

FAYETTEVILLE SCHOOL Registration Form for School Year 2017 - 2018

Campus Name: FAYETTEVILLE SCHOOL

Campus Phone: (979) 378-4242

Campus Fax: (979) 378-4246

STUDENT INFORMATION

Local ID	Student Name	Grade Level	Orig Entry Dt	Track	SSN	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Pacific Islander
						<input type="checkbox"/> White	<input type="checkbox"/> Black
						<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian
Gender	Date of Birth	Birth Place	Age (Sept 1st)	Texas Unique ID			
Address: _____					Student Home Phone: _____		
Mailing Address: _____					Student Cell Phone: _____		
Student Email: _____					Will your child be using bus transportation to get to school? <input type="checkbox"/> Yes <input type="checkbox"/> No		

PARENT INFORMATION

1. Guardian: _____ Relation: _____	2. Guardian: _____ Relation: _____
Address: _____	Address: _____
City, St, Zip: _____	City, St, Zip: _____
Employer: _____	Employer: _____
Cell Ph: _____ Home Ph: _____ Bus Ph: _____	Cell Ph: _____ Home Ph: _____ Bus Ph: _____
Other Ph: _____ Phone Pref: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Other	Other Ph: _____ Phone Pref: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Other
Receive Mailouts: <input type="checkbox"/> Yes <input type="checkbox"/> No Language Pref: <input type="checkbox"/> English <input type="checkbox"/> Spanish	Receive Mailouts: <input type="checkbox"/> Yes <input type="checkbox"/> No Language Pref: <input type="checkbox"/> English <input type="checkbox"/> Spanish
Emergency Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No Email: _____	Emergency Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No Email: _____
Svc Branch: _____ Rank: _____ Enrolling Person: _____	Svc Branch: _____ Rank: _____ Enrolling Person: _____
Right to Transport: <input type="checkbox"/> Yes <input type="checkbox"/> No Driver License #: _____ State: _____	Right to Transport: <input type="checkbox"/> Yes <input type="checkbox"/> No Driver License #: _____ State: _____
Vehicle Make: _____ Model: _____ Color: _____	Vehicle Make: _____ Model: _____ Color: _____
Vehicle Plate #: _____ State: _____	Vehicle Plate #: _____ State: _____

EMERGENCY CONTACT INFORMATION

1. Name: _____ Relation: _____ Cell Ph: _____ Home Ph: _____ Bus Ph: _____	2. Name: _____ Relation: _____ Cell Ph: _____ Home Ph: _____ Bus Ph: _____
Other Ph: _____ Phone Pref: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Other Right to Transport: <input type="checkbox"/> Yes <input type="checkbox"/> No Driver License #: _____ State: _____	Other Ph: _____ Phone Pref: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Other Right to Transport: <input type="checkbox"/> Yes <input type="checkbox"/> No Driver License #: _____ State: _____
Vehicle Make: _____ Model: _____ Color: _____ Plate #: _____ State: _____	Vehicle Make: _____ Model: _____ Color: _____ Plate #: _____ State: _____
Doctor: _____ Bus Ph: _____ Dentist: _____ Bus Ph: _____	Hospital: _____ Bus Ph: _____ Other Medical: _____ Bus Ph: _____
List any Allergies: _____	

SIBLING INFORMATION

Brothers/Sisters	Grade	School	Brothers/Sisters	Grade	School
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

The above information is required for a permanent school record of your child and will be used by school personnel. Presenting false documents, records or information is a violation of state law and may subject you to tuition cost for your child. I certify that the information given above is correct. I authorize the school to contact the person named on this form and the above named physician to render such treatment as may be necessary in an emergency of said child. In the event parents, physician, or other persons named cannot be contacted, school officials are hereby authorized to take whatever action is necessary in their judgment for the health of the above child. I will not hold the school district financially responsible for emergency care and/or transportation.

Parent or Guardian Signature _____ Date of Birth _____ Date _____

(For Office Use Only)

Teacher Name: _____	Control Nbr: _____	Eligibility Code: _____
Birth Certificate on File: _____	Mil Conn: _____ Foster Care: _____	Immunization on File: _____ Title I: _____
Soc Sec Copy on File: _____	At Risk: _____ Migrant: _____	Hm Lng: _____
Gift: _____ LEP: _____ BIL: _____ ESL: _____	Par Per: _____ Econ: _____	Special Education: Prim: _____ Sec: _____ Tert: _____ Multi: _____



**Texas Education Agency
Texas Public School Student/Staff Ethnicity and Race Data Questionnaire**

The United States Department of Education (USDE) requires all state and local education institutions to collect data on ethnicity and race for students and staff. This information is used for state and federal accountability reporting as well as for reporting to the Office of Civil Rights (OCR) and the Equal Employment Opportunity Commission (EEOC).

School district staff and parents or guardians of students enrolling in school are requested to provide this information. If you decline to provide this information, please be aware that the USDE requires school districts to use observer identification as a last resort for collecting the data for federal reporting.

Please answer both parts of the following questions on the student's or staff member's ethnicity and race. *United States Federal Register (71 FR 44866)*

Part 1. Ethnicity: Is the person Hispanic/Latino? (Choose only one)

- Hispanic/Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- Not Hispanic/Latino**

Part 2. Race: What is the person's race? (Choose one or more)

- American Indian or Alaska Native** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.
- Asian** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American** - A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander** - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Student/Staff Name (please print)

(Parent/Guardian)/(Staff) Signature

Student/Staff Identification Number

Date

Exhibit 1B

Agencia de Educación de Texas

Cuestionario de Información de Datos Raciales y de Etnicidad de Estudiantes/Miembros de Personal de las Escuelas Públicas de Texas

El Departamento de Educación de Estados Unidos (USDE) requiere que todas las instituciones estatales y locales de educación, recopilen datos sobre etnicidad y raza de los estudiantes y de miembros de personal. Esta información es utilizada para los reportes estatales y federales así como para reportar a la Oficina de Derechos Civiles (OCR) y a la Comisión de Igualdad en el Empleo (EEOC).

Al personal del distrito escolar y los padres o representante legal de estudiantes que deseen matricularse en la escuela, se le requiere proporcionar esta información. Si usted rehúsa proporcionarla, es importante que sepa que el USDE requiere que los distritos escolares usen la observación para identificación como último recurso para obtener estos datos utilizados para reportes federales.

Favor de contestar ambas partes de las siguientes preguntas sobre la etnicidad y raza del estudiante así como del miembro de personal. Registro Federal de Estados Unidos (71 FR 44866).

Parte 1. Etnicidad: ¿Es la persona Hispana/Latina? (Escoja solo una respuesta)

- Hispano/Latino** – Una persona de origen cubano, mexicano, puertorriqueño, centro o sudamericano o de otra cultura u origen español, sin importar la raza.
- No Hispano/Latino**

Parte 2. Raza. ¿Cuál es la raza de la persona? (Escoja uno o más de uno)

- Indio Americano o Nativo de Alaska** – Una persona con orígenes o de personas originarias de Norte y Sudamérica (incluyendo América Central), y que mantiene lazos o apego comunitario con una afiliación de alguna tribu.
- Asiático** – Una persona con orígenes o de personas originarias del Lejano Este, Sureste de Asia o el subcontinente indio, incluyendo, por ejemplo a Cambodia, China, India, Japón, Corea, Malasia, Pakistán, las Islas Filipinas, Tailandia y Vietnam.
- Negro o Africano-Americano** – Una persona con orígenes de cualquier grupo racial negro de África.
- Nativo de Hawai u otras islas del pacífico** – Una persona con orígenes o de personas originarias de Hawai, Guam, Samoa u otras Islas del Pacífico.
- Blanco** – Una persona con orígenes de personas originarias de Europa, el Medio Este o el Norte de África.

Nombre del Estudiante/Miembro de Personal
(por favor use letra de imprenta)

Firma (Padre/Representante legal)
/(Miembro de personal)

Número de Identificación del
Estudiante/Miembro del personal

Fecha

Agencia de Educación de Texas – Marzo 2009



Fayetteville Independent School District

P.O. Box 129, 618 Rusk Street
Fayetteville, Texas 78940-0129
(979) 378-4242; Fax (979) 378-4246

Fayetteville Independent School District – **075-906**

TEXAS EDUCATION AGENCY Division of Bilingual Education

Home Language Survey Grades K-12

Name of Student _____

Grade _____

To be filled in by Parent or Guardian:

1. What language is spoken in your home most of the time? _____

2. What language does your child speak most of the time? _____

Signature of Parent or Guardian

Date

Cuestionario De Idioma Hogareño Estado De Téjas Grados K-12

Nobre del Niño (a) _____

Escuela Fayetteville Secundaria Grado _____

Fayetteville Primaria

Debe De Completarse Por El Padre O Guardian:

1. ¿Cuál es el idioma que mas se habla en su hogar? _____

2. ¿Cuál es el idioma que mas habla su niño(a)? _____

Firma del Padre O Guardian

Fecha



Fayetteville ISD Health Services Authorization Form

*To update our records, please fill out this form completely and return it to your child's school.

This is very valuable to the school nurse aide and principal in locating you in case of illness or an emergency.

Student's Name _____ Grade _____

Mailing Address _____ City _____ Zip _____

Date of Birth _____ Gender _____ Home Phone _____

List other siblings attend Fayetteville ISD _____

DURING SCHOOL HOURS, PARENTS MAY BE REACHED AT:

Mother/Guardian _____ Father/Guardian _____

Cell phone _____ Cell phone _____

Work phone _____ Work phone _____

Email _____ Email _____

IN CASE OF EMERGENCY AND THE PARENTS CANNOT BE CONTACTED, PLEASE NOTIFY:

1. Name _____ Phone _____ Cell _____

2. Name _____ Phone _____ Cell _____

Medications or drugs to which the student has had an allergic or adverse reaction are: _____

Any food allergies: YES NO List _____

I hereby authorize the Superintendent of Fayetteville ISD or a designated representative to secure any and all emergency medical care and treatment for _____ (students name) for acute illness suffered or injury sustained while at school or participation in school-related activities. I prefer that emergency treatment be secured at _____ (indicate preferred medical facility); the District may use another licensed hospital, clinic, or medical facility, if necessary, with the following exceptions: _____.

I understand that cost of services provided by ambulance, private physician, clinic, hospital, or dentist remains the responsibility of the parent or guardian and will not be assumed by the District or any of its officers or employees.

I do not have do have medical insurance coverage on my child with _____ Insurance Company.

_____ Parent/Guardian Signature

_____ Date

Who should be called 1st _____ , 2nd _____

This form should be used *ONLY* when sending medication to school.

(Keep for future use **and** send with medication.)

If it is necessary for your child to receive medication during school hours, the school **MUST RECEIVE A WRITTEN REQUEST TO ADMINISTER** the medication from the parent, legal guardian, or other person having legal control of the student.

All medication must be in the original container and be properly labeled. Medicine from doctor must be in a prescription bottle or accompanied by note from physician stating how to administer. DO NOT SEND LOOSE, UNMARKED MEDICATION. IT WILL BE DISPOSED OF.

Please follow this schedule when sending medications to school:

Medication 2 times daily: before school & at bedtime

Medication 3 times daily: before school, after school, bedtime

Medication 4 times daily: before school, at school lunchtime, after school, & bedtime

Please Note: Fayetteville ISD does not provide any type medication, including Tylenol, etc.

If your child has frequent headaches, asthma medicine, etc. a locked cabinet is provided at the nurse's office. Send any of these type medications with a permission form to the School Nurse Aide.

MEDICATION PERMISSION FORM

Student's Name _____ DOB _____ Grade _____

Name of Medication _____ Dose/Amt _____ Time _____

Name of Medication _____ Dose/Amt _____ Time _____

Name of Medication _____ Dose/Amt _____ Time _____

How long is the student to receive this medicine at school

Days _____ Weeks _____ As needed _____ Other _____

Reason student is receiving medication: cough, pain, etc: _____

I give Fayetteville ISD permission to administer the above named medications as directed.

Signature of Parent/Guardian _____ Date _____

Home Phone _____ Cell phone _____ Work phone _____

In accordance with Texas House Bill #1688. The following form must be filled out completely and filed with the school nurse aide in order for a student to carry his/her asthma medication with them beginning August 2001.

Student's Name _____ DOB _____ Grade _____

TO BE COMPLETED BY THE PHYSICIAN:

Diagnosis. _____

Name of Medication _____ Dose/Amt _____ Time/Frequency _____ Duration _____

Name of Medication _____ Dose/Amt _____ Time/Frequency _____ Duration _____

Please explain any restrictions and/or emergency measures to be followed:

In signing this form I am certifying that in my professional opinion, this student has adequate knowledge of their health condition and above stated medications. I am aware that school personnel are available at all times to administer medication. I have discussed with the student and parent the risk/dangers of overmedication and in my opinion; the student and parent have adequate understanding of the condition to safely and responsibly self-administer the above named medications as prescribed.

Physicians Signature _____ Date _____

Printed Physician Name _____ Office phone _____

Parent signature _____ Date _____

Parents: please ask the pharmacist to place label on the inhaler, not the box.



Fayetteville ISD's Food Service Department is excited to provide you with a convenient and secure online payment service called mySchoolBucks. This website allows you to deposit money directly into your child's school meal account and view balance/purchase information for the past ninety days. By having money in each child's account prior to entering the cafeteria, we find that the lunch lines move along much faster, which gives your child more time to eat and be with friends.

To access this service:

1. Go to the district web site at fayettevilleisd.net
2. Click the Lunch Menu link or
3. Click the mySchoolBucks link.
4. From this website you can create your account and add money to your child's school meal account. All you need is your child's name, school, and student ID number. The instructions listed on the back of this page will guide you through the process.

Things to know:

- › If you have more than one child in the District you can handle all online prepayments from the same online account.
- › Payments may be made with a Visa, MasterCard, and Discover credit or debit card. You may also make a payment using an e-check.
- › In order to use the online prepayment service, a small convenience fee for each transaction will be assessed to cover the bank fees. The convenience fee is \$1.95 per deposit transaction. Parents placing money into multiple meal accounts will only be assessed the \$1.95 fee once per deposit transaction. Fayetteville ISO will not profit from the use of this site.
Note: You may fund up to \$120 per child, but a family may pay for all of their children on a single transaction.

Registering for a FREE mySchoolBucks Account:

You will first need your child's student ID number; you may get this number by contacting your child's school or contacting my office. **(Child's ID number is the same as their library number)** Go to the district website at fayettevilleisd.net, then click on Lunch Menu, click on the link to mySchoolBucks OR go directly to www.myschoolbucks.com.

Click **REGISTER FOR A FREE ACCOUNT** and enter the required information. Click **FINISH** to complete the initial registration process.

Adding Students to Your Account:

Once you are logged into your new account, click **MY HOUSEHOLD** from the left-side navigation bar.

Click **LOOK UP YOUR STUDENTS**.

Select your child's school from the drop-down box. Enter your child's first name.

Enter your child's last name.

Enter your child's student

ID number. Click **FIND**

STUDENT.

Click **ADD STUDENT**.

Click **FINISH** or click **ADD ANOTHER STUDENT** to repeat the process for additional children.

Making a Deposit:

From the My Household page, click **MAKE A PAYMENT**.

Enter the deposit amount for each student account, then click **ADD TO BASKET**.

Review the amount(s) you have entered and click **CHECK OUT NOW**. If you need to adjust an amount click **CONTINUE SHOPPING**.

Enter your payment information and click **CONTINUE**.

If paying with a credit or debit card, enter the three or four digit Verification Code that appears on your card, then click **CONTINUE**.

Review your order and make sure all deposits are correct, then click **PLACE ORDER**

Click **PRINT ORDER** to generate a receipt of your transaction in a new window.

We recommend that you keep a copy for records.

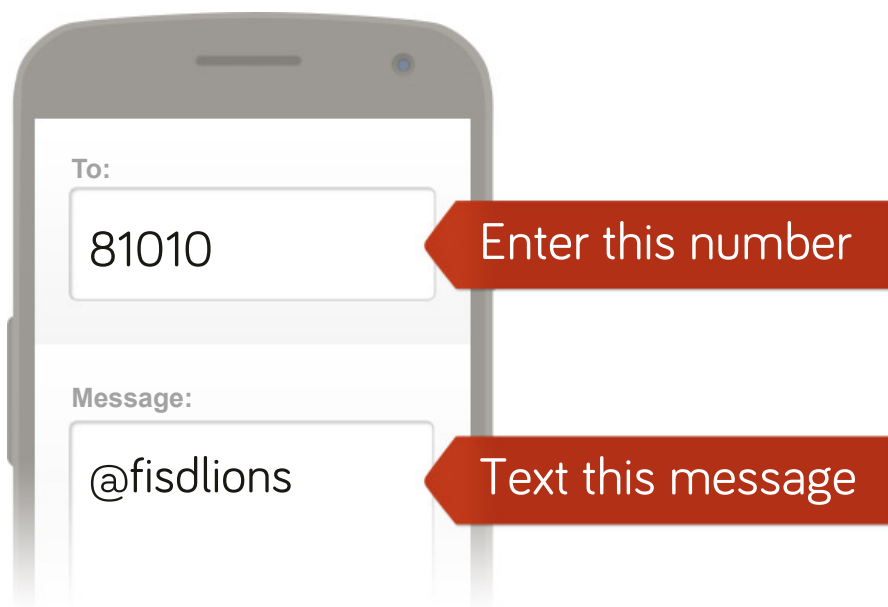
Click **FINISH** to complete the transaction.

FISD would like you to join Fayetteville ISD Student Information!



To receive messages via text, text **@fisdlions** to **81010**. You can opt-out of messages at anytime by replying, 'unsubscribe @fisdlions'.

Trouble using 81010? Try texting **@fisdlions** to **(469) 208-5468** instead.



*Standard text message rates apply.

Or to receive messages via email, send an email to **fisdliions@mail.remind.com**. To unsubscribe, reply with 'unsubscribe' in the subject line.



WHAT IS REMIND AND WHY IS IT SAFE?

Remind is a free, safe, and simple messaging tool that helps teachers share important updates and reminders with students & parents. Subscribe by text, email or using the Remind app. All personal information is kept private. Teachers will never see your phone number, nor will you see theirs.

Visit remind.com to learn more.

2017-2018 TRANSFER AGREEMENT

This Transfer Agreement establishes the terms and conditions for _____ (student/students) to attend Fayetteville ISD as transfer student(s) for the 2017-2018 school year, although the student(s) is a resident of the _____ ISD. The student's parent or other person having lawful control of the student(s), _____ (parent/guardian) requests that the student(s) be permitted to Fayetteville ISD in the 2017-2018 school year and agrees to the following terms and conditions for that transfer.

1. This transfer is effective for the current school year only. District approval of this transfer creates no right or expectation that the student will be admitted as a transfer for any subsequent school year.
2. This transfer is approved for the named student(s) only. District approval of this transfer creates no right or expectation that another student(s) from the same family will be admitted as a transfer.
3. The student(s) must maintain acceptable levels of attendance and compliance with District rules and regulations, including the Student Code of Conduct, throughout the entire school year. Acceptable levels are defined as:
 - a. Attendance that does not place the student at risk of losing credit under Education Code 25.092 or require the District to warn the parent of the student(s) of truancy proceedings under Education Code 25.095;
 - b. Compliance with the District's rules and regulations, including the Student Code of Conduct, such that no offenses result in removal to a disciplinary alternative education program or expulsion and no more than three referrals are made within any grading period for other misconduct.
4. In accordance with Board policy FDA (LOCAL), the Superintendent may revoke the transfer of a student(s) who fails to maintain an acceptable level of attendance or compliance with District rules and regulations, including the Student Code of Conduct. Notice of revocation will be sent to the School District of residence.
5. The parent/guardian of the student(s) will be responsible for transportation to and from the District.
6. The student(s) and parent/guardian acknowledge that eligibility of transfer students for participation in any UIL activity or other activities governed by UIL rules and regulations will be determined in accordance with UIL rules and regulations.
7. Except as modified by this transfer agreement, the student(s) will be subject to all policies, regulations, rights, privileges, and responsibilities of enrollment in the District for the 2017-2018 school year.

The District and the parent/guardian agree that this transfer agreement is the entire agreement controlling the admission and enrollment of the student in the District for the 2017-2018 school year.

Parent/Guardian's signature: _____ Date: ____ - ____ - ____

Principal signature: _____ Date: ____ - ____ - ____

Superintendent signature: _____ Date: ____ - ____ - ____

Fayetteville I.S.D.
District Name

075-906
County-District Number

Texas Education Agency
Division of Equal Education Opportunity

**Application for Transfer
2017-2018**

Authority for Data Collection: Texas Education Code 21.061; Civil Action 5281, Section A

Planned use of Data: To complete the report required by Federal Court Order Civil Action 5281.

Instructions: This form must be used for all student transfers, within the State of Texas, including hardship. Column instructions can be found on the reverse side of this form. The Superintendent of the receiving district must circle approved or disapproved and sign the transfer form.

Student's Name			Social Security Number	Ethnic Code	Sending Co. District Number	Receiving Campus Number	Grade Level 2015-2016	Student in District Last Year	
Last	First	MI						Yes	No

This section must be completed by parent or guardian:

I have been informed of the receiving district's policy concerning tuition charges, if any, for a transferred student whose grade is taught in the student's district of residence; and I accept responsibility for the payment of tuition.

Signed _____

Street Address _____

City, State, Zip _____ Home Phone _____

This section must be completed by the receiving district superintendent:

The above transfer(s) was approved disapproved on this ____ day of _____ 2017.

Jeff Harvey District Superintendent	Date	Phone Number 979-378-4242	Signature
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Application for Transfer Form

This form should be completed according to the column instructions. Use the Texas School Directory for county-district and campus numbers. County-district and campus numbers must be correct and complete for both the sending and the receiving districts to ensure that information is properly registered in the computer.

Column Instructions

Student's name

Social Security Number

Ethnic Code

Enter the appropriate ethnic code using the following designation:

- (1) American Indian or Alaskan Native
- (2) Asian or Pacific Islander
- (3) Black, not Hispanic
- (4) Hispanic
- (5) White, not Hispanic

Sending County-District Number (Prior Year)

Enter the county-district number for the student (prior school year)

Attendance Date (Current Year)

Enter the campus number for the student (current district of residence).

Grade

Enter the grade to which the student will be assigned for the regular academic programs or special education programs during the next school year.

QUESTIONNAIRE FOR KINDERGARTEN and PK PARENTS

Child's name: _____ (as you want him/her called at school)

Birthday: _____ Age: _____ (years) _____ (months)

Please list the names and ages of your child's brothers and sisters.

Has your child had preschool or playgroup experience?

How many years _____

Name of the school _____

Does your child have any difficulties with speech? _____

Does your child have any health problems or allergies?

Does your child have any special interests?

Is your child afraid of anything?

What responsibilities does your child have at home?

What form of discipline do you use at home?

If your child is reading, how did he/she learn and how long has he/she been reading?

Is there anything else that you would like to tell me about your child?

What are your expectations for the kindergarten or PK program?

What specific things would you like to see happen this year?

Would you be interested in helping in the classroom? _____

Is there a particular day and time that is best for you? _____

What skills has your child acquired?

_____	Knows birthday	_____	Can recognize numbers to 10
_____	Knows address	_____	Likes to listen to stories
_____	Knows phone number	_____	Can tie shoes
_____	Can say full name	_____	Can button own clothing
_____	Can print first name	_____	Can zip own clothing
_____	Counts to..... (how far?)	_____	Has experience with crayons
_____	Know the names of colors	_____	Has experience with scissors
_____	SOME _____ ALL	_____	Recognizes capital letters
_____	SOME _____ ALL	_____	Recognizes lower case letters
_____	Knows the difference between right and left		

Pre- Kindergarten

Parents must present the following documentation at the time of registration:

- Official birth certificate
- Social security card
- Proof of residency
- Copy of birth certificate or drivers' license of the parent or guardian enrolling the student
- Shot records

4 doses of DTP, DTaP, OT 3 doses of

Polio 1 dose of MMR on/after 1st
birthday

1 dose of HIS on/after 15 months OR 3 doses with 3rd dose given on/after 1st birthday, and at least 2 months since dose #2

1 dose of PVC? on/or after 24 months of age or 4 doses of PCV7 with one given after 1st birthday 3 doses of Hepatitis S

1 dose of varicella on/after 1st birthday (if the child has NOT had chickenpox) 2 doses of Hepatitis A (must allow 18 months between doses)

Kindergarten Registration (new students to FISD)

Parents must present the following documentation at the time of registration:

- Official birth certificate
- Social security card
- Proof of residency
- Copy of birth certificate or drivers' license of the parent or guardian enrolling the student
- Shot records

5 doses of DTP, Dtap, OT with one on/after 4th birthday or 4 doses if one dose is on/after 4th birthday 4 doses of Polio with one on/after 4th birthday or 3 doses if one dose is on/after 4th birthday

2 dose of MMR

1 dose of HIS on/after 15 months OR 3 doses with 3rd dose given on/after 15th birthday, and at least 2 months since dose #2

3 doses of Hepatitis B

2 dose of varicella on/after 1st birthday (if the child has NOT had chickenpox) 2 doses of Hepatitis A, 1st dose shall be received on/after 1st birthday