

SHENANDOAH BAPTIST ACADEMY

A Ministry of Shenandoah Baptist Church

138 Osment Road, SE

Cleveland, TN 37323

(423) 339-0992 * Fax - (423) 339-9904

www.sbcministries.com

ADMISSION POLICIES AND PROCEDURES

REQUIRED FORMS: The following forms must be read thoroughly, completed, signed, and turned in to the school office prior to or on the first day of school.

- Registration Form
- Publicity Release Form
- Code of Conduct
- Personal Testimony Form (7th-12th grade new students only)
- Pastoral Reference Form (new students only)
- Request for Student Records (new students only, one per family)
- Birth Certificate (copy)
- Immunization Record (Green/Yellow/White Card)
- Parent Pledge Statement
- PE uniform order form

Thank you for your prompt attention to this matter.

ADMISSION POLICY: Shenandoah Baptist Academy admits students of any race, color, nationality, and ethnic origin to all rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, nationality, and ethnic origin in administration of its educational policies, admission policies, athletic and other school-administered programs.

Maternal Grandparents

Paternal Grandparents

Name _____

Name _____

Address _____

Address _____

Phone _____

Phone _____

Names of brothers and sisters

Age

Grade

School

Name of person(s) my student may be released to:

Name

Relationship

Phone (home, cell, work)

Father/Guardian Signature

Mother/Guardian Signature

(Both Parents/Guardians Must Sign)

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Publicity Release Form

I, the undersigned, hereby (circle one of the following statements)

A. Do consent and authorize, or

B. Do not consent and authorize,

The use or reproduction, by Shenandoah Baptist Academy of Cleveland, Tennessee, of any and all photographs, slides, digital images, sketches and any other audiovisual materials taken of my son/daughter, and/or me taken during any authorized Academy event or activity for publicity, advertising, promotional printed material, use on web site, educational activities, exhibitions or any other use for the benefit of Shenandoah Baptist Academy.

By not consenting or authorizing, I understand my involvement in Shenandoah Baptist Academy programs is not jeopardized in any way.

If this release agreement is being signed for a child I certify that I am the Parent/Guardian authorized to sign this release.

Name of Child: _____
Print Name

Name of Parent/Guardian: _____
Print Name

Signature: _____ Date: _____
Parent or Guardian

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CODE OF CONDUCT

Shenandoah Baptist Academy holds that the Bible is the infallible, divine Word of God and that salvation by faith in Christ is the initial step in the Christian life. There is adequate Biblical basis for the idea of spiritual growth in the image of Christ (Romans 8:29), which is the work of the Holy Spirit (II Corinthians 3:18). This growth begins with the initial act of saving faith and continues throughout life. The Holy Spirit makes the Christian conscious of the Biblical demands for a holy life which fulfills both God's moral law and high law of love (Matthew 22:37-39; Romans 13:8-10; Galatians 5:14). The result is a life consecrated unto God and separated from the world.

Shenandoah Baptist Academy must, therefore, provide an environment conducive to the spiritual growth and development of young people who are not yet mature Christians. A standard of conduct based on the following Biblical imperatives is necessary to provide such an environment. All of the activities of the Christian must be subordinated to the glory of God who indwells us (I Corinthians 8:9; 12:13; 10:32). The Christian will endeavor to avoid practices which cause the loss of sensitivity to the spiritual needs of the world and the loss of the Christian's physical, mental, or spiritual well-being (I Corinthians 9:27).

A sense of the need for spiritual growth in the light of these principles has led Shenandoah Baptist Academy to adopt the following standards which are believed to be conducive to the environment that will best promote the spiritual welfare of the student. The school therefore requests each student – whether at home, school, or elsewhere –

To refrain from participating in worldly activities such as swearing, indecent language, smoking, possession or use of liquor, drugs, or tobacco, gambling, pornography, premarital sex, homosexuality, or other sexual perversions, and involvement in rock and roll, country, rap, or so-called "Christian rock" music.

To maintain Christian standards in courtesy, kindness, honesty, morality, and modest attire.

To desire to live a Spirit filled and Christ honoring life in all manner of conduct and attitude without harming the name of Christ, your personal testimony, or the testimony of SBA.

The selection of the restrictions mentioned in this pledge may appear arbitrary to some; but while not condemning others who see differently, Shenandoah Baptist Academy believes that the restrictions named are outstanding types of conduct which are detrimental to the standards established as its objectives.

Students are expected to abide by these standards throughout their enrollment at Shenandoah Baptist Academy. Students found to be out of harmony with Shenandoah Baptist Academy's ideals of work and life will be subjected to administrative withdrawal. The school reserves the right to dismiss any child who fails to comply with the established regulations and discipline or whose financial obligations remain unpaid.

In the atmosphere of definite and positive Christian standard of conduct, good scholastic planning, and genuine personal interest between faculty and student, there is a fine opportunity for development of strong Christian character.

STATEMENT OF COOPERATION

I (We) agree to meet all school financial obligations punctually. I (We) give Shenandoah Baptist Academy permission for my (our) child (ren) to take part in all school activities, including school-sponsored trips away from the school premises. I (We) believe that discipline is necessary for the welfare of each student, as well as for the entire school. I (We) give permission for my (our) child's/children's teacher and/or other agent(s) of the school to make and enforce classroom regulations in a manner consistent with Christian principles and discipline as set forth in the Scriptures. I (We) further agree to hold the school and its agents harmless for any liability to my (our) child(ren) against the school or any agent(s) thereof because of injury or alleged injury to my (our) child(ren) at school or during any school activity.

This Statement of Cooperation will be in effect for as long as my (our) child(ren) attend Shenandoah Baptist Academy. I (We) have read the Code of Conduct and Statement of Cooperation and agree to cooperate with and abide by these standards to the fullest extent.

Student's Signature (applicable for grades 7-12)

Date

Parent's (Guardian's) Signature

Date

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Personal Testimony Form

Applicant's name _____ Date _____

Please give a brief description of the day you excepted Jesus as your personal Savior:

Student's Signature

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Pastoral Reference Form

Dear Pastor,

Shenandoah Baptist Academy is a local church school committed to serving families who desire a Christ-centered education for their children. As part of the application process, we require all prospective students to have their pastor complete this pastoral reference form. Please answer the following questions from your knowledge of this student and their family and return this form in the envelope provided. The application process cannot be completed until we receive this reference form from you. Thank you for your help.

Applicant's name _____

How long have you known the applicant and their family? _____

To the best of your knowledge, has this applicant been born again?

Does this applicant attend church faithfully? _____ Services per week? _____

Is the family supportive of the ministry of your local church? _____

Signature _____ Date _____

Position _____ Phone _____

Church _____

Address _____

City _____ State _____ Zip _____

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REQUEST FOR STUDENT RECORDS

Date of Request: _____

Records Requested From: _____
School Name

Address City State Zip

Dear Administrator:

The following student(s) is seeking enrollment in Shenandoah Baptist Academy. Please release all grades, achievement test scores, attendance records, health records, and other pertinent information to Shenandoah Baptist Academy.

Thank you for your prompt attention to this matter.

Student's Name	Age	Birthdate	Grade

Parent/Guardian Signature

Requesting Principal Signature

Please send all records to:

Shenandoah Baptist Academy, 138 Osment Road, SE, Cleveland, TN 37323

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Parent Pledge Statement

We do hereby state that we have read the student handbook and have made a thorough investigation of Shenandoah Baptist Academy including its curriculum, standards of conduct, statement of faith, discipline and motives and do hereby pledge our whole-hearted support for the student and the administration in following the rules, regulations, and standards presented.

We pledge that, if, for any reason, our child does not respond favorably to the school, we will withdraw him quietly and without delay. We understand that each new student comes into Shenandoah Baptist Academy under probation for the first quarter, and that we will not wait for an expulsion to occur if our child is not getting under the authority of the school; but will withdraw him immediately.

We pledge our loyal support to Shenandoah Baptist Academy through daily prayer for its programs, students, faculty, and administration.

We, as parents, realize that it is our responsibility to educate our children, and promise to keep aware of all that our child is involved in at school, academically, spiritually, and otherwise, so that we can be of assistance to the school as they teach our child each day.

We understand that full cooperation is expected from both student and parents in the education of the student. If at any time the school feels that cooperation is lacking in the areas of discipline, academic expectations, or spiritual development our student may be asked to transfer out. Also, if our student's behavior or attitude indicates an uncooperative spirit or one that is out of harmony with the spirit of Shenandoah Baptist Academy, whether or not there is a definite breach of conduct, he may be requested to withdraw.

We understand that Shenandoah Baptist Academy and its faculty and staff will teach God's Word in all classes and that the Gospel will be given on a regular basis. We realize that our children will hear the Gospel and may respond, and that the faculty will encourage this and other spiritual decisions to be made.

We agree to pay the tuition according to arrangements that shall be made and to conclude all required payments on or before the last day of school. We understand that if a payment is late, (not received by the 10th of the month) or if a check does not clear, that a \$25.00 fee will be added to the total bill owed. We understand that tuition for one semester must be paid before the pupil may continue the next semester and that report cards and transcripts will be withheld at the end of the school year if required payments are not made in full.

We chose to utilize the _____ 10 month payment plan or the _____ 12 month payment plan

We, as parents of the student, do sincerely give our pledge to all items stated above.

Signature of Father: _____

Date: _____

Signature of Mother: _____

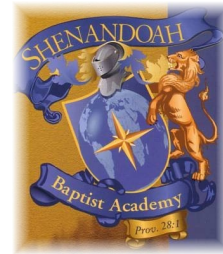
Date: _____

(When possible, the signatures of both parents are required.)

Student Name (please print): _____

Grade: _____

SBA Calendar: 2011-2012



August

24-26 Teacher's In Service
26 Parent/Student Orientation– 6:30 P.M. (required)
28-31 Fall Revival with Lou Rossi
29 First day of classes

September

5 **No School:** Labor Day
26 Mid Quarter Reports Issued

October

13 School Pictures
15 Fall Festival & Auction
21 1st Quarter Ends
24 Report Cards Issued

November

3-4 Parent/Teacher Conferences
19 Founder's Banquet
21 Mid Quarter Reports Issued
23-25 **No School:** Thanksgiving Break

December

15 Christmas Program
16 2nd Quarter Ends (1/2 day of classes)
16 Report Cards Issued
19 **No School:** Christmas Break Begins

January

3 First Day of 2nd Semester
5-6 Parent/Teacher Conferences
17-18 TACS District On-Site Bible & Academic Testing

February

6 Mid Quarter Reports Issued
14-15 TACS District Fine Arts Competition
20 **No School:** President's Day
28 TACS State On-Site Bible & Academic Testing

March

9 **No School:** Teacher Development Day
9 3rd Quarter Ends
12 Report Cards Issued
15-16 Parent/Teacher Conferences
22-23 TACS State Fine Arts Competition

April

2-6 **No School:** Spring Break
16-20 Stanford Achievement Test
23 Progress Reports Issued

May

4 **No School:** Teacher Development Day
22 Kindergarten Graduation (last day of Kindergarten)
25 4th Quarter Ends
25 High School Graduation
Report Cards Issued by Mail

SHENANDOAH BAPTIST ACADEMY

Schedule of Tuition and Fees

2011-2012



Registration \$150.00 per student

10 months 12 months

Tuition **Four Year Old Kindergarten:**
M-F full day \$380/month \$317/month
Total \$3,800.00

Five Year Old Kindergarten:
M-F full day \$380/month \$317/month
Total \$3,800.00

1st-12th
One Student \$380/month \$317/month
Total \$3,800

Two Students \$665/month \$554/month
Total \$6,650- 25%

Three Students \$893/month \$744/month
Total \$8,930- 40%

Four + Students \$1,121/month \$934/month
Total \$11,210- 40%

Fees

Academic Fee \$250.00 (K4-12th grade): must be paid by the first day of school

Athletic Fee \$100 per sport (7th-12th grade)

- Please note, some students may accrue additional costs for ACT testing and graduation.
- Registration and fees are non-refundable and non-transferable. Tuition is refundable on a pro-rated basis.
- If payments are made after the 10th of the month, a late charge of \$25 will be applied.

**Shenandoah Baptist Academy
2011 - 2012
Uniform Pricing**

GIRLS

Plaid Skort	Sizes 4-20	36.99
	Husky (1/2 Sizes)	38.99
Navy Skort	Sizes 4-20	36.99
	Husky (1/2 Sizes)	38.99
Short Sleeve Polo	Youth Sizes	12.99
	Adult Sizes	15.25
Long Sleeve Polo	Youth Sizes	15.25
	Adult Sizes	17.25
Navy Embroidered Fleece	Youth Sizes	38.00
	Adult Sizes	42.00

BOYS

Pleated Navy or Khaki Pants	Sizes 3-7	17.99
	Sizes 8-16	19.99
	Sizes 18-28 (Husky)	21.99
	Sizes 28-32 (Yng. Men)	23.99
	Sizes 34-Up (Mens)	26.99
Plain Navy or Khaki Pants	Sizes 3-7	21.99
	Sizes 8-16	23.99
	Sizes 18-28 (Husky)	25.99
	Sizes 28-32 (Yng. Men)	26.99
	Sizes 34-Up (Mens)	28.99
Short Sleeve Polo	Youth Sizes	12.99
	Adult Sizes	15.25
Long Sleeve Polo	Youth Sizes	15.25
	Adult Sizes	17.25
Navy Embroidered Fleece	Youth Sizes	38.00
	Adult Sizes	42.00

prices as of 01/06/2010

**Educational Outfitters Chattanooga
2273 Gunbarrel Rd
Chattanooga, Tennessee 37421
866-292-6725 or 423-894-1222**

Recommended Immunization Schedule for Persons Aged 0 Through 6 Years—United States • 2011

For those who fall behind or start late, see the catch-up schedule

Vaccine ▼	Age ►	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	19–23 months	2–3 years	4–6 years
Hepatitis B ¹		HepB	HepB			HepB						
Rotavirus ²				RV	RV	RV ²						
Diphtheria, Tetanus, Pertussis ³				DTaP	DTaP	DTaP	^{see footnote 3}	DTaP				DTaP
Haemophilus influenzae type b ⁴				Hib	Hib	Hib ⁴		Hib				
Pneumococcal ⁵				PCV	PCV	PCV		PCV			PPSV	
Inactivated Poliovirus ⁶				IPV	IPV			IPV				IPV
Influenza ⁷							Influenza (Yearly)					
Measles, Mumps, Rubella ⁸							MMR		^{see footnote 9}			MMR
Varicella ⁹							Varicella		^{see footnote 9}			Varicella
Hepatitis A ¹⁰							HepA (2 doses)					HepA Series
Meningococcal ¹¹												MCV4

Range of recommended ages for all children

Range of recommended ages for certain high-risk groups

This schedule includes recommendations in effect as of December 21, 2010. Any dose not administered at the recommended age should be administered at a subsequent visit, when indicated and feasible. The use of a combination vaccine generally is preferred over separate injections of its equivalent component vaccines. Considerations should include provider assessment, patient preference, and the potential for adverse events. Providers should consult the relevant Advisory Committee on Immunization Practices statement for detailed recommendations: <http://www.cdc.gov/vaccines/pubs/acip-1st.htm>. Clinically significant adverse events that follow immunization should be reported to the Vaccine Adverse Event Reporting System (VAERS) at <http://www.vaers.hhs.gov> or by telephone, 800-822-7967.

- Hepatitis B vaccine (HepB).** (Minimum age: birth)
 - At birth:**
 - Administer monovalent HepB to all newborns before hospital discharge.
 - If mother is hepatitis B surface antigen (HBsAg)-positive, administer HepB and 0.5 mL of hepatitis B immune globulin (HBIG) within 12 hours of birth.
 - If mother's HBsAg status is unknown, administer HepB within 12 hours of birth. Determine mother's HBsAg status as soon as possible and, if HBsAg-positive, administer HBIG (no later than age 1 week).
 - Doses following the birth dose:**
 - The second dose should be administered at age 1 or 2 months. Monovalent HepB should be used for doses administered before age 6 weeks.
 - Infants born to HBsAg-positive mothers should be tested for HBsAg and antibody to HBsAg 1 to 2 months after completion of at least 3 doses of the HepB series, at age 9 through 18 months (generally at the next well-child visit).
 - Administration of 4 doses of HepB to infants is permissible when a combination vaccine containing HepB is administered after the birth dose.
 - Infants who did not receive a birth dose should receive 3 doses of HepB on a schedule of 0, 1, and 6 months.
 - The final (3rd or 4th) dose in the HepB series should be administered no earlier than age 24 weeks.
- Rotavirus vaccine (RV).** (Minimum age: 6 weeks)
 - Administer the first dose at age 6 through 14 weeks (maximum age: 14 weeks 6 days). Vaccination should not be initiated for infants aged 15 weeks 0 days or older.
 - The maximum age for the final dose in the series is 8 months 0 days
 - If Rotarix is administered at ages 2 and 4 months, a dose at 6 months is not indicated.
- Diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP).** (Minimum age: 6 weeks)
 - The fourth dose may be administered as early as age 12 months, provided at least 6 months have elapsed since the third dose.
- Haemophilus influenzae type b conjugate vaccine (Hib).** (Minimum age: 6 weeks)
 - If PRP-OMP (PedvaxHIB or Comvax [HepB-Hib]) is administered at ages 2 and 4 months, a dose at age 6 months is not indicated.
 - Hiberix should not be used for doses at ages 2, 4, or 6 months for the primary series but can be used as the final dose in children aged 12 months through 4 years.
- Pneumococcal vaccine.** (Minimum age: 6 weeks for pneumococcal conjugate vaccine [PCV]; 2 years for pneumococcal polysaccharide vaccine [PPSV])
 - PCV is recommended for all children aged younger than 5 years. Administer 1 dose of PCV to all healthy children aged 24 through 59 months who are not completely vaccinated for their age.
 - A PCV series begun with 7-valent PCV (PCV7) should be completed with 13-valent PCV (PCV13).
 - A single supplemental dose of PCV13 is recommended for all children aged 14 through 59 months who have received an age-appropriate series of PCV7.
 - A single supplemental dose of PCV13 is recommended for all children aged 60 through 71 months with underlying medical conditions who have received an age-appropriate series of PCV7.
- The supplemental dose of PCV13 should be administered at least 8 weeks after the previous dose of PCV7. See MMWR 2010;59(No. RR-11).**
- Administer PPSV at least 8 weeks after last dose of PCV to children aged 2 years or older with certain underlying medical conditions, including a cochlear implant.**
- Inactivated poliovirus vaccine (IPV).** (Minimum age: 6 weeks)
 - If 4 or more doses are administered prior to age 4 years an additional dose should be administered at age 4 through 6 years.
 - The final dose in the series should be administered on or after the fourth birthday and at least 6 months following the previous dose.
- Influenza vaccine (seasonal).** (Minimum age: 6 months for trivalent inactivated influenza vaccine [TIV]; 2 years for live, attenuated influenza vaccine [LAIV])
 - For healthy children aged 2 years and older (i.e., those who do not have underlying medical conditions that predispose them to influenza complications), either LAIV or TIV may be used, except LAIV should not be given to children aged 2 through 4 years who have had wheezing in the past 12 months.
 - Administer 2 doses (separated by at least 4 weeks) to children aged 6 months through 8 years who are receiving seasonal influenza vaccine for the first time or who were vaccinated for the first time during the previous influenza season but only received 1 dose.
 - Children aged 6 months through 8 years who received no doses of monovalent 2009 H1N1 vaccine should receive 2 doses of 2010–2011 seasonal influenza vaccine. See MMWR 2010;59(No. RR-8):33–34.
- Measles, mumps, and rubella vaccine (MMR).** (Minimum age: 12 months)
 - The second dose may be administered before age 4 years, provided at least 4 weeks have elapsed since the first dose.
- Varicella vaccine.** (Minimum age: 12 months)
 - The second dose may be administered before age 4 years, provided at least 3 months have elapsed since the first dose.
 - For children aged 12 months through 12 years the recommended minimum interval between doses is 3 months. However, if the second dose was administered at least 4 weeks after the first dose, it can be accepted as valid.
- Hepatitis A vaccine (HepA).** (Minimum age: 12 months)
 - Administer 2 doses at least 6 months apart.
 - HepA is recommended for children aged older than 23 months who live in areas where vaccination programs target older children, who are at increased risk for infection, or for whom immunity against hepatitis A is desired.
- Meningococcal conjugate vaccine, quadrivalent (MCV4).** (Minimum age: 2 years)
 - Administer 2 doses of MCV4 at least 8 weeks apart to children aged 2 through 10 years with persistent complement deficiency and anatomic or functional asplenia, and 1 dose every 5 years thereafter.
 - Persons with human immunodeficiency virus (HIV) infection who are vaccinated with MCV4 should receive 2 doses at least 8 weeks apart.
 - Administer 1 dose of MCV4 to children aged 2 through 10 years who travel to countries with highly endemic or epidemic disease and during outbreaks caused by a vaccine serogroup.
 - Administer MCV4 to children at continued risk for meningococcal disease who were previously vaccinated with MCV4 or meningococcal polysaccharide vaccine after 3 years if the first dose was administered at age 2 through 6 years.

The Recommended Immunization Schedules for Persons Aged 0 Through 18 Years are approved by the Advisory Committee on Immunization Practices (<http://www.cdc.gov/vaccines/recs/acip/>), the American Academy of Pediatrics (<http://www.aap.org/>), and the American Academy of Family Physicians (<http://www.aafp.org/>).

Department of Health and Human Services • Centers for Disease Control and Prevention

Recommended Immunization Schedule for Persons Aged 7 Through 18 Years—United States • 2011

For those who fall behind or start late, see the schedule below and the catch-up schedule

Vaccine ▼	Age ►	7–10 years	11–12 years	13–18 years	
Tetanus, Diphtheria, Pertussis ¹			Tdap	Tdap	Range of recommended ages for all children
Human Papillomavirus ²	see footnote ²		HPV (3 doses)(females)	HPV series	
Meningococcal ³		MCV4	MCV4	MCV4	Range of recommended ages for catch-up immunization
Influenza ⁴		Influenza (Yearly)			
Pneumococcal ⁵		Pneumococcal			Range of recommended ages for certain high-risk groups
Hepatitis A ⁶		HepA Series			
Hepatitis B ⁷		Hep B Series			
Inactivated Poliovirus ⁸		IPV Series			
Measles, Mumps, Rubella ⁹		MMR Series			
Varicella ¹⁰		Varicella Series			

This schedule includes recommendations in effect as of December 21, 2010. Any dose not administered at the recommended age should be administered at a subsequent visit, when indicated and feasible. The use of a combination vaccine generally is preferred over separate injections of its equivalent component vaccines. Considerations should include provider assessment, patient preference, and the potential for adverse events. Providers should consult the relevant Advisory Committee on Immunization Practices statement for detailed recommendations: <http://www.cdc.gov/vaccines/pubs/acip-list.htm>. Clinically significant adverse events that follow immunization should be reported to the Vaccine Adverse Event Reporting System (VAERS) at <http://www.vaers.hhs.gov> or by telephone, 800-822-7967.

- Tetanus and diphtheria toxoids and acellular pertussis vaccine (Tdap).** (Minimum age: 10 years for Boostrix and 11 years for Adacel)
 - Persons aged 11 through 18 years who have not received Tdap should receive a dose followed by Td booster doses every 10 years thereafter.
 - Persons aged 7 through 10 years who are not fully immunized against pertussis (including those never vaccinated or with unknown pertussis vaccination status) should receive a single dose of Tdap. Refer to the catch-up schedule if additional doses of tetanus and diphtheria toxoid-containing vaccine are needed.
 - Tdap can be administered regardless of the interval since the last tetanus and diphtheria toxoid-containing vaccine.
- Human papillomavirus vaccine (HPV).** (Minimum age: 9 years)
 - Quadrivalent HPV vaccine (HPV4) or bivalent HPV vaccine (HPV2) is recommended for the prevention of cervical precancers and cancers in females.
 - HPV4 is recommended for prevention of cervical precancers, cancers, and genital warts in females.
 - HPV4 may be administered in a 3-dose series to males aged 9 through 18 years to reduce their likelihood of genital warts.
 - Administer the second dose 1 to 2 months after the first dose and the third dose 6 months after the first dose (at least 24 weeks after the first dose).
- Meningococcal conjugate vaccine, quadrivalent (MCV4).** (Minimum age: 2 years)
 - Administer MCV4 at age 11 through 12 years with a booster dose at age 16 years.
 - Administer 1 dose at age 13 through 18 years if not previously vaccinated.
 - Persons who received their first dose at age 13 through 15 years should receive a booster dose at age 16 through 18 years.
 - Administer 1 dose to previously unvaccinated college freshmen living in a dormitory.
 - Administer 2 doses at least 8 weeks apart to children aged 2 through 10 years with persistent complement component deficiency and anatomic or functional asplenia, and 1 dose every 5 years thereafter.
 - Persons with HIV infection who are vaccinated with MCV4 should receive 2 doses at least 8 weeks apart.
 - Administer 1 dose of MCV4 to children aged 2 through 10 years who travel to countries with highly endemic or epidemic disease and during outbreaks caused by a vaccine serogroup.
 - Administer MCV4 to children at continued risk for meningococcal disease who were previously vaccinated with MCV4 or meningococcal polysaccharide vaccine after 3 years (if first dose administered at age 2 through 6 years) or after 5 years (if first dose administered at age 7 years or older).
- Influenza vaccine (seasonal).**
 - For healthy nonpregnant persons aged 7 through 18 years (i.e., those who do not have underlying medical conditions that predispose them to influenza complications), either LAIV or TIV may be used.
 - Administer 2 doses (separated by at least 4 weeks) to children aged 6 months through 8 years who are receiving seasonal influenza vaccine for the first time or who were vaccinated for the first time during the previous influenza season but only received 1 dose.
 - Children 6 months through 8 years of age who received no doses of monovalent 2009 H1N1 vaccine should receive 2 doses of 2010–2011 seasonal influenza vaccine. See *MMWR* 2010;59(No. RR-8):33–34.
- Pneumococcal vaccines.**
 - A single dose of 13-valent pneumococcal conjugate vaccine (PCV13) may be administered to children aged 6 through 18 years who have functional or anatomic asplenia, HIV infection or other immunocompromising condition, cochlear implant or CSF leak. See *MMWR* 2010;59(No. RR-11).
 - The dose of PCV13 should be administered at least 8 weeks after the previous dose of PCV7.
 - Administer pneumococcal polysaccharide vaccine at least 8 weeks after the last dose of PCV to children aged 2 years or older with certain underlying medical conditions, including a cochlear implant. A single revaccination should be administered after 5 years to children with functional or anatomic asplenia or an immunocompromising condition.
- Hepatitis A vaccine (HepA).**
 - Administer 2 doses at least 6 months apart.
 - HepA is recommended for children aged older than 23 months who live in areas where vaccination programs target older children, or who are at increased risk for infection, or for whom immunity against hepatitis A is desired.
- Hepatitis B vaccine (HepB).**
 - Administer the 3-dose series to those not previously vaccinated. For those with incomplete vaccination, follow the catch-up schedule.
 - A 2-dose series (separated by at least 4 months) of adult formulation Recombivax HB is licensed for children aged 11 through 15 years.
- Inactivated poliovirus vaccine (IPV).**
 - The final dose in the series should be administered on or after the fourth birthday and at least 6 months following the previous dose.
 - If both OPV and IPV were administered as part of a series, a total of 4 doses should be administered, regardless of the child's current age.
- Measles, mumps, and rubella vaccine (MMR).**
 - The minimum interval between the 2 doses of MMR is 4 weeks.
- Varicella vaccine.**
 - For persons aged 7 through 18 years without evidence of immunity (see *MMWR* 2007;56[No. RR-4]), administer 2 doses if not previously vaccinated or the second dose if only 1 dose has been administered.
 - For persons aged 7 through 12 years, the recommended minimum interval between doses is 3 months. However, if the second dose was administered at least 4 weeks after the first dose, it can be accepted as valid.
 - For persons aged 13 years and older, the minimum interval between doses is 4 weeks.

The Recommended Immunization Schedules for Persons Aged 0 Through 18 Years are approved by the Advisory Committee on Immunization Practices (<http://www.cdc.gov/vaccines/recs/acip>), the American Academy of Pediatrics (<http://www.aap.org>), and the American Academy of Family Physicians (<http://www.aafp.org>).
Department of Health and Human Services • Centers for Disease Control and Prevention

1st - 9th Grade (REQUIRED)
P.E. Uniform Order Form
2 Shirts & 2 pr. shorts
Cost: \$30.00—Youth Sizes
\$35.00—Adult Sizes

Student's Name _____

Student's Grade _____

Parent/Guardian's Name _____

Choose a size:

Youth Shirt Sizes:

Adult Shirt Sizes:

Small _____

Small _____

Medium _____

Medium _____

Large _____

Large _____

X-Large _____

XXLarge _____

Youth Short Sizes:

Adult Short Sizes:

Small _____

Small _____

Medium _____

Medium _____

Large _____

Large _____

X-Large _____

XXLarge _____

XXXLarge _____