

# PLEASANTON PUBLIC SCHOOL

IMMUNIZATION REQUIREMENTS FOR SCHOOL ADMISSION

## Entering Pre-kindergarten : Age 4-5

| DOSES | • Total received doses birth-age 5   |
|-------|--|
| 4     | <b>Diphtheria, Tetanus, Pertussis (Dap, DTP, DT)</b>                                 |
| 3     | <b>Polio (IPV)</b>   |
| 3     | <b>Haemophilus influenzae type b (Hib)</b>   |
| 3     | <b>Hepatitis B (HepB)</b>  |
| 1     | <b>Measles, Mumps, Rubella (MMR)</b>   |
| 1     | <b>Chicken Pox (* If had chickenpox, written documentation of year is accepted.)</b> |
| 4     | <b>Pneumococcal (PVC)</b>  |

## Entering in Kindergarten: Age 5 +

| DOSES | • Total received doses birth age-5  |
|-------|---|
| 3     | <b>Diphtheria, Tetanus, Pertussis (DTap, DTP, DT, Td)</b>                           |
| 3     | <b>Polio (IPV)</b>  |
| 3     | <b>Hepatitis B (HepB)</b>   |
| 2     | <b>Measles, Mumps Rubella, (MMR, MMRV)</b>  |
| 2     | <b>Chickenpox (* If had chickenpox, written documentation of year is accepted.)</b> |

## Entering 7<sup>th</sup> Grade

| DOSE | • Must be current with above vaccinations and additionally receive : |
|------|--|
| 1    | <b>Diphtheria, Tetus, Pertussis (pertussis booster)</b>              |

## Students in any grade- Transferring in from out of state

|                    |  |
|--------------------|--|
| <b>Requirement</b> | <b>Must be immunized appropriately according NE guidelines specific to the age of student and the grade they are entering.</b> |
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- Requirements based on Nebraska Department of Health and Human Services Immunization Program. ([http://dhhs.ne.gov/Pages/reg\\_t173.aspx](http://dhhs.ne.gov/Pages/reg_t173.aspx))
- Please discuss with your physician what is appropriate for your child. IF there is a delay in immunization schedule for any reason. A Physician signed note must be sent to Pleasanton School stating there is a delay.
- Exemption for medical or religious reasons, require a notarized affidavit every school year.