

Karns Elementary School

Kindergarten Registration Information

Please Complete each form in this Registration Packet:

- New Student Enrollment (front and back)
- Proof of Residence for School Enrollment
- Guardianship Confirmation Form
- Personal Data Questionnaire (front and back)
- Tennessee Parent Occupational Survey
- Home Language Survey
- Student Medical Profile
- Special Education Form (This form is to ensure you understand that Knox County has services available in the event your child needs them.)
- Student Media Release

Required Documents:

- Birth Certificate (Bring original state certified copy - child must be Age 5 by August 15)
- State of Tennessee Immunization Record (complete K-6th Grade)
- Proof of Physical (Dated within 12 months prior to entering a Knox County School)
 - Typically this can be found in the upper right corner of immunization records.
- Proof of Residence (Recent utility bill or current lease/rental agreement in the parent or guardian's name. If you are living with someone, a notarized letter AND their proof of residence are required.)
- Parent/Guardian Driver's license
- Legal Documents (if applicable)

What Happens Next?

Majority of communication from the school this spring and summer will be through email. Please clearly write a valid email address on registration paperwork. Students who have turned in a complete registration packet will receive an email mid to late July. This email will contain your students' teacher assignments along with their staggered day information.

Our West Office will be open on Wednesday's 9am - 12pm over the summer to accept any missing registration information. Please email kesregistration@knoxschools.org or call 865-539-7772 option 2.

Scan the QR code below to check your zoned school.



Welcome to Karns Elementary School!

Below you will find information on how this form works and our registration process. The following forms are fillable online. After you fill out the forms below you can email them to kesregistration@knoxschools.org or print them out and bring them to kindergarten round up on April 9th 2024. All forms requiring signature can be signed after the packet is printed or during round up by parent or legal guardian.

Once we receive your completed registration packet and all required documents your registration will be complete!

If you have any questions please call us at 865-539-7772 option 2 or you can email kesregistrations@knoxschools.org

We look forward to meeting our new class of 2037 Beavers!

KNOX COUNTY SCHOOLS
NEW STUDENT ENROLLMENT

FOR OFFICE USE ONLY

Student ID _____
Homeroom _____
School _____
Bus Number _____

Enrollment Date: _____ Grade _____

Student Name: _____
Last Name First Name Middle Name

Student PIN Number: _____

Gender: ☐ Female ☐ Male

Date of Birth: _____

Ethnicity: ☐ Hispanic ☐ Non-Hispanic

Birthplace / City: _____

Race: (check all that apply)

Birth County: _____

☐ Asian

Birth State: _____

☐ Black

Birth Country: _____

☐ American Indian

☐ Pacific Islander

☐ White

Mother's Maiden Name: _____

Military Dependent: ☐ Reserve ☐ National Guard
(if applicable) ☐ Active Military

Related Students attending any Knox County Schools (in same household) -- Please include Last Name, First Name, and Birthdate

_____	_____
_____	_____

Please list all legal guardians individually. If the student has more than two guardians, please use the additional space provided at the end of the form for the other contacts.

Main Contact: _____

Contact: _____

Relationship: _____

Relationship: _____

Address: _____

Address: _____

*Primary Phone #: _____

*Primary Phone #: _____

Emergency #: _____

Emergency #: _____

Employer: _____

Employer: _____

Work #: _____

Work #: _____

Other #: _____

Other #: _____

*Cell: _____

*Cell: _____

Primary E-mail: _____

Primary E-mail: _____

Alternate E-mail: _____

Alternate E-mail: _____

**This is the telephone number that receives automated telephone calls.*

Notes (Individuals other than parent/guardian who may pick up the child.)

Name _____	Phone Numbers _____
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Name _____	Phone Numbers _____
------------	---------------------

Name _____	Phone Numbers _____
------------	---------------------

Name _____	Phone Numbers _____
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Student Name: _____
Last Name First Name Middle Name

Alerts (non-medical special instructions) _____

School History

Pre-schools attended (if kindergarten student): _____
Last school attended: _____
Address: _____
Other schools attended: _____

Is this student currently under suspension / expulsion from another school? ☐ Yes ☐ No

Has this student previously received Special Education services? ☐ Yes ☐ No

Has this student previously received services under Section 504? ☐ Yes ☐ No

Is this student currently receiving Special Education services? ☐ Yes ☐ No

Is this student currently receiving services under Section 504? ☐ Yes ☐ No

If YES, list program(s): _____

Does the student stay in any of the following places at night? Check any that apply:

- ☐ home/apartment owned or rented by the parent(s)/guardian(s)
- ☐ in a shelter
- ☐ in a motel / hotel
- ☐ in a car
- ☐ at a campsite
- ☐ in another location that is not appropriate for people (e.g., an abandoned building, no electricity or running water)
- ☐ temporarily with more than one family in a house, mobile home or apartment (because the family does not have a place of its own)
- ☐ other (in an arrangement that is not fixed, regular and adequate and is not described by the other choices)

Form completed by _____ Date _____

Relationship to the student _____

List additional contacts on the following page.

KNOX COUNTY SCHOOLS

PROOF OF RESIDENCE FOR SCHOOL ENROLLMENT

Student Name _____ Date of Birth _____ Current Grade Level _____

Student Name _____ Date of Birth _____ Current Grade Level _____

Student Name _____ Date of Birth _____ Current Grade Level _____

Student Name _____ Date of Birth _____ Current Grade Level _____

School student(s) zoned to attend _____

Parent / Guardian Name _____ Phone _____

Current Address _____ Zip _____

Former Address _____ Zip _____

In order to verify residency within the attendance zone of the requested school, **one current document** as listed below and dated within the past 60 days must be provided, showing the parent/guardian name and address. Post Office box numbers are not acceptable for verification of residence.

Proof of Residence provided by parent / guardian:

☐ Deed/Lease/Rental Agreement

☐ Utility Bill

☐ Notarized Statement

If proof of residence is provided by a notarized statement from the homeowner or person responsible for lease/rent, please list the person's name and address. This person must also provide a deed/lease/rental agreement or utility bill for proof of residence.

Name of Renter/Owner _____ Phone _____

Address of Renter/Owner _____

WARNING: *Falsification of any information or document required for residence verification or the use of the address of another person without actually residing there will require that the student be withdrawn from this school and be assigned to the school which serves the actual residence address.*

I, _____ (print name), the parent/guardian of the student named above, declare under penalty of perjury that the above information is correct and that the student does reside at the address given above. If residency changes, I will notify the school within two weeks.

Signature of Parent / Guardian _____ Date _____

School Official's Signature _____ Date _____

Karns Elementary School

8108 Beaver Ridge Road
Knoxville, Tennessee 37931
K-2 West Office (865)539-7767 Fax (865) 539-7774
3-5 East Office (865)539-7772 Fax (865) 539-8605



GUARDIANSHIP CONFIRMATION FORM

Student Name _____

Date _____

What is your relationship to the student? Parent Guardian Foster Parent

1. If you are the parent(s), are you legally married to the child's other parent?

Married Separated Divorced Never Married

2. Is this child subject to a parenting plan or court order?

Yes (a copy is required to be submitted to the school)

Copy Submitted

No

3. Are there any protection orders in place?

Yes (a copy is required to be submitted to the school)

Copy Submitted

No

4. Are you sharing your current residence with someone? (grandparents, in-laws, etc.)

Yes No

5. Is your current residence: Temporary Permanent

I, _____ (print name), the parent/guardian of the student named above; declare the above information is correct.

Signature: _____

Date: _____

KNOX COUNTY SCHOOLS

PERSONAL DATA QUESTIONNAIRE

Dear Parents:

Children spend only a small portion of their time each day at school, the rest of the time is spent at home with Mother, Father, brothers, sisters and friends. Knowing what a child is like at home, and knowing what a child's home is like is important to teachers if they are to understand and teach your child as an individual. Help us to work with your child in the best possible way, take the time to carefully think about and answer the questions on this form.

1. Child's full name _____ Sex _____
First Middle Last

The name by which your child wants to be called _____

2. Place of birth: City _____ County _____ State _____

Birthdate _____ Birth Certificate Number _____
Month Day Year

3. **Home and Family:** Address _____

How long have you and your child lived at the present address? _____

Does your child have a room of his own? _____ Shares room with _____

4. Father's name _____ Birth Date _____
First Middle Last Month Day Year

Present occupation: (Please be specific - if a salesman, salesman of what, for who)

What type of activities does the father and child do together? _____

5. Mother's name _____ Birth Date _____
First Middle Last Month Day Year

Present occupation: _____

What type of activities does the mother and child do together? _____

Child lives with: Both parents Mother Father Other (Circle)

6. Please list names and birthdates of other children in the family (list in order of birth, from oldest to youngest.)
(Put a check mark if not living with the family.)

Name	Sex	Birthdate	At what school, in what grade?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. When both parents are away from home, who cares for the child? (Like a relative, a friend, a sitter, and so on.)

8. Is anyone other than mother and father living regularly in the home? _____

9. **School Experiences:** Please list any schools your child has attended before entering this school; tell how much time was spent at the schools (hours a day, days a week); and the dates your child attended these schools.

School

Time attended

Dates attended

What was your child's attitudes toward these schools? _____

What other group experiences has the child had outside the home? _____

10. Briefly tell us what **kinds** of things the different family members usually do when they are together with this child:

Father and child: _____

Mother and child: _____

Brothers/sisters and child: _____

Entire family together: _____

11. List as many of your child's favorite play materials, activities or interests as you can: _____

12. What situations most often lead to problems with your child? _____

How do you handle these problems, and how do you feel the school should handle these problems? _____

13. Is there anything which you could tell us about your child which would help his teacher in understanding how he thinks and behaves? Please be as complete as possible; the more we know about your child, the more we can teach him and help him. (For extra space, attach an additional sheet.)

FATHER'S SIGNATURE

MOTHER'S SIGNATURE

DATE

Tennessee Parent Occupational Survey



Under Title I, Part C of the Elementary and Secondary Education Act (ESEA) our school district provides supplemental services to the children of agricultural workers who have recently moved. This survey is to help the school identify if your child might qualify for these free supplemental services such as tutoring, school supplies, summer camps in select counties, and other free services. Please answer the following questions and return this form to your child's school. **The information provided below will be kept confidential.**

Today's Date

Parent/Guardian First & Last Name

Student First Name

Student Last Name

School Name

Student Grade

1. Have you or an immediate family member performed any agriculture or fishing jobs temporarily or seasonally, in any part of the United States, in the past 3 years? Check all that apply.

☐ NO

☐ YES. Check all that apply:

Agriculture/Field Work: planting, picking, sorting crops, soil preparation, irrigation, fumigation



Processing & Packaging: fruit, vegetables, chicken, pork, beef, eggs, etc.



Dairy/Cattle Raising: feeding, milking, rounding up.



Nursery/Greenhouse: planting, potting, pruning, watering, harvesting



Forestry: soil preparation, planting, cutting trees; does not include landscaping.



Other: Any other agriculture or fishing work, please list here:

2. In the past 3 years, has your family moved to another state, city, school district, and/or county?

☐ NO

☐ YES. My family has moved within the past 3 years. Indicate how long ago below.

_____ Years

_____ Months

_____ Weeks

If you answered "Yes" to question 1, please complete the information below.

A staff from the Migrant Education Program will follow up with your family to verify if you qualify for free services.

Home Street Address

Apt #

City

Zip Code

Telephone Number

Language

Email Address

Best Day of Week and Time to Call

For School Use Only: Please forward all surveys with a "YES" response to Question 1 to your district migrant liaison for them to submit to the ID&R Team through tn.msedd.com. If you have any questions, email the TN MEP ID&R Team: idr@tn-mep.net

Student State ID:

Enrollment Date:

District ID:



KNOX COUNTY SCHOOLS

Home Language Survey

The Tennessee Department of Education requires *all* schools to identify the language of every student enrolled. This is accomplished by the Home Language Survey (HLS). This document is to be completed only **ONE TIME** at the student's initial enrollment into a school. If the student is a transfer student, schools must make every attempt to obtain the original HLS.

NOTE to registrar: If any language besides (or in addition to) English is given as an answer to questions 1-3, please give this document to the ELL teacher at your school (or who monitors your school) immediately.

Student Information

First Name	Middle Name	Last Name	M <input type="checkbox"/>	F <input type="checkbox"/>
Gender				
Country of Birth	Date of Birth (mm/dd/yyyy)	Date first enrolled in ANY U.S. school (grades K-12)		
Date first entered the United States	THIS FORM IS NOT USED TO IDENTIFY STUDENT'S IMMIGRATION STATUS. This information gives us insight into the knowledge and skills your child is bringing to our schools. This information may enable the district to receive additional federal funding to provide support for your child			

School Information

Enrollment Date in New School	Name of Former School and Town	Last Grade attended
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Questions for Parents/Guardians	
1. What is the first language the student learned to speak?	Has this child ever received ELL (ESL) classes in another school? Y <input type="checkbox"/> N <input type="checkbox"/> I don't know. <input type="checkbox"/> If yes, what year did this student 1 st qualify for ELL?
2. What language does the student speak most often outside of school?	Will you require an interpreter/translator at Parent-Teacher meetings? Y <input type="checkbox"/> N <input type="checkbox"/> If yes, what language?
3. What language is most often spoken to the student at home?	What is your preferred language for receiving emails and communications from KCS?
Parent/Guardian Signature: X	Today's Date: <input type="text"/> / <input type="text"/> /20 (mm/dd/yyyy)

NOTE to ELL teacher: Please forward a copy of this form to the ELL Central Office. Place another copy in the student's green folder and the original in the purple file which is kept in the student's CR.

KNOX COUNTY SCHOOLS
Student Medical Profile

This information will be used by the school nurse to provide care for your child.

Date: _____

Student's Name: _____
(Last) (First) (Middle)

Grade: _____ Homeroom: _____

Did the Student require medical care/hospitalization at birth or at any other time? ____ Yes ____ No. If yes, please explain: _____

Does the student require a daily medical procedure performed by a school nurse? If so explain: _____

What medications, if any, does the student take? _____

Does the student seem to have vision, hearing or speech problems? ____ Yes ____ No. If yes, please explain: _____

The student has a history of (Check any that apply): C= Current P= Past

C P	C P	C P	C P
<input type="checkbox"/> <input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> <input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Down's Syndrome	<input type="checkbox"/> <input type="checkbox"/> Shunts/hydrocephalus
<input type="checkbox"/> Amputation(s)	<input type="checkbox"/> <input type="checkbox"/> Celiac disease	<input type="checkbox"/> <input type="checkbox"/> "G" / "J" feeding tubes	<input type="checkbox"/> <input type="checkbox"/> Skin problems
<input type="checkbox"/> <input type="checkbox"/> Asthma/reactive airway disease	<input type="checkbox"/> Cerebral palsy	<input type="checkbox"/> <input type="checkbox"/> Heart defects	<input type="checkbox"/> <input type="checkbox"/> Stomach problems
____ Requires inhaler (Please provide school)	<input type="checkbox"/> Crohn's Disease	<input type="checkbox"/> Hemophilia	<input type="checkbox"/> <input type="checkbox"/> Swallowing problems
<input type="checkbox"/> <input type="checkbox"/> Allergies:	<input type="checkbox"/> Cystic fibrosis	<input type="checkbox"/> <input type="checkbox"/> Migraine headache	<input type="checkbox"/> <input type="checkbox"/> Tracheotomy
____ Bee stings	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Muscular dystrophy	<input type="checkbox"/> <input type="checkbox"/> Traumatic Brain Syndrome
____ Food: _____		<input type="checkbox"/> Spina bifida	<input type="checkbox"/> <input type="checkbox"/> Traumatic spinal injury
____ Latex		<input type="checkbox"/> <input type="checkbox"/> Orthopedic problems	<input type="checkbox"/> <input type="checkbox"/> Urinary problems
____ Requires Epi-pen (please provide school)		<input type="checkbox"/> <input type="checkbox"/> Sensitivity to light	<input type="checkbox"/> <input type="checkbox"/> Other: _____
		<input type="checkbox"/> <input type="checkbox"/> Seizure disorder	

If any are checked above, please explain: _____

It is important for teachers and principals to have your child's special medical information so that any emergency can be handled appropriately. Summarize any special medical conditions: _____

Does your child require any special dietary accommodations? ____ If you answered yes and you want your child to eat at school please obtain and have your child's doctor fill out the dietary accommodations form.

Form completed by: _____ Date: _____

Relationship to the student _____

KNOX COUNTY SCHOOLS
ANDREW JOHNSON BUILDING



To: Parents and/or Guardians of Students Who Are Entering or Withdrawing From Knox County Schools

From: Student Support Services

Re: Special Education Services Available Through Knox County Schools

Knox County Schools provides a full continuum of services for students who qualify for special education under the Individuals with Disabilities Education Improvement Act (IDEIA '04).

If you feel your child might require Special Education or other services and want Knox County Schools to provide those services, contact the school to which your child is zoned _____ or call Student Support Services at 594-1540.

If records are available for review or other information that the school might need in order to determine appropriate services for your child, please sign and return a release of information form available at your school so that we may review those records and plan services, if needed.

Thank you for your assistance in this matter.

Student Name

Parent/Guardian Signature

Date Signed

**(Please return a signed copy of this form to the school
and retain a copy for your files.)**

White Copy – School
Canary Copy – Parent

PP-155 (1/10)



Knox County Schools Student Media Release Form

I, as the parent/guardian of _____, hereby give Knox County Schools and its employees, representatives and authorized media organizations permission to photograph, interview and record my child and his/her likeness for use in audio, video, film or other electronic, digital and printed media. I also give Knox County Schools permission to release photos or recordings of any type to news media outlets including, but not limited to, newspapers and television stations.

I understand that neither Knox County Schools nor the news media has any obligation to use or be compensated for such rights. I am also aware that I will not receive monetary compensation for my child's participation, and I waive any right to inspect or approve final use of materials.

I agree to release and hold harmless Knox County Schools, its staff, the Board of Education and assignees from any liability or claims of damage, known or unknown, related to such use.

Please note if you opt out of the media release form, your child's photograph will still be included in yearbook and classroom publications as part of directory information unless you notify the district otherwise. Additionally, if at any time you wish to withdraw your consent, you may contact the Office of Public Affairs at 865-594-1905; however, any prior photos or recordings of your child will remain part of the district's archive.

Name of child's school:

Parent/legal guardian:

(print)

(signature)

Date: _____



HEALTH SERVICES

PHYSICAL EXAMINATION AND IMMUNIZATION INFORMATION

Enrollment Requirements

Every student who enters a Knox County school for the first time or who is re-entering after being in another system must provide the following information.

Students entering school for the first time must provide:

1. A completed *Tennessee Department of Health, Certificate of Immunization*. A copy may be obtained from your physician or the Knox County Health Department. A student **CANNOT** be enrolled without a completed *Tennessee Department of Health Certificate of Immunization*.
2. A physical examination completed on the *Tennessee Department of Health, Certificate of Immunization* by a medical provider and dated within 12 months prior to the date entering a Knox County School. Students may be enrolled without this information, but must present it to the school within 30 calendar days or risk dismissal.
3. Birth Certificate

Students entering from another public or private system must provide:

1. A completed *Tennessee Department of Health, Certificate of Immunization* completed by your physician or the Knox County Health Department.
2. A physical examination completed by a medical provider and dated within 12 months prior to the date entering a Knox County School. A student may be enrolled without this information but must present it to the school within 30 calendar days or risk dismissal. The completed physical exam may be attached to the *Tennessee Department of Health, Certificate of Immunization*.

Note: Knox County Preschool and Knox County Head Start physical examinations are acceptable.

Immunization Exemptions:

Medical: Healthcare providers must indicate which specific vaccines are medically exempted (because of risk of harm) on the new form. Other vaccines are required.

Religious: Requires only a signed statement by the parent/guardian that vaccinations conflict with their religious tenets or practices. If documentation of a physical examination is required, it must be noted by the health care provider on the *Tennessee Department of Health, Certificate of Immunization*. In that case, the provider may explain the absence of immunization by checking that the parent has obtained a religious exemption.

Additional Information

Parents may contact the immunization clinic at the Knox County Health Department at (865) 215-5071 between 8:00 a.m. and 3:30 p.m. weekdays for students requiring immunizations.

CERTIFICATE OF IMMUNIZATION



Child's Name (Last name, first name, middle)

Birthdate (mm/dd/yy)

Parent/Guardian Name (Last name, first name, middle)

Phone (please include area code xxx-xxx-xxxx)

Address

City

State

Zip Code

Section 1a. Religious Exemption

Check here if religious exemption to immunization selected by parent/guardian

1b. Health Examination Documentation (if required)

This child has been examined: MM / DD / YY

Certified by (Signature/Stamp)

1c. Check if needed

Dental Screening

Vision Screening

Unless specifically exempted by law, Tennessee law requires a certificate on file for each child in attendance in any school or child care facility in Tennessee. Detailed instructions for this form and explanation of requirements are in "TDH Summary of Immunization Rules- Certificate Instructions" at the Tennessee Department of Health website (<https://www.tn.gov/health/cedep/immunization-program/ip/immunization-requirements.html>) and on the Tennessee Immunization Information System (tennesseelis.gov).

VACCINE	DATE MM/DD/YY	DATE MM/DD/YY	DATE MM/DD/YY	DATE MM/DD/YY	DATE MM/DD/YY	DATE MM/DD/YY	Diagnosed (X)	+Serology (X)	History (X)	Medical Exemption (X)
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Section 2a. Required Vaccines for School or Child Care Attendance (Dates Required)

Hib Child Care Only (<5 years)										
Pneumococcal (PCV) Child Care Only (<5 years)										
DTP, DTap, DT, Td										
Poliomyelitis										
Hepatitis B Check here if 11-15 years 2-dose schedule used										
Hepatitis A Child Care Effective 7/2010 Kindergarten Effective 7/2011										
Measles										
Mumps										
Rubella										
Varicella										
Tdap Booster 7th Grade Entry Only										

Section 2b. Recommended Vaccines (Documentation Optional)

Rotavirus										
Influenza										
Meningococcal ACWY										
HPV										

Section 3. Provider Assessment (select one*, not valid if blank)

A) Temporary Certificate - Expires MM / DD / YYYY

Expiration date one month after date next catch-up immunization is due.

B) Up to Date for Child Care Entry and <18 Months of Age

Only if requirements incomplete, but up to date for age. Expires at 19 months of age.

C) Complete for Child Care / Pre-School*

Fulfills all requirements for child care / pre-school or pre-K under 5 years of age.

D) Complete K-6th Grade*

Fulfills requirements, Kindergarten through 6th grade.

E) Complete 7th Grade or Higher

Fulfills requirements, 7th grade or higher

*If age 4 years and fulfills requirements for Pre-School and Kindergarten, check BOTH Boxes C and D.

Section 4. (Required) Name, Address, Phone of Qualified Provider (MD, DO, PA, Advanced Practice Nurse or Health Department):

MM | DD | YYYY

Certified by (Signature/Stamp) or TennNIS

Date of Issue

Vaccine Requirements for Attending Child Care Facilities, Pre-Schools and Schools in Tennessee*

Recommended Schedule of Required Doses for Attendance in Child Care / Pre-School / Pre-K and School For Children Who Started Immunizations Before Age 7 Years***

Required Vaccines with footnote numbers in []	2 Months of Age	4 Months of Age	6 Months of Age	12-15 Month of Age	16-18** Month of Age	4-6 Yrs.* (School Entry)	Total Doses Required**** For Assessment of Complete For School Attendance on Immunization Certificate	
[1] Hib HbOC or	1	2	3	4			N/A for school (See Footnote [1])	*These requirements were established in accordance with the current Recommended Childhood and Catch-up Immunization Schedules, United States (cdc.gov/vaccines/schedules/hcp/child-adolescent.html). Tennessee requirements for Kindergarten (5 years) include doses indicated for 4-6 years.
[1] Hib PRP-T or	1	2	3	4			N/A for school (See Footnote [1])	
[1] Hib PRP-OMP	1	2		3			N/A for school (See Footnote [1])	
[2] PCV	1	2	3	4			N/A for school (See Footnote [2])	
[3] DTP, DTaP, DT	1	2	3	4		5	5 or 4 (See Footnote [3])	
[4] Polio	1	2		3		4	5, 4 or 3 (See Footnote [4])	
[5] Hepatitis B	1	2		3			3 (See Footnote [5])	
[6] Hepatitis A					1	2	2 (See Footnote [6])	
[7] MMR				1		2	2 (See Footnote [7])	
[8] Varicella				1		2	2 (See Footnote [8])	**Certificates marked "Up to Date for Child Care Entry and <18 Months of Age" expire at 19 months of age. Parent/Guardian must provide an up-to-date certificate indicating "Complete for Child Care/ Pre-school" by or before 19 months of age.
[9] Tdap							1 (7th grade only)	

***For children starting immunizations at age 7 years or older, refer to the CDC/ACIP catch-up schedule available at: <https://www.cdc.gov/vaccines/schedules/hcp/imz/catchup.html>

****Children who are behind schedule may attend while in the process of completing the requirements with minimum intervals as indicated below.

Minimum Ages For Initial Immunization And Minimum Intervals Between Doses

Vaccine	Minimum Age For First Dose	Minimum interval from dose 1 to 2	Minimum interval from dose 2 to 3	Minimum interval from dose 3 to 4	Minimum interval from dose 4 to 5	
[1] Hib (Primary Series)						Do not restart any series, no matter how long since the previous dose. Doses given up to 4 days before the minimum age or the minimum interval may be counted as valid.
HbOC & PRP-T	6 weeks	28 Days	28 Days	See Footnote [1]	N/A	
PRP-OMP	6 weeks	28 Days	See Footnote [1]	N/A	N/A	
[2] PCV	6 weeks	28 Days	28 Days	See Footnote [2]	N/A	
[3] DTP/DTaP (DT)	6 weeks	28 Days	28 Days	6 months	See Footnote [3]	
[4] Polio	6 weeks	28 Days	28 Days	See Footnote [4]	See Footnote [4]	
[5] Hepatitis B	birth	28 Days	See Footnote [5]	N/A	N/A	
[6] Hepatitis A	12 months	6 months				
[7] MMR	12 months	28 Days	N/A	N/A	N/A	
[8] Varicella	12 months	3 months [8]	N/A	N/A	N/A	Two different live vaccines must be given on the same day or spaced at least 28 days apart. The 4-day "grace period" does not apply to the 28-day interval between live vaccines not administered at the same visit.
[9] Tdap	See Footnote [9]					

For purposes of vaccine spacing: For intervals less than 4 months, 28 days = one "month" (1 month=4 weeks=28 days). For intervals of 4 months or longer, a "month" is a "calendar month." Ex: Six months from January 1 is July 1.

Footnotes

- [1] The number of doses of Hib depends on age at 1st dose and brand of vaccine given. The last dose in the series necessary to meet requirements, whether 3rd or 4th, should be given at least 2 months after the previous dose and not before 12 months of age. One dose is sufficient to meet requirements if it is given at age 15 months or later. Hib is required for children younger than 5 years attending child care facilities. Hib is not required for kindergarten or higher grades and is not indicated for children who have reached the 5th birthday. If given on schedule, PRP-T and HbOC have a 3 dose primary series and a booster after age 12 months. PRP-OMP has a 2-dose primary schedule and a booster after 12 months. Providers are responsible for verifying that the child meets the appropriate schedule for the brand used.
- [2] The number of doses in the PCV series depends on age at 1st dose. Children who receive 3 doses before 12 months of age require a 4th dose after the 1st birthday. One dose is required after 12 months of age for all children aged 24-59 months with any incomplete schedule. The final dose should be given at least 8 weeks after the previous dose and not before 12 months of age. Consult the Catch Up schedule for additional guidance.
- [3] The minimum interval between the 4th and 5th doses is 6 months: dose 4 may be given as early as 12 months, but typically is given at age 15-18 months. One dose of DTP/DTaP/DT must be on or after the 4th birthday. If the 4th dose was on or after the 4th birthday, the 5th dose is not needed. The 4th dose should be administered a minimum of 6 months after the 3rd dose. However, the 4th dose does not need to be repeated if administered ≥ 4 months after dose 3. Total doses of diphtheria and tetanus toxoids should not exceed 6 before the 7th birthday.
- [4] The final dose of the polio vaccine series must be given on or after the 4th birthday and at least 6 months after the previous dose. If 4 doses are administered before the 4th birthday, a 5th dose should be given on or after the 4th birthday. If the 3rd dose of an all IPV or all OPV series is given on or after the 4th birthday and at least 6 months after the 2nd dose, a 4th dose is not needed.
- [5] The 3rd valid dose of hepatitis B vaccine must be at least 4 months after dose 1 and 2 months after dose 2 and not before 24 weeks of age. If the 3rd dose given is not valid for all criteria, a 4th dose is necessary.
- [6] One dose of hepatitis A vaccine is required for all children in child care aged 18 months or greater. The recommended schedule is for two doses, 6 to 18 months apart, beginning at one year of age. Proof of two doses, at least 6 months apart, is required for Kindergarten entry. Hepatitis A vaccine is not required for entry in older school grades.
- [7] The MMR requirement is 2 doses of measles vaccine, 2 doses of mumps vaccine and 2 doses of rubella vaccine, in combination or separately. Dose 2 of MMR is routinely given at 4-6 years, but may be given as soon as 28 days after dose 1.
- [8] The varicella requirement is for 2 doses of varicella vaccine or history of disease for all students entering Kindergarten, and new entrants into a Tennessee school in any other grade. The second dose is recommended 3 or more months after the first dose, routinely at age 4-6 years; in keeping with CDC guidance, the second dose is acceptable if given at least 4 weeks after the first dose.
- [9] A single dose of Tdap is required for 7th grade entry. Tdap meets the requirement if given any time after the 7th birthday. If Tdap is needed, it may be given regardless of interval since last Td.