



*Through the teaching of the Catholic Church,
we are leading students to see the good, the true
and the beautiful in Jesus Christ, who is the way, the truth and the life.*

TRANSFER OF SCHOOL RECORDS RELEASE FORM

To the Records Department at:

Previous School Attended

Address

City

State

Zip

Student Name _____

Student Name _____

Birthdate _____

Birthdate _____

Grade(s) Attended _____

Grade(s) Attended _____

RECORDS TO BE RELEASED:

- A. Immunization Records/Medical Records
- B. Transcript of Grades
- C. Psychological Evaluation and Test Results
- D. Academic Evaluations and Test Results
- E. Record of Discipline Concerns

Parent Signature

Date

Father Marquette Catholic Academy Representative

Date

Please send all records to the following address: Thank you.

*Father Marquette Catholic Academy
500 S. Fourth Street – Marquette, MI 49855
TEL: (906) 225-1129 / FAX: (906) 225-1987*



Consent for Disclosure of Immunization Information to Local and State Health Departments

Immunizations are an important part of keeping our children healthy. Schools and State and Local health departments must monitor immunization levels to ensure that all communities are protected from potentially life-threatening diseases and, if necessary, respond promptly to an emerging public health threat. It is important that disease threats be minimized through the monitoring of students being immunized.

Sharing immunization and personally identifiable information including the students name, Date of Birth, gender, and address with local and state health departments will help to keep your child safe from vaccine preventable diseases. The Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. § 1232g, requires written parental consent before personally identifiable information from your child's education records is disclosed to the health department. If your child is 18 or over, he or she is an "eligible student" and must provide consent for disclosures of information from his or her education records.

You may withdraw your consent to share this information in writing at any time.

I authorize Father Marquette Catholic Academy to release my child's immunization record to the Michigan Department of Health and Human Services and Local Health Department. I understand this information will be used to improve the quality and timeliness of immunization services and to help schools comply with Michigan Law. This includes any immunization information and limited personally identifiable information from the school.

Student's Name: _____ Date of Birth: ____/____/____

Signature of Parent/Guardian
or Eligible Student: _____ Date: ____/____/____

Printed Parent/Guardian Name: _____

Accessing FACTS Family Portal

FACTS gives you an opportunity to get more involved in your child's academic progress and future success – all via the internet.

FACTS Family Portal (formerly ParentsWeb) is a private and secure parents' portal that allows you to view academic information specific to your children, while protecting their information from others.

You may view your child's grades, attendance, homework, and conduct, as well as other useful school information.

Financial information: Tuition is billed per the payment option you selected when you registered at Father Marquette Catholic Academy. Incidental school fees, such as field trips, athletics and class fees will also be added to your FACTS account as fees are incurred. Payments are due on your FACTS due date. You can review your account at any time by logging into Facts Family Portal. You can make payments and review your account at any time. If you have questions or experience difficulties accessing your account, you may call the FACTS Customer Support at 866-800-6593 or FMCA at 906-225-1129.

You can also communicate with teachers and other school staff online whenever necessary.

Here's how to access our easy-to-use Family Portal:

(For a video tutorial, visit: <https://vimeo.com/152634570>. The password is "Portal.")

- In Chrome, Firefox, Safari, or Internet Explorer, go to FACTSmgmt.com and click **Parent Login**, then select **FACTS Family Online (ParentsWeb)**.
- Type the School's **District Code** "FMC-MI"
- Click **Create New Family Portal Account**.
- Type your email address (this will need to be the same one that FMCA has on file for you) and click **Create Account**. An email will be sent, which will include a link to create your Family Portal login. The link is active for 6 hours.

- Select the **Click to Create your Family Portal Login** link.
- A web browser displays your **Name** and **FACTS Person ID**.
- Type a **User Name**, **Password**, and **Confirm** your password.

Change/Create Password				
Name	Person ID	User Name	Password	Confirm
Callie Johnston	11519	<input type="text" value="cjohnston"/>	<input type="password" value="*****"/>	<input type="password" value="*****"/>
				<input type="button" value="Save User Name and/or Password"/>

- Click **Save User Name and/or Password**.
A message displays at the top of the browser, “**User Name/Password successfully updated.**”

User Name/Password successfully updated.				
Change/Create Password				
Name	Person ID	User Name	Password	Confirm
Callie Johnston	11519	<input type="text" value="cjohnston"/>	<input type="password" value="*****"/>	<input type="password"/>
				<input type="button" value="Save User Name and/or Password"/>

- Family Portal allows you to access:
 - Student Attendance and daily grades
 - Progress reports, report cards, and transcripts
 - Lesson plans and homework
 - School events and lunch calendar
 - Access financial information
- Direct link after account is set up: <https://fmc-mi.client.renweb.com/pwr/>



Sign up for important updates from J. Betz

Get information for **Father Marquette Catholic Academy** right on your phone—not on handouts.

Pick a way to receive messages for **FMCA 2021/2022**:

A

If you have a smartphone, get push notifications.

On your iPhone or Android phone, open your web browser and go to the following link:

rmd.at/736ab7h

Follow the instructions to sign up for Remind. You'll be prompted to download the mobile app.



B

If you don't have a smartphone, get text notifications.

Text the message **@736ab7h** to the number **81010**.

If you're having trouble with **81010**, try texting **@736ab7h** to **(228) 265-5667**.

* Standard text message rates apply.

Don't have a mobile phone? Go to **rmd.at/736ab7h** on a desktop computer to sign up for email notifications.

HEALTH APPRAISAL

Dear Parent or Guardian: The following information is requested so that the school can work with the parent to meet the physical, intellectual and emotional needs of the child. Fill out the information requested in Section I. Section III may be certified by the transcription of information from the certificate of immunization. The remaining sections are to be completed by a doctor, nurse and dentist. **(BE SURE TO BRING YOUR CHILD'S IMMUNIZATION RECORDS TO THE EXAMINATION.)**

PERSONAL

CHILD'S NAME (Last, First, Middle)			DATE OF BIRTH (mm/dd/yy) / /
ADDRESS (Number & Street)	(City)	(ZIP Code) MI	TODAY'S DATE (mm/dd/yy) / /
PARENT/GUARDIAN (Last, First, Middle)			HOME TELEPHONE NUMBER ()
ADDRESS (Number & Street)	(City)	(ZIP Code) MI	WORK TELEPHONE NUMBER ()

SECTION I - HEALTH HISTORY

Yes	No	Resolved	#	Is your child having any of the problems listed below?	Birth History:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	Allergies or Reactions (for example, food, medication or other)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	Hay Fever, Asthma, or Wheezing	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	Eczema or Frequent Skin Rashes	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4	Convulsions/Seizures	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	Heart Trouble	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6	Diabetes	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7	Frequent Colds, Sore Throats, Earaches (4 or more per year)	Are there any current or past diagnosis(es) <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8	Trouble with Passing Urine or Bowel Movements	If yes, please describe:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9	Shortness of Breath	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10	Speech Problems	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11	Menstrual Problems	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12	Dental Problems: Date of Last Exam / /	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (please describe): _____		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does your child take any medication(s) regularly?		If yes, list medications:
Reason for Medication					
_____ / /					Was the health history reviewed by a health professional?
Parent/Guardian Signature				Date	<input type="checkbox"/> Yes <input type="checkbox"/> No Examiner's Initials: _____

SECTION II - PHYSICAL EXAMINATION, INSPECTION, TESTS AND MEASUREMENTS

Required for Child Care and Head Start / Early Head Start

Tests and Measurements

No	Yes	Was child tested for:	Test results:	Normal	Referred	Under Care	No	Yes	Was child tested for:	Test results:	Normal	Referred	Under Care
<input type="checkbox"/>	<input type="checkbox"/>	VISION	Visual Acuity				<input type="checkbox"/>	<input type="checkbox"/>	HEIGHT & WEIGHT	Height			
		Date: / /	Muscle Imbalance						Weight				
			Other:				<input type="checkbox"/>	<input type="checkbox"/>	Other: _____	Other			
<input type="checkbox"/>	<input type="checkbox"/>	HEARING	Audiometer				<input type="checkbox"/>	<input type="checkbox"/>	HEMOGLOBIN / HEMATOCRIT				
		Date: / /	Other:				<input type="checkbox"/>	<input type="checkbox"/>	BLOOD PRESSURE	Reading: _____			
<input type="checkbox"/>	<input type="checkbox"/>	URINALYSIS	Sugar				<input type="checkbox"/>	<input type="checkbox"/>	TUBERCULIN	Type: _____			
		Date: / /	Albumin						Date: / /	Neg.: <input type="checkbox"/> Pos.: <input type="checkbox"/> _____ mm			
<input type="checkbox"/>	<input type="checkbox"/>	BLOOD LEAD LEVEL	Level _____ ug/dl				NOTE: Blood lead level required for all children enrolled in Medicaid must be tested at one and two years of age, or once between three and six years of age if not previously tested. All children under age six living in high-risk areas should be tested at the same intervals as listed above.						

Examinations and/or Inspections

Essential Findings Deviating from Normal:
Exam Date: / /

SECTION III - IMMUNIZATIONS <small>Statements such as "UP-TO-DATE" or "COMPLETE" will not be accepted. Admission to school may be denied on the basis of this information.*</small>			
VACCINES (Circle Type)	DATE ADMINISTERED <small>MM/DD/YYYY</small>		
Hepatitis B (HepB)	1	3	
	2		
DTaP/DTP/DT/Td	1	4	
	2	5	
	3	6	
Tdap	1		
Haemophilus Influenzae type b (HIB)	1	3	
	2	4	
Polio (IPV/OPV)	1	3	
	2	4	
Pneumococcal Conjugate (PCV7/PCV13)	1	3	
	2	4	
Rotavirus (RV1/RV5)	1	3	
	2		
Measles, Mumps, Rubella (MMR)	1	2	
Varicella (Chickenpox)	1	2	
History of Chickenpox Disease? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date: _____			
I certify that the immunization dates are true to the best of my knowledge			
_____		_____	_____
Health Professional's Signature		Title	Date

		SECTION IV - RECOMMENDATIONS <small>(Required for Child Care and Head Start/Early Head Start)</small>
No	Yes	
<input type="checkbox"/>	<input type="checkbox"/>	Is there any defect of vision, hearing or other condition for which the school could help by seating or other actions? If yes, please explain:
<input type="checkbox"/>	<input type="checkbox"/>	Should the child's activity be restricted because of any physical defect or illness? If yes, check and explain degree of restriction(s): <input type="checkbox"/> Classroom <input type="checkbox"/> Playground <input type="checkbox"/> Gymnasium <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Competitive Sports <input type="checkbox"/> Other
Other Recommendations		

SECTION V - DENTAL EXAMINATION AND RECOMMENDATIONS (OPTIONAL)
I have examined _____ child's name _____'s teeth. As a result of this examination, my recommendation for treatment is: _____
_____ Dentist's Signature _____ Date

PHYSICIAN'S SIGNATURE			
_____ Examiner's Signature	_____ Date	_____ Examiner's Name (Print or Type)	_____ Degree or License
_____ Number & Street	_____ City	MI _____ ZIP Code	(_____) _____ Telephone

Information required for:

Early On - Hearing and Vision Status; Diagnosis; Health Status

Child Care Licensing - Physical Exam, Restrictions, Immunizations

Head Start/Early Head Start - Determination that child is up-to-date on a schedule of age-appropriate preventive and primary health care, including medical, dental, and mental health. The schedule must incorporate the well-child care visit required by EPSDT and the latest immunizations schedule recommended by the Centers for Disease Control and Prevention, State, tribal, and local authorities. An EPSDT well-child exam includes height, weight, and blood tests for anemia at regular intervals based on age.

Developed in Cooperation with the Department of Health and Human Services, Education, Michigan American Association of Pediatrics, Early Childhood Investment Corporation, Child Care Licensing, Head Start, Michigan State Medical Society, Michigan Association of Osteopathic Physicians and Surgeons.




Centered in the person of Jesus Christ and grounded in the teachings of the Catholic Church, Father Marquette Catholic Academy is a mission of four Marquette parishes. Partnering with parents, we work to form students into disciples who will go forth to improve the world around them. We accomplish this by uniting the pursuits of faith and reason. Through rigorous academics grounded in the perennial classical curriculum and a commitment to personal attention of each student and their growth in virtue, we are dedicated to the complete formation of our students, remembering that in the end, only one thing is necessary.

HEALTH QUESTIONNAIRE Grades 1-8

Date: _____

Gender: ☐ Male ☐ Female

Child's name: _____ Birth date: _____

	Condition	Date of Illness and/or comments
	Hay Fever, Asthma, or Wheezing	
	Eczema or Frequent skin Rashes	
	Convulsions/Seizures	
	Heart Trouble	
	Diabetes	
	Shortness of Breath	
	Speech Problems	
	Hearing Problems	
	Other:	

Date of last physical exam: _____

Family doctor:

List of current medications:

_____ Purpose: _____

_____ Purpose: _____

Are glasses worn? ☐ No ☐ Yes

Date of last eye exam: _____

Allergies:

Food: _____

Drugs: _____

Is your child a poor eater? ☐ No ☐ Yes



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Picky eater?

☐ No

☐ Yes

Is your child on a special diet?

☐ No

☐ Yes

Please describe: _____

If there are any learning disabilities, and/or special education needs, please describe: _____

If there are any health problems, please describe: _____

Anything you feel the school should know to help us work with your child: _____

Comments: _____

PREGNANCY AND BIRTH DEVELOPMENT HISTORY

1. Were there any problems during your pregnancy, delivery or the newborn period for your child?

☐ No

☐ Yes

If yes, please

explain: _____

Birth Weight: _____

2. Has your child met developmentally appropriate milestones? ☐ No ☐ Yes

If no, please describe: _____

Attach your child's immunization record

Marquette Area Public Schools' (MAPS) Frequently Asked Transportation Questions

(revised: 18 0509)

What are the address, telephone numbers, and hours of operation for the MAPS' Transportation Department?

- We are located at:
MAPS' Auxiliary Services/Bus Garage Building
1103 W. College Avenue
Marquette Michigan 49855
General OFFICE Number: 906 225 5774
- During the school year, The Transportation Administrative office is open daily from approximately 7:30 am – 5:00 pm.

To where does MAPS provide transportation services?

MAPS provides transportation services within each school building's defined bussing area to/from:

- closest bus stop/s to a student's residential address;
- closes stop/s to recognized child care providers;
- MAPS does **not** provide transportation services to parent/guardian or student places of employment, however students may ride a bus to the closest available stop at a place of business, provided there is capacity for additional, non-eligible riders.

My student is reporting to me that the bus is overcrowded. How does MAPS address this concern?

MAPS operates school buses with a rated maximum occupant capacity of 77 students. When any bus is approaching that capacity, we work diligently to re-align bus stops/loads so as to never exceed that number.

For the morning pick-up bus runs, what time should my student be at the bus stop?

Please be at the designated stop at least five minutes before the scheduled stop time. Consult the Transportation page on the MAPS' website to confirm stop times and/or contact the Transportation Office staff if the transportation page is unavailable.

For the afternoon take-home bus runs, what time can I expect my student to be dropped off at their bus stop?

Ridership varies. So, please be at the bus stop 10 minutes before and up to 10 minutes after the designated stop time. Consult the Transportation page on the MAPS' website to confirm stop times and/or contact the Transportation Office staff if the transportation page is unavailable.

- If your presence is required at the bus stop, please advise the transportation office so that information can be added to that route sheet/s and please make note of this drop-off "window".

Can my student use a different bus or a different stop other than those assigned to them?

Yes, but communication is essential with the student's school office, transportation office, and school bus staff so that we can ensure the safe delivery of your student to the designated stop/s.

When can my student ride a bus to a friend's house?

First, please provide a bus note for elementary and middle school students stating that they have your permission to do this. Second, ridership is granted by the bus driver. If having a guest on a bus compromises the capacity of the bus and/or safety of the bus ride, the guest ridership request may be denied.

My student is starting kindergarten. Will the bus pick my child up in front of my house?

- If there are neighborhoods with common stops, kindergartners are expected to walk to/from those stops.
- If kindergartners live on a major trunk highway like US41 or M28, stops are usually set up at home addresses.

Am I as a parent/guardian required to be a bus stop for my student?

MAPS' expectation is that a parent/guardian or designee will be present a bus stop for all junior-kindergartners, kindergartners, first graders, and special needs students. Please contact the Transportation Office for any exception to this expectation.

What about the safety of my student getting to and from the bus stop? There are no sidewalks where we live and it's not very safe walking on the busy road we live on.

It is the responsibility of the parent/legal guardian to see that a student gets safely to and from the bus stop. The school district establishes placement of the bus stops in accordance with the requirements of Michigan law.

My student spends over two hours a day just riding the bus to and from school. Is there a maximum riding time in the law?

There is no maximum riding time in the law for students in kindergarten through grade twelve.

My student rides the bus infrequently or rarely. How do I go about confirming that s/he has a bus stop?

Bus runs are "cleaned up" on a regular and routine basis. If your student hasn't ridden the bus over the course of one school week (five days), that stop is at risk for being removed from the run. This removal is more inclined to happen for stops that are:

- located on dead-end roads;
- servicing only one student and that student hasn't been riding.

If your student is resuming transportation services after not riding for an extended period of time, please contact the transportation department to confirm your bus stop/s.

How can I find out if school is canceled?

MAPS uses a variety of media to notify our community of school cancellations. These include: School Messenger, Facebook, radio, television, websites, etc.

How do I know when a bus is running late? And for what reasons?

MAPS uses various means to communicate busses that are running late and generally the reason why. Those include the MAPS' Twitter and Facebook accounts. Also please call the transportation office if you have questions about a late bus.



William Saunders, Superintendent

MARQUETTE AREA PUBLIC SCHOOLS

1201 WEST FAIR AVENUE
MARQUETTE, MICHIGAN 49855
TELEPHONE (906) 225-4200
FAX (906) 225-5340
WEBSITE www.mapsnet.org

Debra Barry, Assistant Superintendent

Transportation Request Form

Dear Parents/Guardians:

Marquette Area Public Schools has implemented a new process to improve communication and efficiency regarding busing. We need your help. Your input is vital to ensure that each student is either routed or excluded from busing. **Please complete a Transportation Request Form for each of your students.** If you have multiple students in the district, you will need to complete the form multiple times.

If transportation arrangements change, parents and guardians should complete a new form.

You can find the Google form on the MAPS website at:
https://www.mapsnet.org/district_departments/transportation.

If you have any questions regarding transportation, please call 225-5774.

Thanks for your assistance.

Sincerely,

William B. Saunders
Superintendent
Marquette Area Public Schools





MARQUETTE AREA PUBLIC SCHOOLS

1201 WEST FAIR AVENUE
MARQUETTE, MICHIGAN 49855
TELEPHONE (906) 225-4200
FAX (906) 225-5340
WEBSITE www.mapsnet.org
William Saunders, Superintendent
Debra Barry, Assistant Superintendent

Transportation Request Form

Dear Parents/Guardians:

Marquette Area Public Schools has implemented a process to improve communication and efficiency regarding busing. We need your help. Your input is vital to ensure that each student is either routed or excluded from busing.

Please complete a Transportation Request Form for your kindergartner. Since your kindergartner is new to the district, you will need to complete this form for him/her even if you have already completed it for an older sibling (you do not need to complete a new form for an older sibling unless transportation arrangements have changed since you previously completed the form).

If transportation arrangements change, parents and guardians should complete a new form for each student who is impacted by this change.

You can find the Google form on the MAPS website at:

https://www.mapsnet.org/district_departments/transportation.

If you have any questions regarding transportation, please call 225-5774.

Thanks for your assistance.

Sincerely,

William B. Saunders
Superintendent
Marquette Area Public Schools



FMCA SCRIP PROGRAM 2021-2022

How do I earn Scrip Rebates?

Earn while you shop by paying with scrip gift cards! Buy scrip gift cards (both electronic and physical) and use them to pay. We carry many local retailers and restaurants and many more available electronically through the “Raise Right” scrip app.

What are the requirements?

Each family is required to earn \$300 in scrip rebates.

Earning period for 2021-22 school year: May 1st 2021- April 30th 2022.

What happens if I’m unable to earn the \$300 rebate?

The remaining amount will be added to your May tuition bill.

What happens if I earn over \$300 in rebate?

Congratulations!!! You are now earning money towards next year’s tuition. Overage earnings are split, 50% goes to you for next year’s tuition and the other 50% stays with the school.

Can family and friends help meet my \$300 minimum?

YES! Family and friends can download the app and start earning for your family. Shop the hundreds of e-gift cards available on the app. Use enrollment code: **43A395625184**

During sign-up please have them indicate which family they are supporting (under child/student information).

New scrip app “Raise Right”

• Find in App store: Iphone and Android	• Keep all e-cards in one convenient place
• Link bank account instantly	• Order cards to be picked up at school
• Download ecards to use immediately	• Reload physical cards (overnight)

All previous accounts from “myscripwallet” transfer over. Same username and password. All payment options and e-cards in “wallet” are saved.

Payment options for “RaiseRight” App

1. Bank account: a debit linked bank account. (\$0.15 transaction fee). Account links instantaneously
2. Credit card: 2.6 % transaction fee
3. Pay coordinator: pay at FMCA with check or cash. *E-gift cards and reloads will not happen until you make payment and scrip coordinator releases the order. For faster options please use one of the other types of payment.

FMCA SCRIP PROGRAM 2021-2022

How to Buy Scrip:

In an attempt to provide easier and safer interactions for purchasing scrip please see options below.

A. Contactless scrip:

1. Use “RaiseRight” app and order e-gift cards (instant and reloads)
2. Use “RaiseRight” app and purchase physical gift cards. Please PAY right in the app. Order electronically by Monday 9AM to ensure Friday delivery. Order will be sent home with your child (in backpack).

B. Order drop off:

Drop off order in person via secretary window. Pay by check (made out to: FMCA Scrip) or cash. Please note that while we try to have plenty of inventory on hand, we don’t always have everything. To better ensure availability of cards please drop off form by Monday by 9AM for a Friday delivery (earlier if cards available). On form please indicate “Pick-Up Method”.

C. Email Secretary:

Email your order to Lacey at secretary@fathermarquette.org

D. Purchase at Churches:

Scrip can also be purchased in the Parish offices of the following local Churches:

St Michael: M-Th: 9-4 F: 9-12

St Peter: M-Th: 9-4 F: 9-12

St Louis the King: Tu-Th 8-2; F:8-12

How to begin:

- Start early
- Ask for help. Kendra Youren, Scrip coordinator at scrip@fathermarquette.org
- focus on gas and groceries
- review all the e-gift card options on the RaiseRight App and “favorite” those you use.

What next?

- buy where you eat out
- Amazon scrip can be uploaded to account as “credit balance”
- get family and friends involved!
- pay your Kohls bill with scrip
- Meijer overnight reloads!!!!
- use for gifts and stocking stuffers

Vaccine Recommendations and School or Daycare Rules: What is the difference?

There are a number of vaccines available to best protect an individual child and these should be given at certain ages and are, in general, referred to as the “recommended vaccines”. These are listed on the “Recommended Immunization Schedules for Persons Birth through 18 Years” at www.cdc.gov/vaccines.

Since many vaccine preventable diseases are easily spread among children (like measles and chickenpox), there are Communicable Disease (CD) rules in place to best protect children when in close contact with others. These are commonly referred to as the “required” vaccines for day-care and school. These rules are state law and can be different in each state.

Recommended Vaccines (A Standard of Care)

- Healthcare providers follow the recommended immunization schedule because it provides the best and most complete protection against disease
- All recommended vaccines should be given to everyone at the indicated age, unless a medical condition that prevents vaccination is present
- Recommendations are based on health and safety considerations for the entire population
- Recommended vaccines prevent diseases that can be serious or potentially cause long-term health problems or death

Required Vaccines

(Mandated by each state government)

- These rules protect healthy children from some serious diseases and also protect children who can’t be vaccinated (for instance, a child with cancer).
- Michigan requires certain vaccines for entry into childcare, preschool and school, but strongly encourages parents and providers to follow the recommended schedule for vaccination
- By following the recommended schedule, Michigan’s school immunization requirements will be met

Why are certain vaccines required?

Vaccines provide protection against serious disease for the person receiving them. They also provide protection to classmates and teachers by reducing the number of people who are at risk of disease. When enough people are vaccinated, the diseases tend to stop circulating. Children are particularly at risk for disease in a school, preschool or childcare setting, due to outbreaks of disease that may occur more frequently in these settings.

There are other vaccine-preventable diseases that can also harm your child—like hepatitis A, HPV (which causes cancer), and influenza. These are not part of the rules for different reasons. For example, flu vaccine is not given all year round and may not be available at the start of a school year. However, these diseases do cause harm and vaccine should be received.

What will provide the best protection from disease?

By following the recommended immunization schedule you are receiving the best protection from all vaccine-preventable diseases. It will also provide the most complete protection for the community, which will help ensure schools, preschools and childcare settings are protected.

PARENTS

VACCINES REQUIRED FOR SCHOOL ENTRY IN MICHIGAN

Whenever children are brought into group settings, there is a chance for diseases to spread. Children must follow state vaccine laws to attend school. These laws are the minimum standard to help prevent disease outbreaks in school settings. The best way to protect your child from other serious diseases is to follow the recommended vaccination schedule at www.cdc.gov/vaccines. Talk to your health care provider to make sure your child is fully protected.



	All Kindergarteners and 4-6 year old transfer students	All 7th Graders and 7-18 year old transfer students
Diphtheria, Tetanus, Pertussis (DTP, DTaP, Tdap)	4 doses DTP or DTaP 1 dose must be at or after 4 years of age	4 doses diphtheria and tetanus or 3 doses if 1st dose given at or after 1 year of age 1 dose Tdap at 11 years of age or older upon entry into 7th grade or higher
Polio	4 doses 3 doses if dose 3 was given at or after 4 years of age	
Measles, Mumps, Rubella (MMR)*	2 doses at or after 12 months of age	
Hepatitis B*	3 doses	
Meningococcal Conjugate (MenACWY)	None	1 dose at 11 years of age or older upon entry into 7th grade or higher
Varicella (Chickenpox)*	2 doses at or after 12 months of age or Current lab immunity or History of varicella disease	

During disease outbreaks, incompletely vaccinated students may be excluded from school. Parents and guardians choosing to decline vaccines must obtain a certified non-medical waiver from a local health department. Read more about waivers at www.Michigan.gov/Immunize.

*If the child has not received these vaccines, documented immunity is required.

All doses of vaccines must be valid (correct spacing and ages) for school entry purposes.




The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability.

PARENTS VACCINES REQUIRED FOR CHILD CARE AND PRESCHOOL IN MICHIGAN

Whenever infants and children are brought into group settings, there is a chance for diseases to spread. Children must follow state vaccine laws in order to attend child care and preschool. These laws are the minimum standard for preventing disease outbreaks in group settings. The best way to protect your child from other serious diseases is to follow the recommended vaccination schedule at www.cdc.gov/vaccines. Talk to your health care provider to make sure your child is fully protected.



	2-3 months	4-5 months	6-15 months	16-18 months	19 months—4 years	5 years
Diphtheria, Tetanus, Pertussis (DTaP)	1 dose DTaP	2 doses DTaP	3 doses DTaP		4 doses DTaP	
Pneumococcal Conjugate (PCV13)	1 dose	2 doses	3 doses or Age-appropriate complete series	4 doses or Age-appropriate complete series		None
H. influenzae type b (Hib)	1 dose	2 doses		1 dose at or after 15 months or Age-appropriate complete series		None
Polio	1 dose	2 doses			3 doses	
Measles, Mumps, Rubella (MMR)*	None			1 dose at or after 12 months		
Hepatitis B*	1 dose	2 doses			3 doses	
Varicella (Chickenpox)*	None			1 dose at or after 12 months or Current lab immunity or History of varicella disease		

These rules apply to children who are the above ages upon entry into child care or preschool. During disease outbreaks, incompletely vaccinated children may be excluded from child care and preschool. Parents and guardians choosing to decline vaccines must obtain a certified non-medical waiver from a local health department. Read more about waivers at www.michigan.gov/immunize.

*If the child has not received these vaccines, documented immunity is required. All doses of vaccines must be valid (correct spacing and ages) for child care and preschool entry purposes.

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Nonmedical Waiver Rule for Childhood Immunizations in School and Licensed Childcare Programs: Information for Parents/Guardians

In early 2015, Michigan instituted an administrative rule change on nonmedical waivers for childhood immunizations. Parents/guardians seeking to obtain a nonmedical immunization waiver for their child/children who are enrolled in school or licensed childcare programs are required to attend an educational session, where they are provided with information about vaccine-preventable diseases and vaccinations.

Frequently Asked Questions:

Why is this rule important?

High nonmedical waiver rates can leave communities susceptible to diseases such as measles, chickenpox, and pertussis (whooping cough) by undermining community or “herd” immunity. Herd immunity protects vulnerable children who cannot be vaccinated for medical reasons and children with compromised immune systems. Herd immunity can also slow the spread of disease if a high proportion of individuals in that community are immune to the disease. Immunization is one of the most effective ways to protect children from serious diseases and even death.

Who does this rule apply to?

The rule applies to parents/guardians seeking a nonmedical immunization waiver for their child/children who are enrolling in public or private:

- Licensed childcare, preschool, and Head Start programs
- Kindergarten, 7th grade, and any newly enrolled student into the school district

How does this rule affect parents/guardians?

Parents/guardians seeking to claim a nonmedical waiver are required to participate in an immunization-focused discussion with county health department staff. During the discussion, parents/guardians can bring up any immunization-related questions and concerns they may have. The staff will present evidence-based information regarding the risks of vaccine-preventable diseases and the benefits/potential risks (risks consisting mostly of moderate side effects) of vaccination. This rule preserves the ability of parents/guardians to obtain a nonmedical waiver following the completion of this required educational session.

What is a nonmedical immunization waiver?

A nonmedical waiver is a written statement by parents/guardians describing their religious or philosophical (other) objections to specific vaccine/vaccines. An official State of Michigan Nonmedical Waiver Form will be provided by the county health department.

Will the County Health Department make a copy of the waiver?

The county health department may make a copy of the waiver for their records and provide the parent/guardian with the original. Making a copy of the form is not a violation of the Family Educational Rights Privacy Act (FERPA), because the waiver education is conducted at the county health department before the parent/guardian provides the certified State of Michigan Immunization Waiver Form to the school. This form is an official State of Michigan Department of Health and Human Services document that records the waiver visit for the county health department.

What is considered a certified nonmedical waiver?

A certified nonmedical waiver is the State of Michigan Immunization Waiver Form. Any new waivers issued should have the revision date of January 10, 2021. A certified nonmedical waiver will:

- Display the county health department's information/stamp.
- Include the child's: name, date of birth, address, name of school/childcare program, telephone number (optional), vaccines being waived with the reason, signed date, as well as signatures of the parent/guardian, and of the county health department authorizing agent completing the immunization education.

A county health department will not issue a waiver without both signatures, as it would be considered an incomplete and invalid waiver.

Waiver forms that are altered in any fashion (including information on the form that may be crossed out) or forms that are not an official MDHHS certified waiver form cannot be accepted by schools/childcare programs.

Can a parent/guardian obtain a certified nonmedical waiver form from a school, childcare program, or healthcare provider?

No, a certified nonmedical State of Michigan waiver can only be obtained at a county health department.

How does a parent/guardian obtain a certified nonmedical waiver?

Parents/guardians are required to contact their county health department to receive immunization waiver education and a current certified State of Michigan Immunization Waiver Form.

What if my child has a medical contraindication to a vaccine?

If your child has a medical reason (that is, a true medical contraindication or precaution) for not receiving a vaccine, a physician (MD/DO) must sign the State of Michigan Medical Contraindication Form.

What documentation are parents/guardians required to submit to their school or childcare program?

1. Parents/guardians are required to submit one of the following documents:

- A complete immunization record **or**
 - A physician (MD/DO)-signed State of Michigan Medical Contraindication Form **or**
 - A current, certified State of Michigan Nonmedical Immunization Waiver Form
2. If one of the above forms is not submitted, students can be excluded from school or childcare based on the public health code, unless students are in a provisional category. (Children in the provisional category are defined as those who have received 1 or more doses of vaccine but need to wait the recommended time to receive the next dose.)

Where can I find more information?

For more information, please visit www.michigan.gov/immunize > click on *Local Health Departments* > click on *Immunization Waiver Information*.

- The above website provides a complete list of county health departments in Michigan, including phone numbers and addresses.
- The link below is to the MDHHS Communicable Disease Administrative Rules where much of the information referenced in this document can be found.
 - https://www.michigan.gov/documents/mdhhs/1472_2014-073CH_AdminCode_1_676105_7.pdf

Dear Parent/Guardian:

**Key Points Related to Claiming a Nonmedical Immunization Waiver for Children
Attending Michigan Schools and Licensed Childcare Programs**



In early 2015, Michigan instituted an administrative rule change on nonmedical waivers for childhood immunizations. Parents/guardians seeking to obtain a nonmedical immunization waiver for their child/children who are enrolled in school or licensed childcare programs are required to attend an educational session, where they are provided with information about vaccine-preventable diseases and vaccinations.

Key Points

- The rule applies to parents/guardians seeking a nonmedical immunization waiver for their child/children enrolled in public or private:
 - Licensed childcare, preschool, and Head Start programs
 - Kindergarten, 7th grade, and any newly enrolled student into the school district
- This rule preserves your ability to obtain a nonmedical waiver.
- Nonmedical waivers (religious or philosophical/other objections) are available at your county health department and cannot be found at schools/childcare programs or physician offices.
- Parents/Guardians are required to follow these steps when seeking a nonmedical waiver:
 1. Contact your county health department for an appointment to speak with a health educator.
 2. During the visit, immunization-related questions and concerns of the parents/guardians can be brought up for discussion. The staff will present evidence-based information regarding the risks of vaccine-preventable diseases and the benefits/potential risks (risks consisting mostly moderate side effects) of vaccination.
 3. Schools/childcare programs will only accept the current, un-altered, official State of Michigan form (Any new waivers issued should have the revision date of January 10, 2021.)
 - A county health department will not issue a waiver without both signatures as it would be considered an incomplete and invalid waiver.
 - Forms cannot be altered in any way (this includes crossing information out).
 4. Take the current, certified waiver form to your child's school or childcare program.
- If your child has a medical reason (that is, a true medical contraindication or precaution) for not receiving a vaccine, a physician (MD/DO) must sign the State of Michigan Medical Contraindication Form.
- Based on the public health code, a child without an up-to-date immunization record, a certified nonmedical waiver form, **or** a physician (MD/DO)-signed medical waiver shall be excluded from school/childcare.

For more information, please visit www.michigan.gov/immunize > click on *Local Health Departments* > click on *Immunization Waiver Information*. This website will provide you with a link to all the county health departments, along with their addresses and phone numbers.