

Physical and immunization requirements need to be given to the school by **October 15, 2024** to alleviate the risk of school exclusion.

<b>Preschool/Pre-K</b>	<b>Physical Exam</b>	<b>State of Illinois Certificate of Child Health Examination Form:</b> Signed and dated on or after 08-01-2023 by physician & Health History (top of form) completed and signed by a parent.
	<b>DPT/DTaP</b>	4 doses
	<b>Polio</b>	3 doses
	<b>Hib</b>	1 dose after 15 months (or completed series by 12 months)
	<b>MMR</b>	1 dose (after 12 months)
	<b>Varicella</b>	1 dose (after 12 months)
	<b>Hepatitis B</b>	3 doses (third dose after 6 months of age)
	<b>Pneumococcal</b>	Primary series, or proof of 1 dose after 24 months
	<b>Dental Exam</b>	<b>(Full Day PreK Only) IL Dental Form:</b> Dated on or after 11-15-2023 and due by 5-15-2025
<b>Kindergarten</b>	<b>Physical Exam</b>	<b>State of Illinois Certificate of Child Health Examination Form:</b> Signed and dated on or after 08-01-2023 by physician & Health History (top of form) completed and signed by a parent
	<b>DPT/DTaP</b>	4 doses (last one after 4th birthday)
	<b>Polio</b>	4 doses (last one after 4th birthday)
	<b>MMR</b>	2 doses (after 12 months)
	<b>Varicella</b>	2 doses (after 12 months)
	<b>Vision Exam</b>	<b>State of Illinois Eye Examination Report:</b> Dated on or after 08-01-2023 and due by 10-15-2024
	<b>Dental Exam</b>	<b>State of Illinois Dental Form:</b> Dated on or after 11-15-2023 and due by 5-15-2025
<b>2nd Grade</b>	<b>Dental Exam</b>	<b>State of Illinois Dental Form:</b> Dated on or after 11-15-2023 and due by 5-15-2025
<b>6th Grade</b>	<b>Physical Exam</b>	<b>State of Illinois Certificate of Child Health Examination Form:</b> Signed and dated on or after 08-01-2023 by physician & Health History (top of form) completed and signed by parent
	<b>Complete comprehensive immunization record <u>plus</u> the two listed below</b>	
	<b>Tdap</b>	1 dose
	<b>Meningococcal</b>	1 dose (must be given on or after the 11th birthday)
	<b>Dental Exam</b>	<b>State of Illinois Dental Form:</b> Dated on or after 11-15-2023 and due by 5-15-2025
<b>9th Grade</b>	<b>Physical Exam</b>	<b>State of Illinois Certificate of Child Health Examination Form:</b> Signed and dated on or after 08-01-2023 by physician & Health History (top of form) completed and signed by parent
	<b>Complete comprehensive immunization record from 6th grade</b>	
	<b>Dental Exam</b>	<b>State of Illinois Dental Form:</b> Dated on or after 11-15-2023 and due by 5-15-2025
<b>12th Grade</b>	<b>Meningococcal</b>	2 doses (1st dose received on or after 11th birthday, 2nd dose on or after 16th birthday)
<b>All New Students to District 129</b>	<b>Preschool/Pre-k</b>	Follow Preschool / Pre-K Requirements (listed above)
	<b>Kinder- 5th Grade</b>	Follow Kindergarten Requirements (listed above)
	<b>6th-8th Grade</b>	Follow 6th Grade Requirements (listed above) and Vision Exam for those new to Illinois
	<b>9th-12th grade</b>	Follow 9th - 12th Grade Requirements (listed above) and Vision Exam for those new to Illinois

***Please contact your school nurse for any questions regarding medical concerns.  
Your child's safety, comfort, and well-being is our highest priority.***