI	Birth Date Mo / Day / Yr	Gender	Relationship to Student	School	Grade
			/ /	M F			
			/ /	M F			
			/ /	M F			
			/ /	M F			
			/ /	M F			

1. Have you or your family moved to the United States from another country within the last 36 months?  Yes  No  
If yes, when? Month/Year \_\_\_\_\_ Country of Origin \_\_\_\_\_
2. Have you or your family moved to Minnesota from another state within the last 36 months?  Yes  No  
If yes, when? Month/Year \_\_\_\_\_ Previous State \_\_\_\_\_
3. Have you or your family moved to this school district within the last 36 months to find a job in agriculture, fishing, dairy or poultry work as a temporary or seasonal worker?  Yes  No If yes, when? Month/Year \_\_\_\_\_
4. If the student is **not living with ALL their parents/ legal guardians**, please provide the following information about those parents/ legal guardians.

Other Parent/Legal Guardian's Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### STUDENT'S EDUCATIONAL HISTORY

1. Does the student have any special needs? (i.e.p, special ed., language services, health, 504 plan, Title I, etc.)  Yes  No  
If yes, please explain: \_\_\_\_\_
2. What was the last school your student attended? School Name: \_\_\_\_\_  
City, State: \_\_\_\_\_ Phone: \_\_\_\_\_ Date Last Attended: \_\_\_\_\_
3. Has the student ever attended a Minnesota public school?  Yes  No  
If yes, what was the previous school name? \_\_\_\_\_ Previous Minnesota District \_\_\_\_\_
4. Has the student ever attended a public school in District 191?  Yes  No If yes, what school(s)? \_\_\_\_\_
5. If your student is **registering as a kindergartner**, has your student received Early Childhood Screening?  Yes  No  
If yes, who provided the preschool screening?  District 191  Other MN School District  Private Provider  
If District 191 did not provide the screening, please provide the name of other school district or private provider. \_\_\_\_\_

### SIGNATURE OF PARENT/GUARDIAN REGISTERING STUDENT

Signature \_\_\_\_\_

Date \_\_\_\_\_

I hereby verify that the above information is true and correct to the best of my knowledge.

Minnesota Statutes and rules require the school district to keep accurate records and updated personal records for all pupils. The information will become a part of the student's permanent cumulative record and will be available to appropriate staff members of District 191. Certain information, known as "directory information", is available to the public unless the district receives a written request from a legal custodian.

Student's Last Name: \_\_\_\_\_ First: \_\_\_\_\_

Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_ Gender: \_\_\_\_\_ DOB: \_\_\_\_\_

Student's Primary Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

List Parent(s) or Guardian(s) the student lives with. Do NOT repeat Home Phone.

Parent /Guardian 1: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Phone (h): \_\_\_\_\_ Phone (w): \_\_\_\_\_ Phone (c): \_\_\_\_\_

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

Parent/Guardian 2: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Phone (h): \_\_\_\_\_ Phone (w): \_\_\_\_\_ Phone (c): \_\_\_\_\_

Brothers & Sisters: List all names of any children in this same household that attend this same District: \_\_\_\_\_

Does student live at a 2nd address? Please list: \_\_\_\_\_

with (Name): \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**List contacts who would care for this child in case a parent or guardian cannot be reached.**

1) Name \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone (h): \_\_\_\_\_ Phone (w): \_\_\_\_\_ Phone (c): \_\_\_\_\_

2) Name \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone (h): \_\_\_\_\_ Phone (w): \_\_\_\_\_ Phone (c): \_\_\_\_\_

Daycare or 3<sup>rd</sup> Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**MEDICAL INFORMATION:**

<b>Medical Conditions:</b> (Example: asthma, ADD/ADHD, diabetes, seizures, surgeries, chronic conditions, etc.)	
<b>Allergies:</b> (List ALL allergies. Example: bee stings, food, medication, latex, pollen, etc.)	
<b>Current Medications:</b> (List ALL medications your child is on, and star (*) the ones given at school.)	
<b>Family Doctor/Clinic:</b>	<b>Hospital of Choice:</b>

Parent or Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

\* We ask you to complete this form at the beginning of every school year to ensure that we have the most current information on your child.  
\* The school district intends to use the requested information to provide for your child's health and safety while at school.  
\* You may refuse to supply the requested personal information. The consequence of refusing to provide this information is that the school may be unable to contact you in an emergency.  
\* The information you provide will be shared only with staff in the school district, associated educational institutions and contracted agencies/entities whose jobs require access to this information to ensure your child's safety.  
\* If we are unable to reach you or your designee during an emergency, we will call 911 for assistance if needed.  
\* If you have Caller ID and a block on anonymous calls, we may not be able to reach you. This could cause delays in treating your child.  
\* Please contact your school promptly with any changes to the information on this form.



ELEMENTARY CONSENT TO RELEASE EDUCATIONAL DATA (GRADES K-6)

This form allows information about your child to be forwarded from their previous school.

I authorize: BURNSVILLE-EAGAN-SAVAGE SCHOOLS - ISD 191

To obtain educational information from:

Previous School District Name: \_\_\_\_\_ District # \_\_\_\_\_
Previous School Name: \_\_\_\_\_
Address: \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

For student:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle name \_\_\_\_\_
Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_

Please provide the following information, if applicable:

- \* School Records & Transcripts
\* Health and Immunization Records
\* Standardized Test Results
\* Teacher, Counselor, Staff Observations
\* Attendance Records
\* Withdrawal Grades if Transfer is During School Term
\* Other (specify) \_\_\_\_\_
\*\* Please DO NOT Mail Student's Cumulative File
\* Special Education Records (including related services)
\* ELL/ESL (Language) Records
\* Minnesota Comprehensive Assessment (MCA) Results
\* 504 Plan
\* Discipline/Violent behavior records per MN Statute 12/A.64/.75

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please fax requested records to the number listed. The student has enrolled at:

- Edward Neill Elem. Fax 952/707-3102
13409 Upton Ave., Burnsville, MN 55337
Gideon Pond Elem. Fax 952/707-3002
613 E. 130th St., Burnsville, MN 55337
Harriet Bishop Elem. Fax 952/707-3902
14400 O'Connell Rd., Savage, MN 55378
Hidden Valley Elem. Fax 952/707-3802
13875 Glendale Rd., Savage, MN 55378
Marion W Savage Elem. Fax 952/707-3202
4819 W. 126th St., Savage, MN 55378
Rahn Elem. Fax 952/707-3602
4424 Sandstone Dr., Eagan, MN 55122
Sioux Trail Elem. Fax 952/707-3302
2801 River Hills Dr., Burnsville, MN 55337
Sky Oaks Elem. Fax 952/707-3702
100 E. 134th St., Burnsville, MN 55337
Vista View Elem. Fax 952/707-3402
13109 Co. Rd. 5, Burnsville, MN 55337
Wm Byrne Elem. Fax 952/707-3502
11608 River Hills Dr., Burnsville, MN 55337
Welcome Center, Fax 952/707-4181
200 W. Burnsville Pkwy., Burnsville, MN 55337

In accordance with federal and state statutes, permission of the parent/guardian or adult student is no longer required when authorized school personnel request records. Schools cannot withhold records due to outstanding fines.

# Student Immunization Form

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

Birthdate \_\_\_\_\_ Student Number \_\_\_\_\_

Minnesota law requires children enrolled in school to be immunized against certain diseases or file a legal medical or conscientious exemption.

**FOR SCHOOL USE ONLY**

- ( ) Complete; booster required in \_\_\_\_\_
- ( ) In process; 8 mos. expires \_\_\_\_\_
- ( ) Medical exemption for \_\_\_\_\_
- ( ) Conscientious objection for \_\_\_\_\_
- ( ) Parental/guardian consent \_\_\_\_\_

**Parent/Guardian:**

You may attach a copy of the child's immunization history to this form OR enter the MONTH, DAY, and YEAR for all vaccines your child received. Enter MED to indicate vaccines that are medically contraindicated including a history of disease, or laboratory evidence of immunity and CO for vaccines that are contrary to parent or guardian's conscientiously held beliefs.

Sign or obtain appropriate signatures on reverse. Complete section 1A or 1B to certify immunization status and section 2A to document medical exemptions (including a history of varicella disease) and 2B to document a conscientious exemption.

Additionally, if a parent or guardian would like to give permission to the school to share their child's immunization record with Minnesota's immunization information system, they may sign section 3 (optional).

For updated copies of your child's vaccination history, talk to your doctor or call the Minnesota Immunization Information Connection (MIIC) at 651-201-5503 or 800-657-3970.

**School Personnel:** Be sure to initial and date any new information that you add to this form after the parent/guardian submits it. Also, record combination vaccines (e.g., DTaP+HepB+IPV, Hib+HepB) in each applicable space.

Type of Vaccine	DO NOT USE (✓) or (✗)	1st Dose Mo/Day/Yr	2nd Dose Mo/Day/Yr	3rd Dose Mo/Day/Yr	4th Dose Mo/Day/Yr	5th Dose Mo/Day/Yr
<b>Required</b> (The shaded boxes indicate doses that are not routinely given; however, if your child has received them, please write the date in the shaded box.)						
<b>Diphtheria, Tetanus, and Pertussis</b> (DTaP, DTP, DT) • for children age 6 years and younger • final dose on or after age 4 years						
<b>Tetanus and Diphtheria</b> (Td) • for children age 7 years and older • 3 doses of Td required for children not up to date with DTaP, DTP, or DT series above						5th dose not required if 4rd dose was given on or after the 4th birthday
<b>Tetanus, Diphtheria and Pertussis</b> (Tdap) • for children in 7th - 12th grade						
<b>Polio</b> (IPV, OPV) • final dose on or after age 4 years						4th dose not required if 3rd dose was given on or after the 4th birthday
<b>Measles, Mumps, and Rubella</b> (MMR) • minimum age: on or after 1st birthday						
<b>Hepatitis B</b> (hep B)						
<b>Varicella</b> (chickenpox) • minimum age: on or after 1st birthday • vaccine or disease history required						
<b>Meningococcal</b> (MCV, MPSV) • for children in 7th - 12th grade • booster given at age 16 years						
<b>Recommended</b>						
<b>Human Papillomavirus</b> (HPV)						
<b>Hepatitis A</b> (hep A)						
<b>Influenza</b> (annually for children 6 months and older)						

**Additional exemptions:**

- **Children 7 years of age and older:** A history of 3 doses of DTaP/DTP/DT/Td/Tdap and 3 doses of polio vaccine meets the minimum requirements of the law.
- **Students in grades 7-12:** A Tdap at age 11 years or later is required for students in grades 7-12. If a child received Tdap at age 7-10 years another dose is not needed at age 11-12 years. However, if it was only a Td, a Tdap dose at age 11-12 years is required.
- **Students 11-15 years of age:** A 3rd dose of hepatitis B vaccine is not required for students who provide documentation of the alternative 2-dose schedule.
- **Students 18 years of age or older:** Do not need polio vaccine.



**Instructions, please complete:**

*Box 1 to certify the child's immunization status*

*Box 2 to file an exemption (medical or conscientious)*

*Box 3 to provide consent to share immunization information (optional)*

<p><b>1. Certify Immunization Status.</b> Complete A or B to indicate child's immunization status.</p>	
<p><b>A. Received all required immunizations:</b> I certify that this student has received all immunizations required by law.</p> <hr style="border: 0; border-top: 1px solid black; margin: 10px 0;"/> <p>Signature of Parent / Guardian OR Physician / Public Clinic</p> <p>_____ Date</p>	<p><b>B. Will complete required immunizations within the next 8 months:</b> I certify that this student has received at least one dose of vaccine for diphtheria, tetanus, and pertussis (if age-appropriate), polio, hepatitis B, varicella, measles, mumps, and rubella and will complete his/her diphtheria, tetanus, pertussis, hepatitis B, and/or polio vaccine series within the next 8 months.</p> <p>The dates on which the remaining doses are to be given are:</p>  <hr style="border: 0; border-top: 1px solid black; margin: 10px 0;"/> <p>Signature of Physician / Public Clinic</p> <p>_____ Date</p>

<p><b>2. Exemptions to School Immunization Law.</b> Complete A and/or B to indicate type of exemption.</p>	
<p><b>A. Medical exemption:</b> No student is required to receive an immunization if they have a medical contraindication, history of disease, or laboratory evidence of immunity. For a student to receive a medical exemption, a physician, nurse practitioner, or physician assistant must sign this statement: I certify the immunization(s) listed below are contraindicated for medical reasons, laboratory evidence of immunity, or that adequate immunity exists due to a history of disease that was laboratory confirmed (for varicella disease see * below). List exempted immunization(s):</p>  <hr style="border: 0; border-top: 1px solid black; margin: 10px 0;"/> <p>Signature of physician/nurse practitioner/physician assistant</p> <p>_____ Date</p> <p>*History of varicella disease only. In the case of varicella disease, it was medically diagnosed or adequately described to me by the parent to indicate past varicella infection in _____ (year)</p>  <hr style="border: 0; border-top: 1px solid black; margin: 10px 0;"/> <p>Signature of physician/nurse practitioner/physician assistant (If disease occurred before September 2010, a parent can sign.)</p>	<p><b>B. Conscientious exemption:</b> No student is required to have an immunization that is contrary to the conscientiously held beliefs of his/her parent or guardian. However, not following vaccine recommendations may endanger the health or life of the student or others they come in contact with. In a disease outbreak schools may exclude children who are not vaccinated in order to protect them and others. To receive an exemption to vaccination, a parent or legal guardian must complete and sign the following statement and have it notarized: I certify by notarization that it is contrary to my conscientiously held beliefs for my child to receive the following vaccine(s):</p>  <hr style="border: 0; border-top: 1px solid black; margin: 10px 0;"/> <p>Signature of parent or legal guardian</p> <p>_____ Date</p> <p>Subscribed and sworn to before me this: _____ day of _____ 20____</p>  <hr style="border: 0; border-top: 1px solid black; margin: 10px 0;"/> <p>Signature of notary</p>

<p><b>3. Parental/Guardian Consent to Share Immunization Information (optional):</b> Your child's school is asking your permission to share your child's immunization documentation with MIIC, Minnesota's immunization information system, to help better protect students from disease and allow easier access for you to retrieve your child's immunization record. You are not required to sign this consent; it is voluntary. In addition, all the information you provide is legally classified as private data and can only be released to those legally authorized to receive it under Minnesota law.</p> <p>I agree to allow school personnel to share my student's immunization documentation with Minnesota's immunization information system:</p>	
<hr style="border: 0; border-top: 1px solid black; margin: 10px 0;"/> <p>Signature of parent or legal guardian</p>	<hr style="border: 0; border-top: 1px solid black; margin: 10px 0;"/> <p>Date</p>



# Are Your Kids Ready?

## Minnesota's Immunization Law

### Immunization Requirements

Use this chart as a guide to determine which vaccines are required to enroll in child care, early childhood programs, and school (public or private).

Find the child's age/grade level and look to see if your child had the number of shots shown by the checkmarks under each vaccine. Children birth to 2 may not have received all doses. Look at the table on the back, it shows the age when doses are due.

Birth through 4 years Early childhood programs & Child care	Age: 5 through 6 years <sup>①</sup> For Kindergarten	Age: 7 through 11 years For 1st through 6 <sup>th</sup> grade	Age: 12 years and older For 7 <sup>th</sup> through 12 <sup>th</sup> grade
Hepatitis A (Hep A) ✓✓			
Hepatitis B (Hep B) ✓✓✓	Hepatitis B ✓✓✓	Hepatitis B ✓✓✓	Hepatitis B <sup>⑥</sup> ✓✓✓
DTaP/DT ✓✓✓✓	DTaP/DT <sup>④</sup> ✓✓✓✓✓	✓✓✓ tetanus and diphtheria containing doses	Tdap <sup>⑦</sup> ✓ at 7th grade
Polio ✓✓✓	Polio <sup>⑤</sup> ✓✓✓✓	Polio ✓✓✓	Polio ✓✓✓
MMR ✓	MMR ✓✓	MMR ✓✓	MMR ✓✓
Hib ✓			Meningococcal <sup>⑧</sup> ✓ at 7th grade & at ✓ age 16
Pneumococcal <sup>②</sup> ✓✓✓✓			
Varicella <sup>③</sup> ✓	Varicella <sup>③</sup> ✓✓	Varicella <sup>③</sup> ✓✓	Varicella ✓✓

### Immunizations recommended but not required:

#### Influenza

Annually for all children age 6 months and older

#### Rotavirus

For infants

#### Human papillomavirus

At age 11 -12 years

- ① First graders who are 6 years old and younger must follow the polio and DTaP/DT schedules for kindergarten.
- ② Not required after 24 months.
- ③ If the child has already had chickenpox disease, varicella shots are not required. If the disease occurred after 2010, the child's doctor must sign a form.
- ④ Fifth shot of DTaP not needed if 4<sup>th</sup> was after age 4. Final dose of DTaP on or after age 4.
- ⑤ Fourth shot of polio not needed if 3<sup>rd</sup> was after age 4. Final dose of polio on or after age 4.
- ⑥ An alternate 2-shot schedule of hepatitis B may also be used for kids from age 11 through 15 years.
- ⑦ Proof of at least three doses of diphtheria and tetanus vaccination needed. If a child received Tdap at age 7-10 years another dose is not needed for 7th grade. However, if it was only a Td, a Tdap for 7th grade is needed.
- ⑧ One dose is required for 7th grade, a second dose at age 16 years (10th/11th grade).

### Exemptions

To go to school in Minnesota, students must show they've had these immunizations or file a legal exemption with the school.

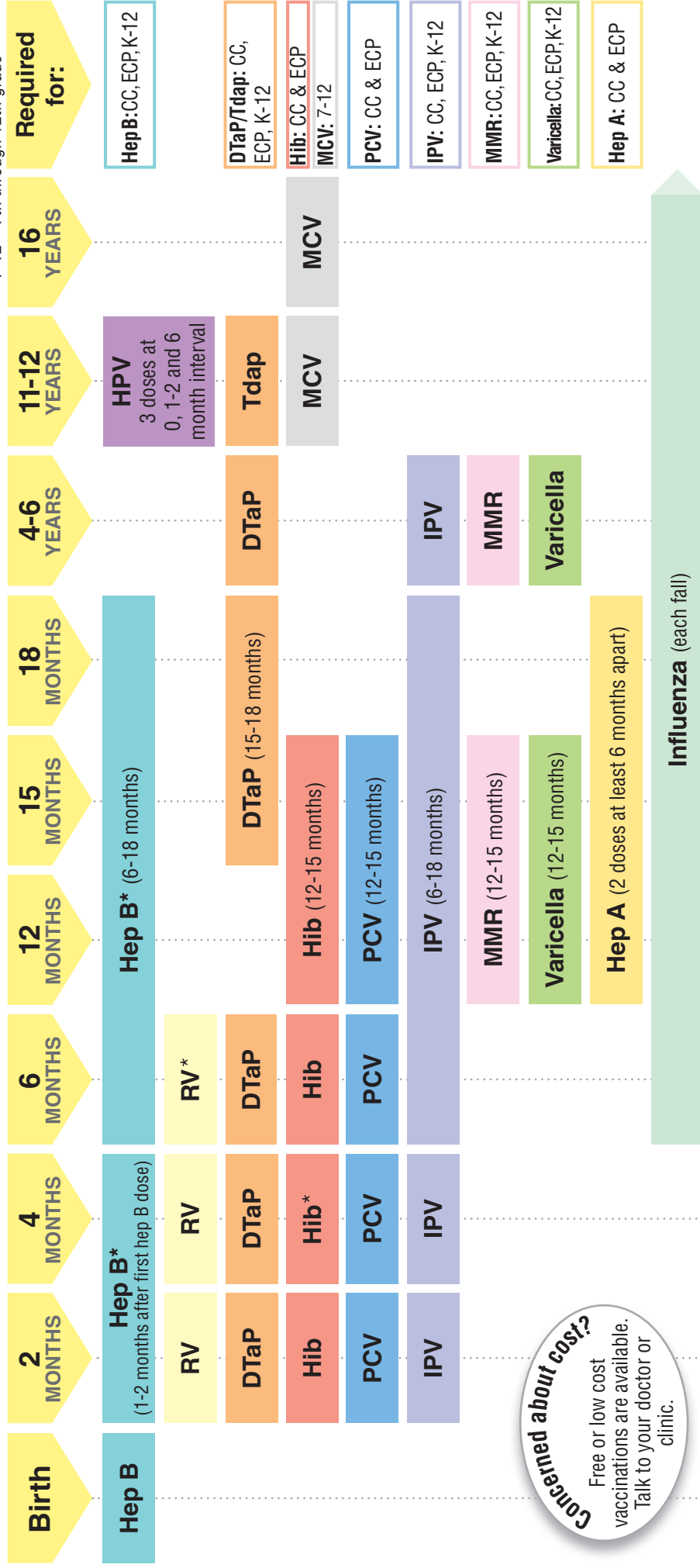
Parents may file a medical exemption signed by a health care provider or a conscientious objection signed by a parent/guardian and notarized.

### Looking for Records?

For copies of your child's vaccination records, talk to your doctor or call the Minnesota Immunization Information Connection (MIIC) at 651-201-5503 or 1-800-657-3970.

# When to Get Vaccines Birth to 16 Years

CC = Child care  
 ECP = Early Childhood Programs  
 K-12 = Kindergarten through 12th grade  
 7-12 = 7th through 12th grade



**Concerned about costs?**  
 Free or low cost vaccinations are available. Talk to your doctor or clinic.

It's not too late! If your child has fallen behind on their vaccinations, talk to your doctor or clinic to catch them up.

Minnesota law requires written proof of certain vaccinations for children in child care, early childhood programs, and school. However, if a child has a medical reason or if his/her parents are conscientiously opposed to any or all of the vaccinations, a legal exemption is available.

**Children with certain medical conditions may need additional vaccines** (e.g., pneumococcal or meningococcal). Talk to your doctor or clinic.

Key to vaccine abbreviations

DTaP/Td	=diphtheria, pertussis, tetanus	Hib	= <i>Haemophilus influenzae</i> type b
Hep B	=hepatitis B	Hep A	= hepatitis A
MMR	= measles, mumps, rubella	IPV	=polio
		PCV	= pneumococcal
		RV	=rotavirus