

NEW STUDENT CHECKLIST
(Pre School and Pre-K)

Student's Name: _____ Entry date: _____

Immunizations:

- _____ 4 DTaP
- _____ 3 Polio
- _____ 3 Hib (or 1 Hib after 15 months)
- _____ 3 Hepatitis B
- _____ 1 MMR
- _____ Varicella (Chicken pox)

Other:

- _____ Enrollment Form
- _____ Registration Fee