



Saint Bernard Mission School

Enrollment Information

2020 – 2021 School Year

Grade: K - 8

Mission Statement

The mission of Saint Bernard Mission School is to provide a balanced education, of the Catholic and Native American values for the students of our school by:

- ❖ Educating the whole child, spiritually, emotionally, mentally, physically and socially to their fullest potential;
- ❖ Providing a secure, nurturing environment;
- ❖ Experiencing varied educational methods; and
- ❖ Involving community participation.

Vision Statement

We, the faculty and staff of Saint Bernard Mission School, believe that students are the reason for the existence of this school. Each child is a unique creature of God and, as part of the whole creation; each child is especially related to the earth. We believe that education is for life. Education frees people to become their best possible selves: spiritually, emotionally, mentally, socially, and physically.

***Please fill out this enrollment packet completely.**

This information is very important for your student.

Thank You.

2020 - 2021

Grade -

Saint Bernard Mission School

Catholic Indian Mission

PO Box 394 Fort Yates ND 58538-0394 (701)854-7413 Fax: (701)854-3474

Enrollment Application _____ Date of Birth: _____

Child's Name -- Last: _____ First: _____ Middle: _____

Social Security Number: _____ Enrollment Number: _____ Grade: _____ Year: _____

School attended before Saint Bernard Mission School: _____

Reason for leaving: _____

*BAPTISM: Date: _____ Church: _____ City/State: _____

* FIRST COMMUNION: Date: _____ Church: _____ City/State: _____

* CONFIRMATION: Date: _____ Church: _____ City/State: _____

Father's Name: _____ Mother's Name: _____

Religion: _____ Maiden Name: _____

Tribe: _____ Religion: _____

Single Married Remarried Separated Deceased

Education: H.S. grad: College 1 2 3 4 _____

Employer: _____

Occupation: _____

Child's Brothers Name: _____ Date of Birth: _____

Child's Sisters Name: _____

Name of Guardian: _____ Address: _____

Home phone number: _____ Work phone number: Mother: _____ Father: _____

Cell Phone Number _____ Emergency phone number: _____

*Data Confirmed with duplicate of certificate

Please answer the following questions about your child.

1. Why do you wish to enroll your child in St. Bernard Mission School?

2. Are there any academic areas your child excels or struggles in? (please describe)

3. Does your child have any known learning difficulties, physical concerns that affect their learning? (If yes, do they have a special education Individualized education plan? – Including speech, LD, ADHD, etc.)

Please provide a copy of the child's last report card. (This is needed before a child will be accepted.)

Emergency Data Form

Student Name _____ Date ____/____/____

Home Address: _____ Phone: _____

Mailing Address: _____ Cell: _____

Who has legal custody of this child? (if other than both parents) _____

Does a non-custodial parent have any visitation rights, etc. Please describe: _____

Please give information only for parents/guardians who have custodial rights or those who have responsibility for caring for the child.

E-Mail Address _____

Mother/Guardian _____ H- Phone _____ Cell _____

Work Location: _____ W – Phone _____ Cell _____

Father/Guardian _____ H – Phone _____ Cell _____

Work Location _____ W – Phone _____ Cell: _____

If the school cannot contact the parents or guardian(s) listed above, please indicate another relative or family friend whom we may contact in an emergency. (Injury, illness, early school dismissal, etc.)

Name: _____ H-Phone _____ W-Phone _____

Name: _____ H-Phone _____ W-Phone _____

Although the above recommendation of the parent will be respected as far as possible, I understand that in the final disposition of an emergency case the judgment of the school authorities will prevail. I authorize the school to provide for emergency medical care in my absence if the situation warrants immediate attention.

Parent/Guardian Signature

Saint Bernard Mission School
Catholic Indian Mission

PO Box 394 Fort Yates ND 58538-0394 (701)854-7413 Fax: (701)854-3474

Request for Transfer of All Educational Records

The following student (s) has enrolled at Saint Bernard Mission School. Please send cumulative records, active I.E.P.'s, health records, standardized test scores, Native American enrollment verification, confidential information and any other information that will help us in placing and assisting the student (s).

Student Name	Date of Birth	Grade (In previous school)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Previous School Attended: _____
Address: _____
City, State, Zip: _____
Phone Number: _____



I authorize Saint Bernard Mission School to request and receive the cumulative records of my child (ren) from the above mentioned school.

Parent/Guardian Signature _____
Date

A school district in which student enrolls may request student records from a school student last attended without a parent signature of approval. See "Privacy Act", Section 438, Subsection (b) (1), Parts A & B, and Page 97 as amended in 1076. 20U.S.C. Sec 1232 g (b) (1) (A).

Saint Bernard Mission School
Catholic Indian Mission 2020-2021

PO Box 394 Fort Yates ND 58538-0394 (701)854-7413 Fax: (701)854-3474

Parent's Guardian's Name: _____

Student's name: _____

TUITION FEE AGREEMENT

I agree to pay the following tuition amounts for the education of my child/children at Saint Bernard Mission School. My first payment will be made prior to or on August 24, 2020.

ANNUAL FEES:

_____ 1st child - \$750.00
_____ 2nd child - \$650.00
_____ 3rd child - \$550.00
_____ 4th child - \$450.00

(Payments will be prorated if child does not attend SBMS the entire year.)

I will pay fees for tuition with:

_____ One payment made at the beginning of the school year.

_____ Quarterly payments due Aug., Oct., Feb., and Apr.1.

_____ Monthly payments due the 1st of each month. (Beginning in August)

_____ Payroll deductions directly from my earned income ~ You will need to provide your employer with back routing information to set up direct deposit. This routing information is available upon request from the school.

Amount to be deducted _____

Monthly or Bi-monthly _____

***Please contact SBMS Principal to discuss other options for payment.**

I understand that it is my obligation to pay the above fees in exchange for the services listed. I further understand that failure on my part to make payments may result in my child/children not being able to continue at Saint Bernard Mission School.

Parent / Guardian Signature

Date

Office Personnel Initials

Print Signature

Saint Bernard Mission School

Catholic Indian Mission

PO Box 394 Fort Yates ND 58538-0394 (701)854-7413 Fax: (701)854-3474

School Permission Form 2020-2021

Parent/guardians. Please place an "X" on the line in front of each activity that you give your child/children permission to participate in this school year.

I give permission for _____
to participate in the following activities.

- ❖ _____ trip off school grounds to watch Homecoming Parade.
- ❖ _____ trip off school grounds to participate in Play Day.
- ❖ _____ trip off school grounds to participate in any lyceums, programs, trick-or-treating, competitions (such as the Lakota Bowl) or field trips around Fort Yates and/or Sioux County.
- ❖ _____ permission to use child/children's pictures in the classroom, on the School Website or in the Dakota Catholic Action (DCA) monthly magazine, in school newsletter, in the school calendar, and on school brochures. Only photos taken at the St. Bernard School or at school outings by teachers or staff will be used. (Generally, no last name will be used).
- ❖ _____ permission for my child to participate in use of St. Bernard Mission School's Climbing Wall during Physical Education Class, under the supervision of the Physical Education Instructor.

(Parent/Guardian's Signature)

(Date)

Transportation Information 2020-2021

We would like your assistance in providing information about how your child/children will normally arrive and depart from school. This helps us make sure that students are getting to the right place, especially after school.

_____ will normally (check one of the following).
(Name of Student)

_____ Ride the Bus

_____ Dropped off/picked up by Car

_____ Walk

Parent/Guardian Signature

Date

Enrollment packet filled out including:

----- Copy of Birth Certificate

----- Copy of Social Security Number

----- Copy of Baptismal Record

----- Up-to-date Record of Immunizations

----- Copy of Degree of Indian Blood

----- Current custody papers/Official Court Documents (If it pertains to students)

Please bring items into Saint Bernard Mission School and we can make the copies for you. Thank you!

Parent/Guardian Signature

Date

LETTER TO HOUSEHOLDS - CHARGE

Dear Family:

Children need healthy meals to learn. _____ offers healthy meals every school day. Breakfast costs _____ lunch costs _____. Your children may qualify for free meals or for reduced price meals. Reduced price is \$0 (30 cents paid by the state) for breakfast and 40 cents for lunch.

1. **DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD?** No. Complete the application to apply for free or reduced price meals. *Use one Free and Reduced Price School Meals Application for all students in your household.* We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to:
2. **WHO CAN GET FREE MEALS?** All children in households receiving benefits from the Supplemental Nutrition Assistance Program (SNAP) the Food Distribution Program on Indian Reservations (FDPIR) or the Temporary Assistance Program for Needy Families (TANF) can get free meals regardless of your income. Also, your children can get free or reduced price meals if your household income is within the limits on the Federal Income Chart.
3. **CAN FOSTER CHILDREN GET FREE MEALS?** Yes, foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income.
4. **CAN HOMELESS, RUNAWAY, AND MIGRANT CHILDREN GET FREE MEALS?** If you haven't been told your children will get free meals, please call the school at _____ to see if they qualify.
5. **SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE APPROVED FOR FREE MEALS?** Please read the letter you got carefully and follow the instructions.
6. **MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT ANOTHER ONE?** Yes. Your child's application is only good for that school year and for the first few days of this school year. You must send in a new application unless the school told you that your child is eligible for the new school year.
7. **I GET WIC. CAN MY CHILD(REN) GET FREE MEALS?** Children in households participating in WIC may be eligible for free or reduced price meals. Please fill out an application.
8. **WILL THE INFORMATION I GIVE BE CHECKED?** Yes, we may also ask you to send written proof of income.
9. **IF I DON'T QUALIFY NOW, MAY I APPLY LATER?** Yes, you may apply at any time during the school year if your household size goes up, income goes down, or if you start receiving SNAP TANF or FDPIR. If you lose your job, your children may be able to get free or reduced price meals during the time you are unemployed.
10. **WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION?** You should talk to school officials. You also may ask for a hearing by calling _____ or writing to: _____
11. **MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN?** Yes, you or your child(ren) do not have to be U.S. citizens to qualify for free or reduced price meals.
12. **WHOM SHOULD I INCLUDE AS MEMBERS OF MY HOUSEHOLD?** You must include all people living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children living with you.
13. **WHAT IF MY INCOME IS NOT ALWAYS THE SAME?** List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes.
14. **WE ARE IN THE MILITARY. DO WE INCLUDE OUR HOUSING ALLOWANCE AS INCOME?** If you receive an off-base housing allowance, it must be included as income.
15. **MY SPOUSE IS DEPLOYED TO A COMBAT ZONE. IS HIS/HER COMBAT PAY COUNTED AS INCOME?** No, if the combat pay is received in addition to her basic pay because of her deployment and it wasn't received before she was deployed, combat pay is not counted as income. Contact your school for more information.

FEDERAL INCOME CHART
For School Year 2020-201

Household Size	1	2	3	4	5	6	7	8	Each Additional Person:
Yearly	\$23,606	\$31,894	\$40,182	\$48,470	\$56,758	\$65,046	\$73,334	\$81,622	\$8,288
Monthly	\$1,968	\$2,658	\$3,349	\$4,040	\$4,730	\$5,421	\$6,112	\$6,802	\$691
2x per Month	\$984	\$1329	\$1675	\$2020	\$2,365	\$2,711	\$3,056	\$3,401	\$346
Every 2 Weeks	\$908	\$1227	\$1546	\$1865	\$2,183	\$2,502	\$2,821	\$3,140	\$319
Weekly	\$454	\$614	\$773	\$933	\$1,092	\$1,251	\$1,411	\$1,570	\$160

If you have other questions or need help, call _____

Sincerely,

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; or (833) 256-1665

(3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.



**Department of Public Instruction
Child Nutrition and Food Distribution Programs**

Income Eligibility Guidelines

July 1, 2020 to June 30, 2021

Free Meals – 130 Percent

Reduced-Price Meal – 185 Percent

Household Size	Yearly	Monthly	2x Month	Every 2 Weeks	Weekly	Household Size	Yearly	Monthly	2x Month	Every 2 Weeks	Weekly
1	\$16,588	\$1,383	\$692	\$638	\$319	1	\$23,606	\$1,968	\$984	\$908	\$454
2	\$22,412	\$1,868	\$934	\$862	\$431	2	\$31,894	\$2,658	\$1,329	\$1,227	\$614
3	\$28,236	\$2,353	\$1,177	\$1,086	\$543	3	\$40,182	\$3,349	\$1,675	\$1,546	\$773
4	\$34,060	\$2,839	\$1,420	\$1,310	\$655	4	\$48,470	\$4,040	\$2,020	\$1,865	\$933
5	\$39,884	\$3,324	\$1,662	\$1,534	\$767	5	\$56,758	\$4,730	\$2,365	\$2,183	\$1,092
6	\$45,708	\$3,809	\$1,905	\$1,758	\$879	6	\$65,046	\$5,421	\$2,711	\$2,502	\$1,251
7	\$51,532	\$4,295	\$2,148	\$1,982	\$991	7	\$73,334	\$6,112	\$3,056	\$2,821	\$1,411
8	\$57,356	\$4,780	\$2,390	\$2,206	\$1,103	8	\$81,622	\$6,802	\$3,401	\$3,140	\$1,570
For each additional family member, add	\$5,824	\$486	\$243	\$224	\$1112	For each additional family member, add	\$8,288	\$691	\$346	\$319	\$160

NOTE: Do not allow hardship deductions from the above

Reminders

- *Multiply income that is received every 2 weeks (biweekly) by 26 to arrive at annual income.
- *Multiply weekly income by 52 to arrive at annual income.
- *Gross or total income must be used in determining eligibility for wage earners.
- *A net loss from a business or farm may not be used to offset other income. A negative income is denoted as \$0.



**Department of Public Instruction
Child Nutrition and Food Distribution Programs**

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- *A net loss from a business or farm may not be used to offset other income. A negative income is denoted as \$0.

2020-2021 Application for Free and Reduced-Price School Meals

Complete one application per household. Please use a pen (not a pencil).

St Bernard Mission School
1 Mission Ave. PO Box 394, Fort Yates, ND 58538

Apply online: <https://apply4schoolmeals.dpi.nd.gov>

STEP 1 List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet.)

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related." Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. **Read How to Apply for Free and Reduced Price School Meals** for more information.

Child's First Name	MI	Child's Last Name	School	Grade	Foster?	Mark if Applicable Homeless, Migrant or Runaway

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: (mark which program) SNAP, TANF, or FDIIR?

IF NO > Go to STEP 3 IF YES > Write a case number here then go to STEP 4 (Do not complete STEP 3) Case Number: _____

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

A. Child Income: Sometimes children in the household earn or receive income. Please include the TOTAL income received by children. Child's Income: \$ _____

How often?	Wk	BiWk	2xMo	Mo.
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B. All Adult Household Members (including yourself): List all household members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed if they receive income, report total income for each source in whole dollars (no cents) only. Check how often income is received. If they do not receive income from any source, write "0". If you enter "0" or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Each Adult Household Member (First and Last) <i>A household member is anyone who is living with you and shares income and expenses, even if not related.</i>	Gross Pay (before deductions) <i>Do not enter hourly wage</i>			Net Income from Farm or Self-Employment <i>(enter business expenses)</i>			Other Support			All other Income								
	How Often?	Wk	BiWk	Mo.	2xMo	Annual	Public Assistance/ Child Support/ Alimony	How Often?	Wk	BiWk	Mo.	Pension/ Retirement/ Disability/ Veteran's Benefits	How Often?	Wk	BiWk	2xMo	Mo.	
		\$				\$						\$						
		\$				\$						\$						
		\$				\$						\$						
		\$				\$						\$						

Total Household Members _____ Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member **X X X - XX** (X if NO Social Security Number)

STEP 4 Contact information and adult signature. Mail Completed Form to: St Bernard Mission School, 1 Mission Ave. PO Box 394, Fort Yates, ND 58538

"I certify (promise) that all information on this application is true and correct and all household members and incomes are reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Signature of Adult (Form must be signed to be complete.) _____ Print Name: _____ Date: _____

Address _____ City _____ State _____ Zip _____ Daytime Phone and Email (optional) _____

Do Not Fill Out - For School Use Only

Annual Income Conversion: (Weekly x52; Every 2 Weeks x26; Twice a Month x24; Monthly x12) Total Income _____ Approval: Case Number _____ Free _____ Reduced _____ Denied _____

Determining Official's Signature _____ Date _____ Confirming Official's Signature _____ Date _____ Verifying Official's Signature _____ Date _____

INSTRUCTIONS Sources of Income

Sources of Income for Children	
Sources of Child Income	Example(s)
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages
- Social Security <ul style="list-style-type: none"> - Disability Payments - Survivor's Benefits 	- A child is blind or disabled and receives Social Security benefits - A Parent is disabled, retired, or deceased, and their child receives Social Security benefits
-Income from person outside the household	- A friend or extended family member regularly gives a child spending money
-Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust

Sources of Income for Adults		
Earnings from Work	Public Assistance/Alimony/Child Support	Pensions / Retirement/ All Other Income
- Salary, wages, cash bonuses - Net income from self-employment (Farm or Business: use the number from IRS Schedule 1, Line 22; if number is negative, write in \$0) If you are in the U.S. Military: - Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) - Allowances for off-base housing, food and clothing	- Unemployment benefits - Worker's compensation - Supplemental Security Income (SSI) - Cash assistance from State or local government - Alimony payments - Child support payments - Veteran's benefits - Strike benefits	- Social Security (including railroad retirement and black lung benefits) - Private pensions or disability benefits - Regular income from trusts or estates - Annuities - Investment income - Earned interest - Rental income - Regular cash payments from outside household

OPTIONAL Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals. *If you do not select race or ethnicity, one will be selected for you based on visual observation.*

Ethnicity (Check one) Hispanic or Latino Not Hispanic or Latino

Race (Check one or more) American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Pacific Islander White

Program Assurances and Rights

The Richard B. Russell National School Lunch Act requires that we use information from this application to see who qualifies for free or reduced price meals. We can only approve complete forms. We may share your eligibility information with education, health, and nutrition programs to help them deliver program benefits to your household. Inspectors and law enforcement may also use your information to make sure that program rules are met. Please be sure to provide the last four numbers of the Social Security number of the adult household member who signs the application. If the adult does not have one, 'Check if no Social Security Number' Applications for a foster child do not need to list a Social Security number. Applications for children in households receiving Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR) do not need to list a Social Security number. Some children qualify for free meals without an application. Please contact your school to get free meals for a foster child, and children who are homeless, migrant, or runaway.

The contact information below is solely to file a complaint of discrimination.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: <https://www.ascr.usda.gov/sites/default/files/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf> and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

*MAIL: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410
FAX: (202) 690-7442; or (833) 256-1665; or
EMAIL: program.intake@usda.gov

*Only use this address if you are filing a complaint of discrimination.

Return completed form to your child's school.

This institution is an equal opportunity provider.

2020-2021 School Immunization Requirements

Vaccine Type	Number of Required Doses		
	Kindergarten-6	Grades 7-10	Grade 11-12
DTaP/DTP/DT/Tdap/Td*	5	5	5
Hepatitis B	3	3	3
IPV/OPV[‡]	4	4	4
MMR	2	2	2
Varicella (Chickenpox)	2	2	2
Meningococcal[†]	0	1	2
Tdap[⊖]	0	1	1

- * One dose of DTaP (pediatric diphtheria, tetanus, and acellular pertussis) vaccine must have been given on or after the fourth birthday. Only four doses are necessary if the fourth dose was administered on or after the fourth birthday. Three doses of Tdap (adolescent/adult tetanus, diphtheria, and acellular pertussis)/Td are required for children ages seven or older who were not previously vaccinated. Tdap should be used as the first dose followed by two doses of Td for children age seven or older not previously vaccinated.
- † For polio vaccination, in an all-IPV or all-OPV schedule: one dose must have been given on or after the fourth birthday. The final dose in the series should be administered on or after the fourth birthday and at least six months after the previous dose. If four doses are administered prior to age four, a fifth dose should be administered on or after age four. Only three doses of IPV are required if the third dose is given on or after the fourth birthday. Children born before August 2005 only need four doses separated by at least four weeks. These children do not need a dose after the age of four.
- ‡ Any doses of OPV administered after April 1, 2016, should not be counted as valid, because it was bivalent or monovalent vaccine, rather than trivalent. The child should be revaccinated with IPV vaccine, accordingly.
- †† One dose of meningococcal conjugate vaccine (MCV4) must have been given on or after the tenth birthday. The second dose of MCV4 must be given on or after the sixteenth birthday. If the first dose of MCV4 is given after the sixteenth birthday, then only one dose of MCV4 is required for eleventh and twelfth grade.
- ⊖ One dose of Tdap must have been given on or after the eleventh birthday.

Exemptions

Students may be exempt from immunization requirements for the following reasons:

- **Medical Exemption:** Requires a certificate signed by a licensed physician stating that the physical condition of the child is such that immunization would endanger the life or health of the child.
- **Personal Belief or Religious Belief Exemption:** Requires a certificate signed by the parent or guardian whose sincerely held philosophical, moral or religious belief is opposed to such immunization.
- **History of Disease Exemption:** Requires a certificate signed by a physician stating that the child has a reliable history of disease. History of disease exemptions may only be claimed for hepatitis B, varicella, measles, mumps, or rubella.

Exclusion

All children must be up-to-date according to the school immunization requirements or have claimed an exemption by **October 1st** of each school year or they must be excluded from school. Children enrolling in school after October 1st have 30 days to be up-to-date or claim an exemption or they must be excluded from school.

Saint Bernard Mission School Dress Code Policy



Boys and Girls short or long sleeve polo shirts, with collars, in solid colors.

Colors: White, Red, Navy Blue and Light Blue

(Unless approved for a single day, no prints, writing, decals, logos, etc. allowed.)



Boys: Pants and Shorts, in solid colors.

Girls: Pants, Shorts, Capris, Skirts, Shooters and Jumper Suits.

Colors: Navy Blue, Black, and Khaki

(Unless approved for a single day, no prints, writing, decals, logos, etc. allowed.)



Closed toed shoes or sneakers.