

# Morgan County Schools

## Kindergarten Registration Check Off Form

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

### Vaccine Type

**DPT** 1<sup>st</sup> \_\_\_\_\_  
Diphtheria 2<sup>nd</sup> \_\_\_\_\_  
Pertussis 3<sup>rd</sup> \_\_\_\_\_  
Tetanus 4<sup>th</sup> \_\_\_\_\_/5<sup>th</sup> \_\_\_\_\_

### Requirements

Series of 4 with one given after 4<sup>th</sup> birthday

**Polio** 1<sup>st</sup> \_\_\_\_\_  
2<sup>nd</sup> \_\_\_\_\_  
3<sup>rd</sup> \_\_\_\_\_/4<sup>th</sup> \_\_\_\_\_

Series of 3 with one dose after the 4<sup>th</sup> birthday

**MMR** 1<sup>st</sup> \_\_\_\_\_  
2<sup>nd</sup> \_\_\_\_\_

Must be given on or after the 1<sup>st</sup> birthday and the 2<sup>nd</sup> at least one month later.

**Varicella** 1<sup>st</sup> \_\_\_\_\_  
2<sup>nd</sup> \_\_\_\_\_

Must be given on or after the 1<sup>st</sup> birthday day and the 2<sup>nd</sup> at least 3 months later.

**HEP B** 1<sup>st</sup> \_\_\_\_\_  
2<sup>nd</sup> \_\_\_\_\_  
3<sup>rd</sup> \_\_\_\_\_

Series of 3 – 3<sup>rd</sup> is not valid if administered before 24 weeks (6 months of age)

**The West Virginia Code does not provide an exemption for reasons of religion or conscience with regards to immunizations.**

Birth Certificate \_\_\_\_\_  
Affidavit \_\_\_\_\_

Must be from **State Registrar's Office** where the child was born.  
(Hospital or County copies are **NOT Valid**)

Social Security Card \_\_\_\_\_

Copy of card

Proof of Residency \_\_\_\_\_

Copy of utility bill, etc.

Legal Documents \_\_\_\_\_

Health Check Screening \_\_\_\_\_ Dental Check Screening \_\_\_\_\_

Medical Issues/Allergies \_\_\_\_\_

**Any information that is not completed above will be required by the First Day of School. You may mail in or drop off to your child's school attention: School Nurse**

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

Morgan County School Staff \_\_\_\_\_ Date \_\_\_\_\_