PULASKI COUNTY SPECIAL SCHOOL DISTRICT
925 East Dixon Road/P.O. Box 8601
Little Rock, Arkansas 72216
www.pcssd.org

School _____ Date _____

Dear Parent:

The requirements for entry into school, irrespective of grade, are: at least three (3) doses (4 doses required for Pre-K and Kindergarten) of Diphtheria, Tetanus, Pertussis (DTP/DT/Td/DTaP/Tdap); at least three (3) doses of Polio vaccine; two (2) doses of Measles, Mumps, and Rubella (MMR); three (3) doses of Hepatitis B vaccine (11-15 year olds could be on a 2 dose schedule); and one (1) dose of Varicella (2 doses required for Kindergarten). A second dose of Varicella may also be required if 1st dose of Varicella is given at or greater than 13 years of age. If your child is in 1st-12th grade and has had the chicken pox disease, a letter from a parent/guardian or physician will be accepted in lieu of receiving the vaccine. No history of chicken pox disease will be accepted if your child is in Pre-K or Kindergarten. Students entering 7th grade will also be required to have one (1) dose of Tdap. All Pre-K students must have the required doses of Hib and Prevnar vaccine.

Your child, _____'s records have been reviewed and deficiencies were found in the immunization(s) as checked below.

1. ____ No record of immunizations	2. Hib _____ (Pre-K only) Prevnar _____ (Pre-K only)
3. DTP/DT/Td/DTaP/Tdap	____ Does not have three (3) doses (4 doses for Kindergarten) ____ Does not have a dose after the 4th birthday ____ Does not meet 7th grade requirements
4. Polio	____ Does not have three (3) doses ____ Does not have a dose after the 4th birthday
5. MMR	____ Does not have first dose (must be given on or after 1st birthday) ____ Does not have second dose (must be given at least 28 days after 1st dose)
6. Hepatitis B	____ Does not have three (3) doses
7. Varicella/Chicken Pox	____ Does not have one (1) dose or history of disease (2 doses for Kindergarten) ____ Does not meet minimum requirement or history of disease

If your child has already received the immunization(s) checked, please send or take the record to the school office immediately. Any record sent to the school with a student should be in a sealed envelope. The record will be returned to the parent after the immunizations are recorded. All records must be from a licensed physician or a public health department. **IT IS THE PARENT'S RESPONSIBILITY TO OBTAIN THESE RECORDS, AS SOME SCHOOLS DO NOT SEND IMMUNIZATION RECORDS WHEN TRANSFERRING RECORDS.**

Principal Signature _____

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You were notified of this deficiency on _____ (Date). These records must be received by the school no later than _____ (Date), or _____ (Student) will be dropped from school effective _____ (Date).