



Lexington Public Schools

146 Maple Street ♦ Lexington, Massachusetts 02420

Dear Parent or Guardian:

In order to enter Grades 1-12 in the Lexington Public Schools, the following registration information is required:

1. Completion of school forms – Student Registration Form K-12, Student Health Information Form, Massachusetts School Health Record, Certificate of Immunization, Home Language Survey, and Lexington Census.
2. Proof of residence - See the *Parent Checklist for Incoming Students* for a list of acceptable documents.
3. Submission of a birth certificate – This will not be retained by the school.
4. A physical examination is required at the time of entrance. This examination should be conducted by your family physician. Please have her/him complete the school health record and return it to the school. Required immunizations should also be included on the health record. A physical examination done within the past year prior to entrance is acceptable.
5. Massachusetts General Law c.76, §§ 15 and 15C, requires that school children be immunized against diphtheria, tetanus, pertussis (DTP), polio, measles, mumps, rubella (German measles) (MMR), hepatitis B, and varicella (chicken pox). Immunizations required for entrance are as follows:

DTP	A series of 4 or more doses.
Td Booster	Required for entry into Grades 7-12, if it has been 5 or more years since the last dose.
POLIO	A series of 3 or more doses.
MMR	(Measles, Mumps, Rubella) – One dose, must be after age 1.
MEASLES	Second dose required entering Grades 1-12. Disease – must submit laboratory evidence of immunity.
HEPATITIS B	A series of 3 doses required entering Grades 1-12.
VARIVAX	(Chicken Pox) Required entering Grades 1-12. Two doses required for entry into 7th grade . Disease: Written documentation by a doctor or verbal assurance of chicken pox given to the school nurse.

TUBERCULOSIS A tuberculosis test may be required of students entering from outside the United States.

In 2008 Massachusetts Department of Public Health verified 261 cases (4.11 per 100,000) of active tuberculosis, which was a 17% increase from 2007.

All students should have a TB risk assessment by their primary care provider at the time of scheduled physicals and upon entry to school. It is the responsibility of the primary care provider to evaluate the child to determine the risk of exposure to TB, the necessity for a TB (Mantoux) test, and follow-up on positive reactors or with children placed on isoniazid (INH) preventive therapy. Children with a negative PPD skin test with recent high risk exposure should have repeat PPD 90 days after last date of possible exposure to TB.

Students entering from Latin America and the Caribbean (which includes all countries and islands south of the United States), Africa, Asia (except Japan), Eastern Europe and the former Soviet Union, and the Middle East are required to submit a baseline intradermal (Mantoux) test prior to entrance into the Lexington Public Schools.

If the Mantoux is positive as stated in a physician's letter, then a negative chest X-ray report is required. BCG vaccine cannot be used in place of Mantoux screening because its protection rate is unreliable and TB may occur after vaccination.

There will be a small group of children exempted from the law because of medical or religious reasons. A statement from the child's physician is required indicating the medical reason why one or more of the immunizations is contraindicated. A parent or guardian may submit a statement indicating that immunization conflicts with his/her religious belief. If a child has had measles or mumps disease, laboratory evidence of immunity is required. Note: When a case of a vaccine-preventable disease emerges, susceptible individuals (including those with medical or religious exemptions) who are not vaccinated will need to be excluded for the appropriate time periods as outlined in *Reportable Diseases, Surveillance and Isolation & Quarantine Requirements* (105 CMR 300.000).