

Admission Checklist

Student's Name: _____ Grade: _____ Year: _____

____ Application completed

____ Non-refundable application fee paid (\$50) (\$20 for additional applications submitted within the same family/same school year)

____ Copy of *CERTIFIED* Birth Certificate

____ Georgia Immunization Form 3231 (please see reverse side for detailed requirements)

____ EED Georgia Hearing/Vision/Dental screening Form 3300

____ Signed Records Request Form:

School _____

Date Requested _____ Date Received _____

____ Copy of standardized test results

____ Last two (2) report cards

In addition to the above information, new Catholic students must also have:

____ Baptismal Certificate

____ Other Sacramental records, if applicable

____ Parish Participation Card signed by your pastor

***Please note: All information must be returned to the school in order to be considered for admission.**

OFFICE USE ONLY

____ / ____ Application Received
(Initial / Date)

Accepted: _____

____ / ____ Final Records Requested
(Initial / Date) Name of School: _____

Wait List: _____

____ / ____ Final Records Received
(Initial / Date)

Other: _____

Notes: _____

Immunization Requirements

STUDENTS ENTERING KINDERGARTEN (REQUIREMENTS FOR STUDENTS IN GRADES K-6)

- Four (4+) DTaP (# of doses depends upon age given)
- Four (4+) IPV (# of doses depends upon age given)
- Three (3) Hepatitis B
- Two (2) doses of the combined MMR [OR documented history of disease or Serology]
- Two (2) Hepatitis A [Hepatitis A required if born on or after 01/01/2006]
- Two (2) doses of Varicella vaccine [OR documented history of disease or Serology]
- HIB (3+) doses [required for Child Care & Pre-K Only]
- PCV (4) doses [required for Child Care & Pre-K Only]

STUDENTS ENTERING 7th GRADE AND HIGHER

- Four (4+) DTaP (# of doses depends upon age given)
- NEW: One (1) Tdap
- Four (4+) IPV (# of doses depends upon age given)
- Three (3) Hepatitis B
- Two (2) doses of the combined MMR [OR documented history of disease or Serology]
- Two (2) Hepatitis A [Hepatitis A required if born on or after 01/01/2006]
- Two (2) doses of Varicella vaccine [OR documented history of disease or Serology]
- NEW: One (1) Meningococcal Conjugate (MCV4)
- HIB (3+) doses [required for Child Care & Pre-K Only]
- PCV (4) doses [required for Child Care & Pre-K Only]

ADDITIONAL REQUIREMENTS

- ❖ Certificate must be signed by a physician licensed in GA or a public health official. A stamp of a physician's signature is permissible when consigned by an office staff member.
- ❖ Certificate must have a printed typed or stamped name and address of the physician, health department, or Georgia Registry of Immunization Transactions and Services (GRITS) official issuing the certificate.
- ❖ Certificates must have a complete date of issue with the month, day, and year.

WAIVER OF IMMUNIZATION

Waivers for exemption from immunizations are not accepted in Catholic Schools.

For more information on immunization requirements, please visit the Georgia Department of Public Health website at <https://dph.georgia.gov/>.