

T.R. PAUL ACADEMY OF ARTS AND KNOWLEDGE – K-8
2012-13 SCHOOL YEAR ENROLLMENT
4512 McMurry Dr, Ft. Collins, CO 80525
P 970-226-2800 F 970-226-2806
www.tpaak.org

Kindergarten students must be 5 years old by October 1, 2012. \$230/month kindergarten fee does apply. Please fill out a packet for **EACH** child enrolling in grades K through 8 for the school year beginning in August 2012:

Items Included in this packet to be submitted:

- Student Admissions Profile and Parent Guardian Information
- Emergency Contact Information
- Parent Request for Release of Student Records
- Photograph/Videotape Permission
- Home Language Survey

Copies of other essential documents that must be submitted:

- Birth Certificate
- Copy of the actual Social Security Card
- Copy of Immunization Record

Additional documents to be submitted ONLY if they apply to your child:

- IEP *if applicable*
- ILP *if applicable*
- Application for Free and Reduced Lunch *if applicable-please see the school office for an application*
- Application for OASIS before and after school enrichment program *if applicable-please see the school office for an application*

Non-Refundable Tech Fee for the 2012-2013 School year must be submitted at time of enrollment. The fees are as follows:

- \$120 per student (non-refundable)
- \$60 for ½ day kindergarten students (non-refundable)
- \$60 for free/reduced students (non-refundable)
- \$30 for free/reduced ½ day kindergarten students (non-refundable)

Failure to complete and return enrollment forms promptly may cause your student to lose their enrollment position in the class! If you have any questions regarding this procedure or need assistance completing the forms please contact *T.R. Paul Academy of Arts & Knowledge at (970) 226-2800.*

Please tell us how you heard about our school!

- Billboard Television E-Mail Search Engine Direct Mail Yellow Pages
- Newspaper Friend Radio



FOR OFFICE USE ONLY updated 1/15/2011

Process Date: / / Letter of Consent to Release School Record sent: / / /

School Records Received: / / Special Ed Records Received: / / /

Code of Conduct Acknowledgement Returned: Yes Evidence of Enrollment Received: Yes

T.R. PAUL ACADEMY OF ARTS AND KNOWLEDGE

ADMISSIONS PROFILE

All student information is protected by the Family Educational Rights to Privacy Act for the purpose of protecting student confidentiality

PLEASE PRINT

Applicant Information: Today's Date: / / Grade 2012-2013: _____

Does this student have a sibling currently enrolled at TPAAK yes no

List Student's Name fully as it appears on the birth certificate:

Last Name: _____

First Name: _____ Middle Name: _____

Home Address: _____ Home Telephone: _____

City: _____ County: _____ State: _____ Zip: _____

Male Female DOB: / / (Must Provide Birth Certificate) Age: _____

Birthplace City; (exactly as it appears on the birth certificate) _____

Ethnicity: (check one (1) only – these are defined by federal government)

- American Indian / Alaskan Native circle one: Cherokee Chippewa Choctaw Navajo Pueblo Sioux Other
- Asian circle one: Asian Indian Chinese Filipino Japanese Korean Vietnamese Other
- African American (Non-Hispanic)
- Native Hawaiian/ Other Pacific Islander circle one: Guamanian Hawaiian Samoan Other
- Hispanic or Latino circle one: Argentinean Colombian Cuban Dominican Mexican American Nicaraguan Puerto Rican Salvadoran Spaniard Other
- White (Non-Hispanic)
- Multiracial (please identify)

Name of Most Recent School: _____ Previous Grade: _____

Address of School: _____

Legal District of Residence (district of residence where parent/guardian lives) _____

Was your child receiving Special Education services (IEP) (504) (RTI)? No: Yes:

If yes, do you have your child's special education records (IEP) (504) (RTI)? No: Yes: *If yes, attach copy*

Parent/Guardian Information

Child lives with: (check one (1) only)

- Both Biological Parents Mother Only Father Only Both Parents Alternately
 (If both Parents alternately please indicate Custodial Parent) Legal Guardian

Custodial Parent's Name: _____ Home Telephone: _____

Please check if applicable

- Non-Custodial Parent does not reside locally
 The non-custodial parent is legally prohibited from contact (legal documentation must be provided for school records)

Mother: _____ Occupation: _____

Home Address: _____ Home Telephone: _____

City: _____ State: _____ Zip: _____

Email: _____ Cellular Phone: _____

Business Address: _____ State: _____ Zip: _____

Business Telephone: _____ Business Email: _____

Father: _____ Occupation: _____

Home Address: _____ Home Telephone: _____

City: _____ State: _____ Zip: _____

Email: _____ Cellular Phone: _____

Business Address: _____ State: _____ Zip: _____

Business Telephone: _____ Business Email: _____

If the student is living with Guardian(s) complete this section

Guardian: _____ Occupation: _____

Home Address: _____ Home Telephone: _____

City: _____ State: _____ Zip: _____

Email: _____ Cellular Phone: _____

Business Address: _____ State: _____ Zip: _____

Business Telephone: _____ Business Email: _____

(Note - this information is necessary for completion of grant applications that benefit your child's school. Student records are strictly confidential.)

Number of Persons living in Household: _____ Number of books in the household: _____

Computer in home? yes no Internet access in home? yes no Home study area? yes no

Highest level of education among parents/guardians: High School Some college Associates Degree

Bachelor's degree Master's degree

Doctoral Degree Other _____

Is there an employed parent/guardian? yes no

Annual Household Income: *Check One:* 0 to \$14,378 \$14,379 to 18,044 \$18,045 to \$21,710

\$21,711 to \$25,376 \$25,377 to 29,042 Over \$35,000:

T.R. PAUL ACADEMY OF ARTS AND KNOWLEDGE

Emergency Contact/Permission

I understand that providing current emergency contact information is critical to the safety and well being of my child. My signature on this form certifies my understanding and commitment to provide updates (in writing) of any and all changes in contact information for myself, and my emergency contacts, within 24 hours of any change to the school administrative assistant/secretary and my child's classroom teacher(s).

1. Name of Child: _____ Age: _____ Date of Birth: ____ / ____ / ____

2. Home Phone: _____ Cellular Phone: _____ Emergency Phone: _____

4. Mother/Guardian: _____

Occupation: _____ Employer: _____

Employer Address: _____ Phone: _____

5. Father/Guardian: _____

Occupation: _____ Employer: _____

Employer Address: _____ Phone: _____

6. Local Emergency Contacts: Adult persons (18 years or older) who may be contacted in the event of an emergency:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

7. I hereby give permission to the staff of the T.R. Paul Academy of Arts and Knowledge to secure emergency medical treatment for the above named child while under their supervision:

8. Name of child's physician or health clinic: _____

Address: _____ City _____ State _____ Zip _____

Phone Number _____ After-Hours Emergency Number _____

9. Hospital preferred for Emergency Treatment: _____

10. Health Insurance Policy Name and Number: _____

11. Please list any special services your child has received in the last three (3) years: _____

12. Please list any allergies: _____ Date of last Tetanus Shot: ____ / ____ / ____

13. Name(s) of Person other than Parent or Legal Guardian to Whom Child maybe released (must be 18 years or older):

In the event emergency medical treatment is required, I give consent for my child(ren) to be transferred to the nearest medical facility and if necessary to be treated by a qualified physician. T.R. Paul Academy of Arts and Knowledge will **Not** transport my child(ren) to the nearest medical facility. In the event that I can not be contacted and if my designated emergency contact is not available, I understand and agree that T.R. Paul Academy of Arts and Knowledge will telephone 911 for emergency medical assistance, for which I will be financially responsible.

Parent/Guardian Signature: _____ Today's Date: ____ / ____ / ____

T.R. PAUL ACADEMY OF ARTS AND KNOWLEDGE
Release of Student Records Form

Today's Date: ____ / ____ / ____

Child's date of Birth ____ / ____ / ____

Child's Full Name (please print) _____
First Name Middle Name Last Name Appendage (i.e. Jr.)

Parent/Guardian Name _____

Parent/Guardian Signature _____

Parent/Guardian Address _____

Resident School District Name: _____

Check appropriate box and provide name of former school where indicated below.

Student Entering Grades 1st – 8th in 2012-13

Whereas my child is currently enrolled in T.R. Paul Academy of Arts and Knowledge for the 2012-13 academic year, I give my permission to:

_____ (School most recently attended by student)

to release my child's academic records to T.R. Paul Academy of Arts and Knowledge. Please include all relevant records including special education, academic testing, official school records, medical records, and academic or disciplinary interventions. If a student's Special Education records are kept at another district location, please notify TPAAK at 970-226-2800.

Please send the information to: T.R. Paul Academy of Arts & Knowledge, 4512 McMurry Dr,
Ft. Collins, CO 80525 Phone: 970-226-2800 Fax: 970-226-2806

Resident School District Notification of Student Entering Kindergarten in 2012-13

Whereas my child is currently enrolled in the T.R. Paul Academy of Arts and Knowledge for the 2012-2013 academic year, I hereby notify _____ (Resident School District).

English Language Acquisition Program
Home Language Survey

TR Paul Academy of Arts and Knowledge
4512 McMurry, Fort Collins, CO 80525
Phone: 970-226-2800 Fax: 970-226-2806
www.tpaak.org

Student's Name: _____

Did your child learn to speak a language other than English before he/she learned English?
_____ Yes _____ No

How often is a language other than English used in your home? (Check only one.)

- Only the other language and no English.
- Other language more often than English.
- Other language and English equally.
- English more often than the other language.
- Only English.

Please describe the language spoken by your child: (Check only one.)

- Speaks only the other language and no English.
- Speaks mostly the other language and some English.
- Speaks the other language and English equally.
- Speaks mostly English and some of the other language.
- Speaks only English.

Please describe the language understood by your child: (Check only one.)

- Understands only the other language and no English.
- Understands mostly the other language and some English.
- Understands the other language and English equally.
- Understands mostly English and some of the other language.
- Understands only English.

Has your child received English language acquisition services at a previous school? (Check only one.)

- Yes
- No
- I don't know

If your child speaks or understands a language other than English, what is the language?

Signature of Parent or Guardian

Date Signed

T.R. PAUL ACADEMY OF ARTS AND KNOWLEDGE
4512 McMurry Dr
Ft. Collins, CO 80525

Photograph/Videotape Permission

Please Return This Permission Form to T.R. Paul Academy of Arts and Knowledge

Dear Parent:

From time to time the T.R. Paul Academy of Arts and Knowledge records student activities through the use of photography and/or videotape. Generally the resulting material is used internally to serve as a form of documentation of school/student activity and as a learning tool for both students and faculty. On occasion photographs and/or videotapes may be used for advertising purposes to promote enrollment at T.R. Paul Academy of Arts and Knowledge or as a backdrop to employment recruitment efforts.

In order for the school to produce materials for both internal and external uses we need your permission to use photo and/or video images of your child. Please put a check in the appropriate box and sign below to indicate your preference of permission for the following:

1. I **(do)** give permission for my child to be photographed/videotaped and the resulting photographs/videotape to be used and displayed within the school as well as, to be used for public display and/or published for the benefit of the school.
2. I **(do not)** give permission for my child to be photographed/videotaped and the photographs/videotape to be publicly displayed and/or published.

Please Note: There is no payment or any other form of compensation for use of your child's image if a photograph and/or video image of your child is used either internally or externally as explained in the examples above.

Please Print:

Student's Name: _____

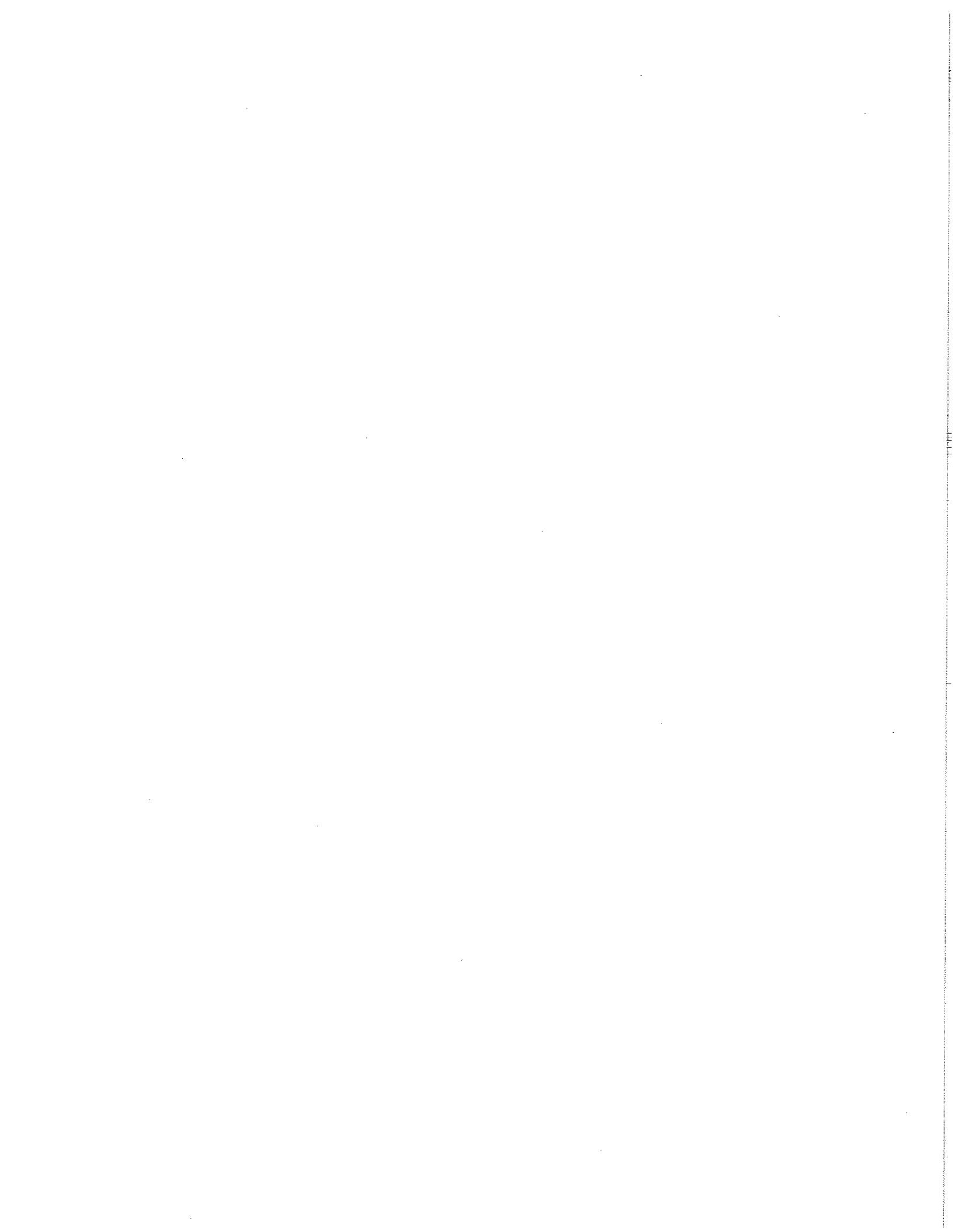
Grade: _____ Teacher's Name: _____

Parent/Guardian Name: _____

Sign Below:

Parent/Guardian Signature

_____/_____/_____
Date Signed



HEALTH AND ILLNESS POLICY

ILLNESS

In an effort to manage and prevent disease spread, our school will follow the prescribed guidelines as stated in **Infections in Children, A Sourcebook for Educators and Child Care Providers**. Exposure to many contagious diseases is a normal part of childhood and the school setting, because of its communal nature, increases the likelihood of exposure. It is expected that parents will cooperate fully with the staff and teachers in the event a child must be excluded from the school due to illness.

Exclusion Policy

The phone call that informs a busy working parent that they must leave work to pick up a sick child is as difficult for the staff at school to make as it is for the parent to receive. Our school endorses exclusion standards that will help control the occurrence of illness among children, their families, staff and the community. The Exclusion Standards that are followed are put forth by the U.S. Department of Health and Human Services, the Public Health Service and the Centers for Disease Control. This policy ultimately protects all children and staff members and recognizes the limitations of staff capabilities to adequately care for a sick child.

Your child must not attend school if exhibiting any of the following symptoms:

- A temperature of 100 degrees or higher
- Intestinal disturbance accompanied by diarrhea or vomiting
- Severe itching and scratching of the body or scalp (head lice, scabies)
- Stiff neck with accompanying headache with fever, vomiting, lethargy and light sensitivity (meningitis)
- Any disease that is classified as reportable, i.e., diseases that have special implications for public health due to their high communicability or seriousness.

Illness Management

If your child develops any of the above symptoms while attending school, the office staff will help your child rest comfortably in an area away from the other children. You will be promptly contacted to arrange pickup for your child within one hour.

Administration of Medicine

Should your child require any medication prescription or over the counter, while at school, the staff will only be able to administer it when the following conditions are met:

- If state licensing requirements permit the administration of medicine.
- The parent provides a written order from the physician authorizing the use of the medication for a specified length of time
- The parent provides a written request, with specific instructions, for the staff member to administer the medication
- The medication is in its original packaging and dispensed with the child's name, name of the drug, and directions for administration
- Medication will be administered according to the directions on the label. Any variance will require written authorization from a physician. Unless physician's instructions indicate otherwise, medication can be given for a period not exceeding two weeks.

All medications are stored in locked containers or in a refrigerator inaccessible to children. Please do not send medicines, including vitamins, cough drops, or any other item of that nature, in your child's back pack. All medicines are to be handed directly to the appropriate staff member.

HEALTH AND ILLNESS POLICY

Receipt and Acknowledgement

I have received, read and understand our school's Health and Illness Policy and agree to abide by the terms outlined.

Parent/Guardian Signature

Date

Reviewed and accepted by:

School Representative

Date

STATE OF COLORADO

John W. Hickenlooper, Governor
Christopher E. Urbina, MD, MPH
Executive Director and Chief Medical Officer

Dedicated to protecting and improving the health and environment of the people of Colorado

4300 Cherry Creek Dr. S. Laboratory Services Division
Denver, Colorado 80246-1530 8100 Lowry Blvd.
Phone (303) 692-2000 Denver, Colorado 80230-6928
Located in Glendale, Colorado (303) 692-3090

<http://www.cdphe.state.co.us>



Colorado Department
of Public Health
and Environment

January 10, 2012

Dear Parents of Students in Colorado Schools, K through 12th Grades (School Year 2012-13),

Immunizations are an important part of our children's health care, and Colorado law requires that children going to school be vaccinated to prevent vaccine-preventable disease. The purpose of this letter is to let you know which vaccines are **required** for school attendance and which vaccines are **recommended** for best protection against vaccine-preventable disease (see chart on second page).

As a parent, it is important to know that in addition to the vaccines **required** by the state of Colorado Board of Health for school entry, there are vaccines that are **recommended** by the Advisory Committee on Immunization Practices (ACIP). This is the immunization schedule that will best protect your child from even more vaccine-preventable diseases.

Parents often have concerns or want more information on children's immunizations and vaccine safety. A resource developed for parents with frequently asked questions about the safety and importance of vaccines can be located at: www.ImmunizeForGood.com. The Colorado Immunization Program's website is located at: www.ColoradoImmunizations.com.

Schools work hard to ensure compliance with the immunization laws. Your help in providing updated immunization records at school registration and when your child receives additional vaccine(s) is greatly appreciated. *Please discuss your child's vaccination needs with your child's doctor or local public health agency. (To find your local public health department's contact information call the Family Health Line at 1-303-692-2229 or 1-800-688-7777). Please bring your child's updated immunization records to the school each time your child receives an immunization.*

Sincerely,

Colorado Immunization Program
Colorado Department of Public Health and Environment
303-692-2650

MINIMUM NUMBER OF DOSES REQUIRED FOR CERTIFICATE OF IMMUNIZATION
Kindergarten through Grade 12, 2012-13 Required for School Attendance.

VACCINE	Number of Doses	Grades K-12 (5-18 Years of Age)
		<i>Vaccines administered ≤ 4 days before the minimum age are valid</i>
Pertussis <i>DTaP only licensed through 6 yrs of age.</i>	5 to 6	5 DTaP (if dose 4 was administered on or after the 4 th birthday, the requirement is met). The final dose of DTaP must be administered no sooner than 4 years of age. Tdap req. 6 th through 12 th grades.
Tetanus/Diphtheria <i>DT only licensed through 6 yrs of age.</i>	3 to 5	5 DT (if dose 4 was administered on or after the 4 th birthday, the requirement is met). If child is 7 yrs of age or older, must have 3 appropriately spaced tetanus/diphtheria containing vaccines (DTaP , DT , Td , Tdap) - 4 wks between dose 1 & 2 and 6 mos between dose 3 & 4
Polio (IPV)	3 to 4	4 IPV (if dose 3 was administered on or after the 4 th birthday, requirement met). Final dose must be given no sooner than 4 th birthday.
Measles/Mumps/Rubella (MMR)	2	The 1 st dose cannot be administered more than 4 days before the 1 st birthday. 2 doses required for K thru 12 th grades.
Varicella (Chickenpox) <i>Documentation of disease from a health care provider (physician, RN or PA) is required.</i>	1 or 2	The 1 st dose cannot be administered more than 4 days before the 1 st birthday. 2 doses are required for children entering K through 5 th grade. 1 dose is required for 6 th through 12 th grades.
Hepatitis B <i>Students who have not received 3 doses of Hep B vaccine prior to 7/1/2009 must follow the minimum intervals recommended by the Advisory Committee on Immunization Practices (ACIP)</i>	3	The second dose must be administered at least 4 weeks after the first dose. The third dose must be administered at least 16 weeks after the first dose and at least 8 weeks after the second dose. The final dose is to be administered no sooner than 24 weeks (6 mos) of age. The 2-dose series is acceptable for ages 11-15 years. 2 doses can only be accepted using the approved vaccine for the 2-dose series with proper documentation (name of the vaccine, dosage, dates, and interval).

RECOMMENDED VACCINES FOR THE BEST PROTECTION
AGAINST VACCINE-PREVENTABLE DISEASE

VACCINE	Number of Doses	Grades K-12 (5-18 Years of Age) <i>Vaccines administered ≤ 4 days before the minimum age are valid</i>
Influenza (Flu)	1 to 2	2 doses initially if under 9 yrs of age with a minimum interval of 28 days between doses, then 1 dose annually, thereafter. Recommended for children 6 months of age and older.
Meningococcal Meningitis (MCV)	1 to 2	Adolescents 11-18 years of age
Human Papillomavirus (HPV)	3	Adolescents 11-18 years of age.
Hepatitis A (Hep A)	2	All children 1 year and older

For REQUIRED vaccines: A laboratory test showing immunity is acceptable.

You must provide one of the following to your child's school in order to comply with the law:

1. A completed Certificate of Immunization certifying that the student has received minimum immunizations.
2. If a student's Certificate of Immunization is not up to date, the parent/guardian or emancipated student has 14 days after direct notification to provide documentation that the next required immunization was administered and submit a written plan for completion of any additional required immunizations. If the plan is not completed, the student shall be expelled or suspended from school for non-compliance. Exception to this rule is a shortage of vaccine.
3. Statement of Exemption to Immunization - Colorado Department of Public Health and Environment Certificate of Immunization:
 - a) a **medical** exemption signed by licensed physician stating that the student's physical condition is such that immunizations would endanger life or health or is otherwise medically contraindicated; or
 - b) a **religious** exemption signed by the parent, guardian, or emancipated student that the student adheres to a religious belief opposed to immunizations; or
 - c) a **personal** exemption signed by the parent, guardian, or emancipated student that the student adheres to a personal belief opposed to immunizations.



Immunization requirements will be strictly enforced for all students. Students who do not meet the requirements will be denied attendance according to Colorado Revised Statutes 25-4-902.

Call about free or low cost vaccines at Family Health Line at 303-692-2229 or 1-800-688-7777

STATE OF COLORADO

John W. Hickenlooper, Governor
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Colorado Department
of Public Health
and Environment

10 de enero de 2012

Estimados Padres de familia de estudiantes de Colorado, de Jardín de niños a 12^{vo} grado (Año escolar 2012-13),

Las vacunas son una parte importante del cuidado de la salud de nuestros niños, y la ley de Colorado requiere que los estudiantes que asistan a la escuela estén vacunados para prevenir enfermedades que pueden evitarse mediante la vacunación. El objetivo de esta carta es hacerles saber cuáles vacunas se **requieren** para asistir a la escuela y qué vacunas se **recomiendan** para proteger a sus hijos de la mejor manera ante los padecimientos que pueden evitarse mediante la vacunación (vea la lista en la segunda página).

Como padre de familia, es importante que usted sepa que además de las vacunas que el Consejo de Salud del Estado de Colorado **requiere** para asistir a la escuela, hay vacunas que el Comité Asesor en Prácticas de Vacunación (ACIP) **recomienda**. Éste es el programa de vacunación que mejor protegerá a sus hijos de un mayor número de enfermedades que pueden evitarse mediante la vacunación.

Los padres de familia a menudo tienen inquietudes o desean más información acerca de las vacunas para sus hijos o sobre la seguridad de las vacunas. Hay un sitio de Internet diseñado para responder las preguntas más frecuentes de los padres de familia acerca de la importancia y seguridad de las vacunas, aquí lo encuentra: www.ImmunizeForGood.com. El Programa de Vacunación de Colorado se encuentra en el sitio: www.ColoradoImmunizations.com.

Las escuelas se esfuerzan en dar cumplimiento a las leyes de vacunación. Es de gran ayuda que usted proporcione los registros de vacunación actualizados de sus hijos cuando lo inscriba o cuando les pongan vacunas adicionales. *Por favor hable de las necesidades de vacunación con el pediatra de sus hijos o con el Departamento de Salud Pública de su localidad. (Para encontrar la información necesaria para ponerse en contacto con el Departamento de Salud Pública que corresponda a la zona donde vive, llame a la Línea telefónica de la salud familiar al teléfono 1-303-692-2229 ó 1-800-688-7777). Por favor lleve a la escuela los registros de vacunación actualizados de sus hijos cada vez que los vacunen.*

Atentamente,

Programa de Vacunación de Colorado
Departamento de Salud Pública y Medio Ambiente de Colorado
303-692-2650

NÚMERO MÍNIMO DE DOSIS REQUERIDAS PARA EL REGISTRO DE VACUNACIÓN
 Jardín de niños a 12º grado, 2012-13, requeridas para asistir a la escuela

VACUNA	Número de dosis <i>Vacunas administradas 5-4 días antes de la edad mínima son válidas</i>	Jardín de niños a 12º (5 a 18 años de edad) <i>Vacunas administradas 5-4 días antes de la edad mínima son válidas</i>
Tos Ferina <i>La vacuna DTaP sólo está autorizada hasta los 6 años de edad.</i>	5 a 6	5 DTaP (si la dosis 4 se administró en el 4º cumpleaños o después, ya se cumplió con el requerimiento). La dosis final de DTaP no se debe administrar antes de los 4 años de edad. La Tdap se requiere del 6º al 12º grado.
Tétanos/Difteria <i>La vacuna DT sólo está autorizada hasta los 6 años de edad.</i>	3 a 5	5 DT (si la dosis 4 se administró en el 4º cumpleaños o después, ya se cumplió con el requerimiento). Si el niño tiene 7 años de edad o más, debe tener 3 vacunas de tétanos/difteria espaciadas de manera adecuada (DTaP, DT, Td, Tdap) - 4 semanas entre la dosis 1 y 2 y 6 meses entre la dosis 3 y 4.
Polio (IPV)	3 a 4	4 IPV (si la dosis 3 se administró en el 4º cumpleaños o después, ya se cumplió con el requerimiento). La dosis final se debe administrar después del 4º cumpleaños.
Sarampión/Paperas/Rubéola (MMR)	2	La 1ª dosis no se puede administrar más de 4 días antes del 1º cumpleaños. Se requieren 2 dosis desde jardín de niños a 12º grado.
Varicela <i>Se requiere la documentación de la enfermedad que puede obtener con un profesional de la salud (médico, enfermera registrada o médico asistente).</i>	1 ó 2	La 1ª dosis no se puede administrar más de 4 días antes del 1º cumpleaños. Se requieren 2 dosis para los niños desde jardín de niños a 5º grado. Se requiere 1 dosis de 6º a 12º grado.
Hepatitis B <i>Los estudiantes que no tengan las 3 dosis de la vacuna Hep B antes de 7/1/2009 deberán seguir los intervalos mínimos recomendados por el Comité Asesor en Prácticas de Inmunización (ACIP)</i>	3	La segunda dosis debe administrarse por lo menos 4 semanas después de la primera dosis. La tercera dosis debe administrarse por lo menos 16 semanas después de la primera dosis y por lo menos 8 semanas después de la segunda. La dosis final no debe administrarse antes de las 24 semanas (6 meses de edad). La serie de 2 dosis es aceptable para los menores de 11 a 15 años. Las dos dosis solo se aceptarán si se usó la vacuna aprobada para la serie de 2 dosis con la documentación debida (nombre de la vacuna, dosis, fechas e intervalo).



Colorado Department
of Public Health
and Environment

Llame para saber acerca de vacunas gratis o de bajo costo a la Línea telefónica de la salud familiar
 al teléfono 303-692-2229 o 1-800-688-7777

VACUNAS RECOMENDADAS PARA LA MEJOR PREVENCIÓN DE LOS PADECIMIENTOS QUE PUEDEN EVITARSE CON LAS VACUNAS

VACUNAS	Número de Dosis	Jardín de niños a 12º (5 a 18 años de edad) <i>Las vacunas administradas 5-4 días antes de la edad mínima son válidas</i>
Influenza (Gripe)	1 a 2	2 dosis iniciales si se administran antes de los 9 años de edad con un intervalo mínimo de 28 días entre dosis. En adelante se administrará 1 dosis anual. Se recomienda para niños de 6 meses de edad en adelante.
Meningitis (Meningocócica (MCV))	1 a 2	Adolescentes de 11 a 18 años de edad
Virus del Papiloma Humano (HPV)	3	Adolescentes del 11 a 18 años de edad.
Hepatitis A (Hepatitis A)	2	Todos los niños de 1 año en adelante

Para las vacunas REQUERIDAS: Se acepta una prueba de laboratorio que demuestre inmunidad.

Debe traer la siguiente documentación a la escuela de su hijo para cumplir con la ley:

1. Un Registro de vacunación completo que certifique que el estudiante ha recibido el número mínimo de vacunas.
2. Si el Registro de vacunación del estudiante no está actualizado, el padre, tutor o estudiante independiente tiene 14 días después de la notificación directa para proporcionar la documentación que pruebe que la siguiente vacuna ya fue administrada y mandar un plan para completar las vacunas adicionales requeridas. Si no se completa el plan el estudiante podrá ser expulsado o suspendido de la escuela por incumplimiento. La excepción a esta regla es la escasez de vacunas.
3. Declaración de exención de la vacunación – El Registro de vacunación del Departamento de Salud Pública y Medio Ambiente de Colorado:
 - a) una exención *médica* firmada por un médico autorizado que diga que la condición física del estudiante es tal que las vacunas podrían poner en peligro su vida o su salud, o que está contraindicado desde un punto de vista médico; o
 - b) una exención *religiosa* firmada por el padre, tutor o estudiante independiente que diga que el estudiante tiene creencias religiosas que se oponen a las vacunas; o
 - c) una exención *personal* firmada por el padre, tutor o estudiante independiente que diga que las creencias personales del estudiante se oponen a las vacunas.

Los requerimientos de vacunación se impondrán de manera estricta a todos los estudiantes. Los estudiantes que no cumplan con los requerimientos no podrán asistir a la escuela de acuerdo con los Estatutos Revisados de Colorado 25-4-902.