



XENOS CHRISTIAN SCHOOLS

KNOWLEDGE • CHARACTER • COMMUNITY

**Calumet Christian School
Central Administrative Office
Preschool through Eighth Grade
2774 Calumet Street
Columbus OH 43202
(614) 261-8136**

**Xenos Christian Preschool
Preschool Only
1390 Community Park Dr.
Columbus OH 43229
(614) 823-6540**

2017-2018 New Student Registration Grades K-8

www.xenosschools.org



Administrative Office located at the Calumet Campus ~

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Columbus OH 43202
(614) 261-8136

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Xenos Christian Preschool
1390 Community Park Drive
Columbus OH 43229
(614) 823-6540

Harambee Christian School
1000 Bonham Avenue
Columbus OH 43211
(614) 291-0885

January 17, 2017

Dear Parent(s),

The attached packet includes the necessary forms to register your student in grades Kindergarten through Eighth at the Calumet Campus for the 2017-2018 school year. If you have other children that you wish to enroll, please pick up a 2017-2018 New Student Preschool or K-8 Packet at any location.

The **Priority Registration Period**, for returning students and currently active Xenos Christian Fellowship home group members, **ends at 4:00 p.m. Friday, January 27.**

Registrations received after January 27 are considered during the Open Registration period as described on the 2017-2018 Registration Priorities page.

We will mail Enrollment Confirmation letters in February. You have one week to decline enrollment. Any subsequent withdrawal requires a tuition penalty payment as described in the 2017-2018 Fee Schedule.

Your prayers and support are invaluable for the continuing development and excellence of XCS. We look forward to a partnership with you and the opportunity to provide an outstanding Christian school experience. If you have any questions, please call our administrative office at 261-8136.

Sincerely,

Jim Fulford
Superintendent

**XENOS CHRISTIAN SCHOOLS
2017-2018 REGISTRATION INSTRUCTIONS**

IMPORTANT: Parents or legal guardians must **submit registrations in person** between 9:00 a.m. and 4:00 p.m. at the Calumet campus. Please review your registrations carefully before submission. We do not process incomplete registrations.

Please include the following to register:

- **Registration Forms**
- **Registration Fees***
- **EdChoice or Expansion Application** (if applicable)
- **Birth Certificate** (bring in the original and we will copy it)
- **Student Records Request**
- **2017-2018 Field Trip Form**
- **2017-2018 Computer Use Form**
- **OTC Medication Form**

ELETRONIC FUNDS TRANSFER (EFT)

A note about Electronic Funds Transfer (EFT): We highly encourage families to pay monthly tuition by EFT. Choosing this option provides a \$125.00 registration discount per child, prevents late fees and greatly increases the school's administrative efficiency. We will mail **EFT forms in May**.

***Registration fees** can NOT be taken from your current EFT account. You must pay these by cash or check at the time of registration.

NOTICE OF NONDISCRIMINATORY POLICY AS TO STUDENTS AND STAFF

Xenos Christian Schools recruits and admits students of any race, color, gender or ethnic origin to all its rights, privileges, programs and activities. In addition, Xenos Christian Schools will not discriminate on the basis of race, color, gender or ethnic origin in the administration of its education programs and athletics/extracurricular activities. Furthermore, Xenos Christian Schools is not intended to be an alternative to court or administrative agency ordered, or public school district initiated desegregation. Xenos Christian Schools will not discriminate on the basis of race, color, gender or ethnic origin in the hiring of its certified or non-certified personnel.

**XENOS CHRISTIAN SCHOOLS
2017-2018 REGISTRATION PRIORITIES**

PLEASE DON'T PROCRASTINATE - LIMITED SPOTS AVAILABLE!

PRIORITY REGISTRATION Jan 17-Jan 27

READ THE PRIORITIES CAREFULLY

STUDENTS ENROLLING IN KINDERGARTEN

Dear Parents,

We are delighted you've decided to register your child for Kindergarten at Calumet Christian School. Please understand our Kindergarten enrollment is limited to 27 students and we may not have room for all applicants. Therefore, registration priorities for the Kindergarten class will be as follows:

#1 XENOS CHRISTIAN FELLOWSHIP HOME GROUP MEMBERS' STUDENTS IN COLUMBUS CITY SCHOOL'S DISTRICT (Families actively and verifiably involved in a XCF home group).

#2 XENOS CHRISTIAN FELLOWSHIP HOME GROUP MEMBERS' STUDENTS
(Families actively and verifiably involved in a XCF home group).

#3 RETURNING STUDENTS
(All students currently enrolled in **Preschool** for the 2016-2017 school year).

#4 NEW NON-XENOS MEMBERS

If applicants in the Priority Registration Period exceed the class size, the Xenos Christian Schools Board will determine the priorities.

STUDENTS ENROLLING IN GRADES 1-8

#1 RETURNING STUDENTS
(All students currently enrolled in **K-7** for the 2016-2017 school year).

#2 XENOS CHRISTIAN FELLOWSHIP HOME GROUP MEMBERS' STUDENTS
(Families actively and verifiably involved in a XCF home group).

If applicants in the Priority Registration Period exceed the class size, the Xenos Christian Schools Board will determine the priorities.

OPEN REGISTRATION Begins Jan 30

Applications are accepted on a first come, first serve basis. If enrollment is full for the desired class you may request to be placed on an official Waiting List and will need to pay the non-refundable registration fee. This will enable the office to contact you as soon as a spot opens.

Important: All New students are accepted on a conditional basis pending a review of school records and placement testing as determined by the school. New first through third grade students are required to attend Riggs Language Arts training in August. The cost is \$75.00 per student and we will mail a letter with the details by the end of May. If necessary, additional individual tutoring during the summer may be available.

XENOS CHRISTIAN SCHOOLS 2017-2018 FEE SCHEDULE

REGISTRATION FEE

A non-refundable registration fee must accompany each Xenos Christian Schools (XCS) application. Registration fees cover the administrative costs of the application process including records requests, data entry, materials and assistance with bus transportation within your local school district. To receive the EFT discount you must check the EFT box on Student Enrollment Page 3. We will mail the Authorization for Automatic Tuition Payments to EFT families in May, prior to the first tuition payment due July 2017.

| Class | Registration Fee Without EFT | Registration Fee With EFT | EdChoice or Expansion Reg Fee |
|-----------------------|------------------------------|---------------------------|-------------------------------|
| K-8 Returning Student | \$250 | \$125 | \$125 |
| K-8 New Student | \$300 | \$175 | \$175 |

TUITION SCHEDULE

With the exception of preschool students, we offer significant multi-child tuition discounts.

| Grade | Annual Tuition | Monthly Tuition Payments Per Student | | |
|---------------------|----------------|--------------------------------------|-----------------|---------------------|
| | | Oldest | Second Less 20% | Additional Less 40% |
| Kindergarten | \$3360 | \$280 | \$224 | \$168 |
| Elementary 1 – 5 | \$5160 | \$430 | \$344 | \$258 |
| Middle School 6 - 7 | \$5940 | \$495 | \$396 | \$297 |
| Middle School 8* | \$6072 | \$506 | \$405 | \$304 |

*Eighth grade activity fees (camp and graduation) have been incorporated into the annual tuition.

MONTHLY TUITION PAYMENTS, PENALTIES AND POLICIES

A family pays tuition in twelve equal payments from July 2017 through June 2018. XCS strongly encourages all families choose Electronic Funds Transfer as their tuition payment method. For non-EFT families, we assess a \$20 late fee if an account has an unpaid balance on the fifteenth of the month. For all accounts, we charge a \$25 fee for insufficient funds. **IMPORTANT:** If two consecutive tuition payments remain due on the first day of the month, we can remove your student from class until receipt of at least one of the two months due. Additionally, we withhold student assessments and conferences until the account is current.

WITHDRAWAL PENALTY

We will mail Enrollment Confirmation letters by March 6. Those families have 1 week to reject enrollment with no tuition penalty. Withdrawals after this require a one-month tuition penalty.

Students who withdraw after the start of school must provide a one-month notice. If not provided, tuition is due one month from the date of notice. When withdrawing during the school year, tuition is pro-rated based on the number of week days in the school year.

Note that some enrollments are *conditional* for new students. If the school cannot accept the conditional enrollment due to academic or other reasons, no penalty will be due.

LATE PICK-UP PENALTY

You must pick up your student no later than 15 minutes from the close of school. If a student remains on the premises after this period, a late pick-up fee applies as follows: \$10 per student for the first half-hour and an additional \$10 for each succeeding half-hour period.

**XENOS CHRISTIAN SCHOOLS
2017-2018 FINANCIAL AID PROGRAMS**

The Financial Aid Program for Kindergarten to Eighth Grades

We offer tuition subsidy for qualifying, low-income families who are active members of a Xenos Christian Fellowship home group. The school confirms home group membership with the leadership team of the specified home group. The Financial Aid Contract includes a commitment to student performance standards and parental participation.

You may request the Financial Aid Contract from the office at the time of registration. You must complete and sign the Contract before receiving the *2017-2018 Financial Aid Application*. While a hard copy is available from the Calumet office we encourage receiving the form via e-mail, send your request to butcherj@xenos.org.

Once the application is complete, submit it in person at the Calumet Administrative Office, 2774 Calumet Street, by or preferably before, the March 31, 2017 deadline, with the following:

1. The complete 2017-2018 Financial Aid Application. Incomplete applications result in disqualification.
2. 2016 Federal Income Tax return including all supplemental pages of the tax filing.
3. A \$25.00 check or money order processing fee paid to the order of Xenos Christian Schools.

Applying is not a guarantee of aid. The school will communicate the results on or about April 21st. Families will have one week to reject the financial aid offer and withdraw without tuition penalty.

VERY IMPORTANT: All Kindergarten through Fourth Grade families applying for Financial Aid must also apply for either the State of Ohio EdChoice or Expansion Voucher, through the Ohio Department of Education. Please discuss these options with Terri DiPietro at the Calumet Administrative Office. Further information is on the next page.

**XENOS CHRISTIAN SCHOOLS
2017-2018 FINANCIAL AID PROGRAMS**

EdChoice Scholarship Programs

We accept students enrolling under the Ohio EdChoice and EdChoice Expansion Programs. Please inquire at the school office to determine eligibility.

EdChoice

**EdChoice Expansion
(low income)**

| | |
|--|--|
| Based upon student's assignment to a designated public school in academic emergency | Based upon family's income *ODE Income Verification required |
| For eligible students in grades K-12 | For students in grades K-4 who are not eligible for regular EdChoice |
| DEADLINE: Submit your EdChoice application with proof of address to Calumet Christian School no later than <i>March 15, 2017</i> . Families applying after this deadline may risk being withdrawn from the 2017-18 class rosters and being placed on a waiting list. | |

We encourage all families to complete the Income Verification Form. Families who are not verified as low income will be responsible for payment of the difference between the EdChoice scholarship (\$4650) and the Xenos Christian Schools tuition.

For more information, please visit the Ohio Department of Education website <https://education.ohio.gov/Topics/Other-Resources/Scholarships/EdChoice-Scholarship-Program>

XENOS CHRISTIAN SCHOOLS 2017-2018 STUDENT REGISTRATION

Student Enrollment Page 1

PLEASE PRINT

First Name: _____ **Middle Initial:** _____ **Last Name:** _____

Goes by: _____ **Date of Birth:** _____ **Gender:** Female Male

Applying for State Voucher: Yes No If Yes, choose one: Ed Choice Expansion

Student SS# (last 4): _____

Grade Entering: _____ **School District:** _____

Assigned Local School in Your District: _____

| | | | |
|---------------|----------------------------------|-------------------------|--------------------------|
| MOTHER | First Name: _____ | Last Name: _____ | |
| | Home Address: _____ | | |
| | City: _____ | State: _____ | Zip: _____ |
| | Church Affiliation: _____ | | Home Group: _____ |

| | | | |
|---------------|----------------------------------|-------------------------|--------------------------|
| FATHER | First Name: _____ | Last Name: _____ | |
| | Home Address: _____ | | |
| | City: _____ | State: _____ | Zip: _____ |
| | Church Affiliation: _____ | | Home Group: _____ |

| PHONE AND EMAIL CONTACT INFO |
|--|
| Primary Phone: _____ - _____ - _____ <small style="text-align: center;">USED FOR EMERGENCIES / SCHOOL MESSAGES</small> |
| Landline: _____ - _____ - _____ N/A <input type="checkbox"/> |
| Mom Cell: _____ |
| Mom Work: _____ |
| Mom Email: _____ |
| Dad Cell: _____ |
| Dad Work: _____ |
| Dad Email: _____ |

| IF WE CANNOT REACH YOU IN AN EMERGENCY PLEASE CONTACT: |
|--|
| #1 Name |
| #1 Phone _____ - _____ - _____ |
| #1 Relation to student _____ |
| #2 Name |
| #2 Phone _____ - _____ - _____ |
| #2 Relation to Student _____ |
| #3 Name |
| #3 Phone _____ - _____ - _____ |
| #3 Relation to student _____ |

XENOS CHRISTIAN SCHOOLS 2017-2018 STUDENT REGISTRATION

Student Enrollment Page 2

Student's Ethnic Origin: Alaskan Native/American Indian Asian Hispanic
 Bi-racial (any two ethnic groups) Black/African American White/Caucasian

Student's Native Language: English or _____

Student's Birth Country: _____

PARENT PERMISSIONS

Please ck all that applies below.

- Permission for release of:** **Photo** (website or fb) (always unidentified)
 Primary Phone (class roster*)
 Address (class roster*)

*Class rosters are not furnished to anyone other than the parents in that specific class.

Physician/Dentist Information is REQUIRED by state law.

| | |
|----------------------------|---------------------------------|
| Name of Physician : | Phone: |
| Address: | City: Zip: |

| | |
|--------------------------|---------------------------------|
| Name of Dentist : | Phone: |
| Address: | City: Zip: |

OPTIONAL

| | |
|----------------------|---------------------------------|
| Name of Optometrist: | Phone: |
| Address: | City: Zip: |

Allergies/Disabilities/Chronic Health Problems: No Yes, please explain below:

Activity Restrictions: _____

Regular Medication: _____

XENOS CHRISTIAN SCHOOLS 2017-2018 STUDENT REGISTRATION
Student Enrollment Page 3

KINDERGARTEN PRIORITY - check one

- #1 XENOS CHRISTIAN FELLOWSHIP HOME GROUP MEMBERS' STUDENTS**
(Families actively and verifiably involved in a XCF home group).

Name of current XCF home group (or leaders) _____

- #2 RETURNING STUDENTS**
(All students currently enrolled in **Preschool** for the 2016-2017 school year).

I would be willing to consider the Harambee Kindergarten class if the Calumet Kindergarten class is full. **YES** **NO**

GRADES 1-8 PRIORITY check one

- #1 RETURNING STUDENTS**
(All students currently enrolled in **K-7** for the 2016-2017 school year).

- #2 XENOS CHRISTIAN FELLOWSHIP HOME GROUP MEMBERS' STUDENTS**
(Families actively and verifiably involved in a XCF home group).

Name of current XCF home group (or leaders) _____

XCS TUITION PAYMENT OPTIONS

PLEASE CHECK EACH BOX THAT APPLIES TO YOUR SITUATION

- I/We agree to **Electronic Funds Transfer (EFT)** for monthly tuition payments.
- I/We will be paying our monthly tuition by **check/cash/money order**.
- I/We will be paying our **entire tuition in advance**. EFT Registration discount applies.
- I/We will be applying for an Ohio EdChoice or Expansion **Voucher**. I understand that we may need to pay the balance of tuition and will do so by: (ck one of the above)

Parent/Guardian Signature: _____ **Date:** _____

**XENOS CHRISTIAN SCHOOLS 2017-2018 STUDENT REGISTRATION
EMERGENCY MEDICAL AUTHORIZATION**

Purpose – to enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached.

Student Name: _____

PART 1 OR 2 MUST BE COMPLETED AND SIGNED

Part 1 – To Grant Consent – I hereby give consent for the following medical care:

1. **Administration of any treatment** deemed necessary by the physician, dentist, or optometrist designated on Student Enrollment Page 2. In the event the designated practitioner is not available, the administration of any treatment deemed necessary by any other licensed physician, dentist, or optometrist; or
2. **the transfer of my child** to NATIONWIDE CHILDREN’S HOSPITAL or any hospital reasonably close. This authorization does not cover major surgery unless the medical opinions of two concurring licensed physicians, dentists, or optometrists are obtained before surgery is performed.

Parent/Guardian Signature: _____ **Date:** _____

Part 2 – Refusal to Consent – I do NOT give my consent for emergency medical treatment of my child. In the event of a serious illness or injury requiring medical treatment, **I instruct the school authorities to not take action and to:**

Parent/Guardian Signature: _____ **Date:** _____

**XENOS CHRISTIAN SCHOOLS
2017-2018 PARENTAL COMMITMENT**

Xenos Christian Schools believes a strong partnership between parents and school is essential to a high quality education. To that end, parents/guardians must provide a signature below indicating commitment to the following:

1. Ensure that your child is punctual and maintains regular attendance.
2. Ensure that your child has the supplies necessary to carry out his/her school work.
3. Ensure that your child returns notes and academic/behavior reports as required.
4. Attend at least one parent-teacher conference per year and attend all conferences requested by the school to specifically discuss your child.
5. Ensure that your child understands and abides by the student code of conduct.
6. Agree to support the school's discipline policies and procedures and resolve any disagreements with teachers or principal in a peaceful manner.
7. Understand that choosing not to cooperate with the school's discipline policies and procedures or to resolve disagreements in a peaceful manner may jeopardize your child's future at XCS.

**XENOS CHRISTIAN SCHOOLS
2017-2018 HANDBOOK AWARENESS STATEMENT**

My signature below indicates that I have read and understand the contents of the applicable Student Handbook(s). All Student Handbooks can be accessed at www.xenosschools.org under the menu heading "Parents." I understand that if I have any questions, I can contact Jim Fulford, Superintendent. (Hard copies of Student Handbooks are available in the school office.)

| | |
|---------------------------------------|--------|
| | |
| Parent/Guardian Name (Please Print) ↑ | |
| | |
| Parent/Guardian Signature ↑ | Date ↑ |



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Harambee Christian School
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(614) 291-0885

Xenos Christian Schools Field Trip Form

Dear Parent(s),

There will be occasions during the 2017-2018 school year when your child's class will be taking educational and/or recreational field trips away from the school. These trips are usually taken during the school day, either by bus or by parent volunteers, with students arriving back at school in time to be dismissed. We must have your permission in order for your child to accompany the class on these trips.

Parents complete **one form** at the beginning of the school year, which will be kept on file in the school office, allowing your student to attend all field trips for that school year. Parents will still be notified of each upcoming field trip; the only difference is that you will not be required to send a permission slip back for each individual trip.

We are using this form, which gives your permission for your student to attend any Xenos Christian School field trips, for the 2017-2018 school year.

Normally, you will be informed of each trip by written note from your child's teacher. It is the responsibility of your child to make sure that this information is delivered to you.

Please return this form, properly filled out and signed, to your child's teacher as soon as possible. Your child will not be able to go on any trips unless this form is on file in the school office.

Thank you,

Xenos Administration

I give permission for my child, _____, Grade _____ to participate in all field trips sponsored by Xenos Christian Schools during this 2017-2018 school year. I understand that I will be informed about each trip before it is taken, and that it is my child's responsibility to deliver that information to me when requested to do so by the teacher.

Date

Parent or Guardian Signature

Xenos Christian Schools
Acceptable Use Policy for Computer Resources

Overview

Xenos Christian Schools have made a substantial investment in our computer and network resources. In order to be good stewards of these resources we adopted the following guidelines.

Students have access to the computer and Internet for the following:

- School related assignments and assessments
- Using software/programs assigned by the teacher to supplement classroom materials
- Internet research
- School related PowerPoint assignments

Guidelines

- All computer use must be for specific educational purposes that have been assigned by a teacher
- Students are not allowed to send, receive or check e-mail
- Access to chat rooms is prohibited
- Internet searches must be for specific projects assigned by a teacher
- Accessing games, gambling, pornography or non-school activity related sites are prohibited
- Changing computer settings and downloading software is prohibited
- Students will maintain their work on a floppy disk/flash drive.
- Students/parents must pay for damages that occur from the improper use of computer resources
- Failure to observe the above guidelines may/will result in temporary/permanent loss of computer privileges
- The Xenos Christian Fellowship network has a filter in place to block and monitor access to inappropriate sites. All attempts to access these sites are logged by the Information Services Department and reported to the building principal.

I/we agree to the above acceptable use policy:

| | | |
|---|--|-------------------|
| <hr/> Student Name Grade | <hr/> Student Signature <i>Middle School Students Only</i> | <hr/> Date |
| <hr/> Parent/Guardian Name | <hr/> Parent/Guardian Signature | <hr/> Date |

1718 OTC MEDICATION PERMISSION FOR:

Student's Name _____ Grade _____

*In the event of **minor** injuries or illness at the school*

I **DO** give the Xenos Christian Schools' staff permission to administer the following **over-the-counter** medications to my child as they deem necessary.

Signed: _____

PLEASE CHECK ALL ACCEPTABLE OPTIONS:

| TYPE | SPECIFICS... | AS LABEL DIRECTS? | OTHER DIRECTIONS |
|---|---|-------------------|------------------|
| FOR PAIN RELIEF | | | |
| | <input type="checkbox"/> Tylenol Children's (liquid) | | |
| | <input type="checkbox"/> Tylenol Children's (chew) | | |
| | <input type="checkbox"/> Tylenol Junior (chew) | | |
| | <input type="checkbox"/> Tylenol Adult (pill) | | |
| | <input type="checkbox"/> Motrin Children's (liquid) | | |
| | <input type="checkbox"/> Motrin Children's (chew) | | |
| | <input type="checkbox"/> Motrin Junior (chew) | | |
| | <input type="checkbox"/> Motrin Adult (pill) | | |
| FOR ALLERGIES/CONGESTION or SKIN IRRITATIONS | | | |
| | <input type="checkbox"/> Children's Benadryl (melts) | | |
| | <input type="checkbox"/> Adult Benadryl (pill) | | |
| | <input type="checkbox"/> Adult Decongestant (pill) | | |
| | <input type="checkbox"/> Hydrocortisone Cream (topical) | | |
| | <input type="checkbox"/> Benadryl spray (topical) | | |
| FOR UPSET STOMACH | | | |
| | <input type="checkbox"/> TUMS antacid (chew) | | |
| | <input type="checkbox"/> Pepto Bismal (chew) | | |
| FOR CUTS OR SCRAPES | | | |
| | <input type="checkbox"/> Neosporin Ointment | | |
| OTHER | | | |
| | <input type="checkbox"/> | | |

I **DO NOT** give permission to the Xenos Christian Schools' staff to administer any OTC medication to my child without contacting me first at _____.

Signed: _____



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(614) 261-9086 fax

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(614) 823-6542 fax

Harambee Christian School
1000 Bonham Avenue
Columbus OH 43211
(614) 291-0885
(614) 298-7776 fax

Physicians Statement 2017-2018

I hereby verify that _____,
whose date of birth is _____, is free from any communicable disease. I have found that the above child is in suitable condition to attend a preschool or kindergarten program based on their medical history and physical condition at the time of my examination. I further verify the above child has had the immunizations required by the statute for admission to school under Section 3313.671 of the Ohio Revised Code. These include the following:

| ¹ Immunizations | Month/Day/Year | | | | |
|---------------------------------|----------------|--|--|--|--|
| DPT Series | | | | | |
| Polio Series | | | | | |
| MMR (Measles, Mumps, Rubella) | | | | | |
| Varicella (Chicken Pox vaccine) | | | | | |
| Hepatitis B | | | | | |
| HIB Vaccine | | | | | |

| | | | |
|-------------------------|--|----------------------|--|
| Physicians Name: | | | |
| Street: | | | |
| City/State/Zip: | | | |
| Phone: | | Date of Exam: | |
| Signature: | | | |

¹ For preschool students: form is required each year of attendance (DPT - 4, Polio - 3, MMR - 1, HIB - 3 or 4); for kindergarten students: form is required if not previously submitted previously for preschool (DPT - 5, Polio - 4, MMR - 2, HEP B -3, varicella - 2); for grades 1 through 8: form is required if not previously submitted for preschool or kindergarten - must submit a complete immunization record from your family physician but an office visit is not required.