



WELCOME TO KENILWORTH PUBLIC SCHOOLS!

We are happy that your family is joining our school community and look forward to seeing your child grow and learn.

Kenilworth Public Schools offers the advantages of a small school district but sets -- and achieves -- big goals to best prepare our students for success. Students become part of a community where they benefit from small class sizes, highly qualified staff and individualized attention.

Our district prioritizes STEM and other innovative instruction. We invite students to challenge themselves through rigorous academic courses, and to explore their interests through diverse electives and clubs. Just as importantly, Kenilworth Public Schools provides robust mental health support and interventions, recognizing that we must meet students' emotional needs before they can thrive academically and socially.

We are proud of our students not only for what they achieve, but for who they are: Kenilworth Public School students embody good character, and care for their community and one another.

You are enrolling your child at an exciting time for Kenilworth Public Schools. The community approved a bond referendum to fund building improvements in 2022, and work is underway on many projects, including a two-story addition to David Brearley Middle-High School.

We communicate with parents frequently, so please look for emails and text messages, and follow the district on [Facebook](#) and [Instagram](#).

I am confident that you and your children will make positive connections at Kenilworth Public Schools!

Sincerely,

A handwritten signature in yellow ink, appearing to read 'Kyle C. Arlington', is written over the printed name and title.

Kyle C. Arlington
Superintendent of Schools

KENILWORTH PUBLIC SCHOOLS

STRONG START

- Harding uses Tools of the Mind, a gold-standard preschool curriculum
- K-6 reading program is based on skills-based “science of reading” approach
- Social and emotional learning reinforced through assemblies and classroom programs with themes such as compassion and belonging



SPECIAL EDUCATION

- In-house programs, such as expanded sections of language-learning disability (LLD) and alternate education, help keep students in the district
- Administrative team includes Supervisor of Special Education to enhance instruction and directly address concerns
- Special Education Parent Advisory Group offers family support and meets with district leaders



INNOVATIVE INSTRUCTION

- All students receive Chromebooks and classrooms have Promethean boards (interactive whiteboards)
- STEM-oriented students have extensive outlets, including Maker Spaces, Esports and Robotics clubs, and an Esports elective
- High school ELA courses revamped to include texts on timely interests such as social justice
- Data-driven instruction helps customize learning needs and identify gaps for each student

PARENT RESOURCES

- Frequent communication includes Superintendent’s Updates and Friday Folders, with recaps of weekly school news and links to helpful information
- Parent education sessions include curriculum nights and other events offering guidance and the opportunity to connect with staff and other families
- District circulates surveys to engage with parents and ensure we are best meeting families’ needs



MENTAL HEALTH SUPPORT

- District counselors work with in-house clinicians from Tri-County Behavioral Care and leverage partnership with Rutgers University Behavioral Health Care to help families.
- Tiered system of supports assists students with range of interventions, from informal check-ins to small groups focused on areas such as social skills and anxiety management
- A full-time Student Assistance Counselor helps meet surging mental health needs for teens impacted by pandemic fallout, social media and more

BUILDING IMPROVEMENTS

- Brearley addition will give middle school its own entrance, student spaces and physical separation from high school, which will have a new science wing
- Air-conditioning will be added to all classrooms, improving comfort and focus
- Athletic area upgrades for district and community use
- Renovations of Harding and Brearley auditoriums
- Moving 6th-graders to Brearley in 2025 will free up space and schedule flexibility at Harding

KENILWORTH PUBLIC SCHOOLS

KENILWORTHSCHOOLS.COM

District Phone:
908-276-1644

Business Office/ Board of Education:
908-276-1644, ext. 1550

**Student Personnel Services/Special
Education:**
908-276-5936, ext. 1546

School Counseling/Guidance:
908-931-9696, ext. 2326

David Brearley Middle-High School:
908-931-9696



Harding Elementary:
908-276-5936

CONTACT INFO TO KNOW



***PRE-K
2024-2025
REGISTRATION PERIOD: FEBRUARY 1-23***

Dear Pre-Kindergarten Parents/Guardians:

Attached please find the pre-kindergarten registration packet for the Kenilworth School District. Pre-kindergarten registration will take place from **February 1st to February 23rd**, it is on a **first-come, first-served basis, once we reach our limit, we will then begin a waiting list** and is **by appointment only**.

Please call Mrs. Montoya at (908) 276-5936 ext. 1552 or email: Maria_Montoya@kenilworthschools.com to schedule your appointment.

Appointment Times:

Mondays and Tuesdays @ 2:30pm, 2:45pm, 3:30pm, 3:45pm

Wednesdays and Thursdays @ 9:00am, 9:15am, 9:30am, 9:45am, 11:00am, 11:30am

- All children are eligible for pre-kindergarten registration if they will be four (4) years old on or before October 1, 2024.
- ***DEADLINE FOR PRE-K REGISTRATION IS February 23rd.***

To register your child, please bring the following required documents to your appointment:

1. **Completed Registration Packet (EXCLUDING Physical Examination Report and Certification of Immunization Form – to be submitted at a later date)**
2. **Child's Birth Certificate (Please bring original)**
3. **Current mortgage statement, tax bill or lease (Please bring original)**
4. **Two (2) current utility bills (Please bring original)**
5. **Custody Order or Agreement Document (If both parents do not reside in Kenilworth)**

Please be sure to fill out the registration packet completely, and bring it with you to your appointment with the required documents listed above. **Your child's registration will only be complete once ALL required documents are provided. If any items are missing, you will be required to reschedule your appointment.**

If you know of any parents/guardians of eligible children who have not received this information, please advise them to contact Harding School. Should you have any further questions, please do not hesitate to contact Mrs. Montoya at (908) 276-5936 ext. 1552.

Sincerely,
Mr. Ronald Bubnowski

OFFICE OF THE SUPERINTENDENT

Kyle C. Arlington
Superintendent



426 Boulevard
Kenilworth, NJ 07033

908-276-1644 ext. 1513
www.kenilworthschools.com

Dear Pre-Kindergarten Parents/Guardians,

We are happy to have you register your child for Harding School's pre-kindergarten program! For school year 2024-2025 our inclusive program will have limited availability. Therefore, **spots will be filled on a first-come, first-served basis**. Once we reach our limit, we will begin a waiting list.

Through a dynamic and developmentally-appropriate curriculum called **Tools of The Mind**, we create an atmosphere that invites children to observe, to try new things, to actively participate, and to make choices. A child in a "Tools classroom" is partnered and plays with every other child in the class. Your child's teachers will individualize instruction, meeting each child where he or she is in development each day. Your child will be engaged in rich make-believe play with peers, have the opportunity for free play, and engage in small group and partnered literacy, math and science learning activities throughout the day. Tools teachers manage transitions and set up a classroom environment and schedule to support children's self-regulation and executive functioning development. Children learn fingerplays, songs and play movement games to recharge as needed. Tools will offer valuable early childhood experiences for all in attendance.

Please note the hours of the program are as follows:

Morning Inclusive Class: 8:35 a.m. to 11:05 a.m.

Afternoon Inclusive Class: 12:35 p.m. to 3:05 p.m.

Parents may request the morning or afternoon session based on their schedule needs. We will do our best to accommodate your request. However, as in years past, we cannot promise one section or the other. If you have any questions, please feel free to call the school office. Enjoy this precious time as your children begin their educational journeys.

Sincerely,

Mr. Bubnowski

https://toolsofthemind.org/wp-content/uploads/2015/10/Tools-Preschool-Parent_Brochure_13finalv2_PreK.pdf



Class Preference (Please check one)

- AM 8:35-11:05
- PM 12:35-3:05
- No Preference

Not a guarantee of placement.

Pre-Kindergarten Student Registration Checklist

- Mandatory Survey Form
- Registration Information Form (4 Pages)
- Home Language Survey Form (2 Pages)
- Military Status Form
- NJ Smart Data Sheet
- Record Release Forms
- Chromebook Sign-Off & Receipt Form
- Student Health Information Form (Completed by Parent)
- Comprehensive Physical Examination Report (Completed at a later date)
- Certification of Immunization Form (Completed at a later date)
- Additional Documents Required:
 - Student's Birth Certificate
 - Current Mortgage Statement, Property Tax Bill or Lease
 - Two (2) Current Utility Bills
 - IEP/EIP (If Applicable)
 - 504 Plan (If Applicable)
 - Custody Order or Agreement Documents (If both parents do not reside in Kenilworth)

If you are missing any of these items on the day of your appointment, please contact Maria.Montoya@kenilworthschools.com to discuss and reschedule.

IMPORTANT Mandatory Survey

Student's Name _____

Please circle either yes or no for questions 1-4.

Por favor marque con un círculo sí o no (yes/no) en las preguntas 1-4.

Por favor circule sim ou não (yes/no) para as questões 1-4.

1. Does your child have an Individual Education Plan (IEP)?

YES NO

¿Tiene su hijo un plan de educación individual (IEP)?

Seu filho tem um plano de educação individual (IEP)?

2. Did your child arrive from another country within the past year?

YES NO

¿Llegó su hijo de otro país durante el año pasado?

Seu filho chegou de outro país no ano passado?

3. Did your child receive Bilingual or English Language services in their previous school district?

YES NO

¿Recibió su hijo servicios bilingües o en inglés en su distrito escolar anterior?

Seu filho recebeu serviços bilíngues ou de língua inglesa no distrito escolar anterior?

4. Does your child have a 504 plan?

YES NO

¿Su hijo tiene un plan 504?

Seu filho tem um plano 504?

If you need this form or home language survey in another language, please state the language:

**OFFICE OF THE
SUPERINTENDENT**

Kyle C. Arlington
Superintendent



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Registration Information Form

Name of Student _____ Current Grade _____

Preferred Name (Nickname) _____ Date of Birth _____

Gender Male Female Birth City, State _____

Current Home Phone _____ Current Cell Phone _____

Current Street _____

Current City _____ Current State, Zip Code _____

How long has the student lived at the current address? _____

How long do you intend for the student to remain at the current address? _____

Previous Home Phone _____

Previous Street _____

Previous City _____ Previous State, Zip Code _____

How long did the student live at the previous address? _____

If you intend for the student to move, what is your purpose for moving the student?

What is the student's mailing address if different from the current address?

Is the student's Primary Residence at the current address? Yes No

Starting date at this address _____

Is the student's current address temporary? Yes No

If yes, explain: _____

Does the student currently reside in a shelter, transitional housing, home for adolescent mothers, a hotel or motel, a temporary living arrangement with a relative or friend, or any public or private place not ordinarily used as a regular sleeping accommodation? Yes No

Ethnicity:

American Indian or Alaska Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander White Hispanic or Latino

Parent 1 / Guardian 1 Information

Parent/Guardian Name _____

Marital Status Single Divorced Separated Married Widow

Relationship to the student if other than parent (e.g., grandparent, legal guardian) _____

(If you are the student's legal guardian, but are not the student's parent, please attach to these forms proof of your status as the student's legal guardian.)

Current Street _____

Current City _____ Current State, Zip Code _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email Address _____

How long have you lived at your current address? _____

How long do you intend to remain at your current address? _____

Mailing Address, if different than the current address _____

Previous Address _____

Employer _____ Occupation _____

Employer Address _____

Parent 2 / Guardian 2 Information

Parent/Guardian Name _____

Marital Status Single Divorced Separated Married Widow

Relationship to the student if other than parent (e.g., grandparent, legal guardian) _____

(If you are the student's legal guardian, but are not the student's parent, please attach to these forms proof of your status as the student's legal guardian.)

Current Street _____

Current City _____ Current State, Zip Code _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email Address _____

How long have you lived at your current address? _____

How long do you intend to remain at your current address? _____

Mailing Address, if different than the current address _____

Previous Address _____

Employer _____ Occupation _____

Employer Address _____

Emergency Contact Information

Name _____ Relationship to Student _____

Home Phone _____ Cell Phone _____ Work Phone _____

Student's Physician _____ Physician's Phone _____

Physician's Address _____

Health Insurance

Do you currently have health insurance? ___Yes ___No

If yes, what is the name of the Health Care Provider? _____

Custody

Do both parents have legal custody of the student (i.e., neither parent has had his/her parental rights terminated by a court)? ___Yes ___No

List every person, besides the parent(s), who has been granted legal custody of the student.

Please identify every person who has physical custody of the student.

Please attach copies of the most recent court order or agreement setting forth the student's custodial arrangement.

Other Children in Household

<u>Name</u>	<u>Date of Birth</u>	<u>Gender</u>	<u>School</u>
_____	_____	M F	_____
_____	_____	M F	_____
_____	_____	M F	_____
_____	_____	M F	_____

Previous School Information

Name of school student last attended _____

Address, City, State, Zip _____

School Phone _____ School Fax _____

Last grade attended _____ Last day attended _____

- Do you have concerns about your child’s learning needs, such as reading writing, math, emotional, or behavioral? Yes No
If yes, please explain: _____
- Is your child or has your child ever been classified for special education? Yes No
If yes, provide a copy of your child’s IEP.
- Is your child currently eligible for Section 504? Yes No
If yes, provide your child’s accommodation plan.
- Is your child currently eligible for Intervention & Referral Services (I&RS) or Pupil Assistance Committee (PAC)? Yes No
If yes, provide your child’s accommodation plan.

REQUIRED NOTICE: Eligibility to attend school is subject to review and re-evaluation. There is a potential for assessment of tuition in the event that an initially admitted applicant is later found ineligible.

ASSISTANCE: Questions regarding residency requirements may be addressed to the Board Secretary of the Kenilworth Public Schools, 908-276-5936.

Parent/Guardian Signature _____ Date _____

Appendix A: Home Language Survey Forms

In addition to this static form, an [online version of the HLS](#) is available for school districts/charter schools to copy and utilize. In addition, HLS translations will be made available on the [NJDOE's Bilingual/ESL Education](#).

Home Language Survey Form

Introduction

This survey is the first of three steps to identify whether or not a student is eligible to be an English language learner (ML). Start with "Question 1" and continue until the HLS is complete. Select the answer for each question and follow the directions.

Student Information

Student name: _____ Student birth date: _____
 Street Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone number: _____

Survey Questions

Question 1

What was the first language used by the student?

A language other than English. Proceed to question 2a.

English. Proceed to question 2b.

Question 2a

At home, does the student hear or use a language other than English more than half of the time?

Yes. Proceed to question 7.

No. Proceed to question 4.

Question 2b

At home, does the student hear or use a language other than English more than half of the time?

Yes. Proceed to question 4.

No. Proceed to question 3.

Question 3

Does the student understand a language other than English?

Yes. Proceed to question 4.

No. Proceed to 9.

Question 4

When interacting with his/her parents or guardians, does the student use a language other than English more than half of the time?

Yes. Proceed to question 7.

No. Proceed to question 5.

Question 5

When interacting with caregivers other than their parents or guardians, does the student use a language other than English more than half of the time?

Yes

No

Question 6

Has the student recently moved from another school district/charter school where he/she was identified as an English language learner?

Yes

No

Question 7. What are the home languages spoken? Proceed to 8.

8. Proceed to Step 2: Records Review Process.

Home Language Survey is complete.

9. Do not proceed to Step 2: Records Review Process.

Home Language Survey is complete. Student is not an English- Language Learner (ML)

**OFFICE OF THE
SUPERINTENDENT**

Kyle C. Arlington
Superintendent



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Student Registration - Military Status

Effective August 6, 2015, the State of New Jersey requires all public schools to identify students' parent(s) or guardian(s) who are on Active Duty, in the National Guard, or in the Reserve components of the United States military services.

Name of Student:

Please indicate the following military connection status for your child:

Not military connected - no active duty, National Guard or Reserve parent/guardian.

Active Duty - student is a dependent of a member of the Active Duty Forces - full time Army, Navy, Air Force, Marine Corps, or Coast Guard.

National Guard or Reserve - student is a dependent of a member of the National Guard or Reserve Forces - Army, Navy, Air Force, Marine Corps, or Coast Guard.

Unknown - It is unknown whether or not the student is military connected.



Chromebook Sign-off & Receipt

Dear Parents/Guardians

This receipt confirms that you were issued a Kenilworth Public Schools chromebook for use during the 2024-2025 school year. Two documents guide student use of district technology: the Acceptable Use Policy Consent and Waiver Agreement and the Chromebook Use Agreement. All of your chromebook questions can be answered in these documents which will be viewable to you via the Genesis parent portal. Technology support questions can be directed to our Technology Facilitator, Ms. Jamie Rifkowitz (jamie_rifkowitz@ksdnj.org).

Regards,

Vincent A. Gonnella
Business Administrator/Board Secretary

By signing below, you and your child confirm that you will agree to follow the terms of Chromebook use. You also acknowledge receipt of a Kenilworth Public Schools district-issued Chromebook for student use during the 2024-2025 school year.

Student Name

Student Signature

Date receiving Chromebook

Parent/Guardian Name

Parent/Guardian Signature

Date receiving Chromebook

**OFFICE OF THE
SUPERINTENDENT**

Kyle C. Arlington
Superintendent



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Kenilworth, NJ 07033

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NJ SMART Data Sheet
Required by the NJ Department of Education

First Name _____ Middle Name _____ Last Name _____

Address _____

City _____ State _____ Zip Code _____

State ID Number (obtained from previous school district – 10 digit number) _____

Gender Male Female

Date of Birth _____ Social Security Number _____

Birth City _____ Birth State _____ Birth Country _____

Country of Citizenship _____ Birth Certificate Number _____

US Entry Date (if born outside of US) _____

First Entry Date in US School _____

Primary Language _____ Home Language _____

Health Insurance Yes No Name of Health Insurance Carrier _____

Ethnicity American Indian or Alaska Native Asian Black or African American

Native Hawaiian or Other Pacific Islander White Hispanic or Latino

Special Education Yes No

504 Plan Yes No

I&RS Yes No

High School Entry Date _____ Year of Graduation _____

Residency Kenilworth Winfield Park Choice

For Choice Students: City of Residency _____

School District _____

School student should attend if they did not attend Brearley _____



Record Release Form

Student Name: _____ Date: _____

Name of School: _____ Date of Birth: _____
(Former)

School Address: _____
(Street) (City, State) (Zip)

School Telephone: : _____ School Fax: : _____

Last Grade Completed: _____ State ID Number: : _____

I hereby authorize you to forward all documents pertaining to the above student.

All documents must have the State ID Number on them.

- Cumulative Records
- Health Records (immunizations, etc.)
- Guidance Records (Standardized test scores, Scholastics evaluations, Attendance records)
- Discipline Records (All information related to disciplinary actions and any notice that the students committed juvenile offenses)
- Free/Reduced Lunch Forms
- I&RS, PAC or Section 504 Plans
- Other: _____

Please forward all official records to:

- Harding Elementary School, 426 Boulevard, Kenilworth, NJ 07033, (908) 276-5936
- David Brearley Middle School, 401 Monroe Avenue, Kenilworth, NJ 07033, (908) 931-9696
- David Brearley High School, 401 Monroe Avenue, Kenilworth, NJ 07033, (908) 931-9696

I hereby authorize you to forward all documents pertaining to the above special education student.

- Child Study Team Evaluations (IEP's, Social History, Psychological, Learning Evaluations, Annual Reports, etc.)

Please forward all official records to:

- Harding Elementary School, Office of Special Services, 426 Boulevard, Kenilworth, NJ 07033

Signature of Parent or Guardian

Signature of School Official

OFFICE OF THE SUPERINTENDENT

Kyle C. Arlington
Superintendent



426 Boulevard
Kenilworth, NJ 07033

908-276-1644 ext. 1513
www.kenilworthschools.com

Student Health Information Form

Student Name _____ DOB _____ Sex _____ Grade _____

General Health Questions	Yes	No	Comments if "Yes" & date of occurrence
Has the student been under a doctor's care in the past 12 months?			
Has the student been hospitalized in the last 12 months?			
Has the student ever had any surgeries?			
Does the student have any missing organs? (eye, kidney, testicle, etc.)			
Has the student ever had chest pain during or after exercise?			
Does the student have trouble with breathing or coughing during or after activity?			
Condition	Yes	No	Comments if "Yes" & date of occurrence
Anemia			
Allergies (food, insects, medications, latex)			
Allergies/Hay fever (seasonal)			
Asthma			
Use of Inhaler?			
Attention-Deficit/Hyperactivity Disorder			
Behavioral problems			
Bladder problems			
Bowel problems			
Bronchitis			
Cancer			
Cerebral Palsy			
Chicken Pox			
Cystic Fibrosis			
Dental Problems			
Developmental problems			
Diabetes			
Ear Infections (frequent)			
Eczema			
Glasses or contact lenses			
Head or Spinal injury			
Headaches (frequent)			
Hearing Aide(s)			
Hearing problems or Deafness			
Heart problems			
Hemophilia			

Hepatitis			
High Blood Pressure			
Condition	Yes	No	Comments if "Yes" & date of occurrence
Hydrocephalus			
Immune disorder			
Kidney problems			
Lyme Disease			
Meningitis			
Migraines			
Mononucleosis			
Muscular Dystrophy			
Muscle problems			
Orthopedic problems			
Pneumonia			
Seizures			
Sickle Cell Disease			
Skin problems			
Skull Fracture			
Speech problems			
Stomach problems			
Strept throat (frequent)			
Tuberculosis			
Vision problems			
Other			

List all prescription and over-the-counter **medications** your child takes regularly:

Describe any other important health-related information about your child:

Student's Pediatrician or Primary Care Provider:	Medical Specialists or Specialty Clinics caring for this student:
Has the student ever seen a Dentist? Yes No (circle one)	Name of Dentist:

For Parents/Legal Guardians of Students

The information on this form is current and correct to the best of my knowledge. I understand that if the medical status of my child changes in any significant way, **I will notify his/her school nurse of the change immediately.** I also understand that my child's health/medical information may be shared with other school staff members in order to ensure my child's health and safety while at school.

By signing below, I am agreeing to the above statements.

Signature of Parent or Legal Guardian:	Date:
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For Nursing Use Only:

Action Plan Received IHP Emergency Response Plan 504 Plan Medication Forms

Hemat./Lymphatic			
Allergic/Immunological			

Social History/Devel. Assessment (Use additional sheets for more information).		Anticipatory Guidance	
<i>Cognitive Devel.</i>		Nutritional/Diet _____	
Speech/Lang. Devel.		Skin Care/Hygiene _____	
Social/Emot. Devel.		Oral/Dental _____	
Health Beh./Habits (Drugs/ETOH/Tobacco)		Behavioral Devel. _____	
		Safety _____	
		School Status _____	
		Health/Reproduction _____	
		High Risk Activities _____	
Comments:			
Medical Provider's Name (print) _____		Physician Stamp required:	
Phone #: (____) _____			
Signature of Medical Provider: _____			
Date: _____			

**KENILWORTH PUBLIC SCHOOLS
SCHOOL ENTRANCE HEALTH FORM
Certification of Immunization**

To be completed by a physician, registered nurse, or health department official.

(A copy of the immunization record signed or stamped by a physician or designee indicating the dates of administration including month, day and year of the required vaccines shall be acceptable in lieu of recording of recording these dates on this form as long as the record is attached this form).
Only vaccines marked with an asterisk are currently required for school entry. Form must be signed and dated by the Medical Provider or Health Department Official in the appropriate box.

Student's Name: _____ Date of Birth: /_____/_____/_____
Last First Middle Mo. Day Year

IMMUNIZATION	RECORD COMPLETE DATES (month, day, year) OF VACCINE DOSES GIVEN				
	1	2	3	4	5
*Diphtheria, Tetanus, Pertussis (DTP, DTap)					
*Diphtheria, Tetanus (DT) or Td (given after 7 years of age)					
*Tdap booster (6 th grade entry)					
*Polio myelitis (IPV, OPV)					
*Haemophilus influenza Type b (Hib conjugate) *only children <60 months of age					
*Pneumococcal (PCV conjugate) *only children <2 years of age					
Measles, Mumps, Rubella (MMR vaccine)					
*Measles (Rubeola)			Serological Confirmation of Measles Immunity:		
*Rubella			Serological Confirmation of Rubella Immunity:		
*Mumps					
*Hepatitis B Vaccine (HBV)					
*Varicella Vaccine			Date of Varicella Disease OR Serological Confirmation of Varicella Immunity:		
Hepatitis A Vaccine					
Meningococcal Vaccine					
Human Papillomavirus Vaccine					
Other					
Other					

I certify that this child is **ADEQUATELY OR AGE APPROPRIATELY IMMUNIZED** in accordance with the **MINIMUM** requirements for attending school, child care or preschool prescribed by the State Board of Health's *Regulations for the Immunization of School Children*.

Signature of Medical Provider or Health Department Official: _____ Date (Mo., Day, Yr.): ____/____/____