



Zachary Community School District

Student Registration

Required Document Checklist

ZHS

Required Student Documents:

1. Birth Certificate
2. Social Security Card
3. Immunization Record
4. Current Custody Paperwork signed by a Judge, if applicable
 - a. Provisional Custody by Mandate is not accepted.
5. IEP or IAP, if applicable
6. Previous Report Card, if applicable
7. Withdraw slip from previous school, if applicable
8. LA Student Residency Form

Zachary Community School District
Student Registration can be found at
www.zacharyschools.org/registration

Please have the documents listed on
this page completed to upload into the
registration system.

Required Residency Documents:

***If the parent is the homeowner or lessee:**

1. Mortgage or Lease Agreement/rental contract on company letterhead with the landlord's name and phone number
2. City of Zachary Gas/Water bill, showing name and address (current)
3. Electricity Bill – DEMCO/Entergy (current)
4. Driver's License of Parent (address must match residence address)

***If the parent resides with someone (Double Up):**

1. Driver's License of Parent (address must match residence address)
2. Notarized Affidavit of Residency
3. Proof of termination of lease of prior residence as well as proof of termination of utilities or bill of sale from prior residence
4. 3 proofs in parent's name (matching the residence address) made up of the following:
 - o Paycheck
 - o Bank statements: preprinted account statements from your bank. Bank statements printed from a home computer are not accepted.
 - o Loan Payment Statements
 - o Tax Statements (W2) – Forms can be requested from your employer
 - o Voter Registration
 - o Vehicle Registration
 - o Court Letter
 - o Correspondence from any government agency
 - o Supervisor of School and Home Relations may accept other pieces of mail addressed to your name at the current residence

**Students will be enrolled provisionally pending proofs required under #4. Parents have 30 days from enrollment to obtain and submit 3 proofs of residence to the Supervisor of School and Home Relations.*

AND the following Documentation of the Homeowner/Lessee as follows:

5. Mortgage or Lease Agreement/rental contract on company letterhead with the landlord's name and phone number
6. Copy of Driver's License of Homeowner/Lessee (address must match residence address)
7. City of Zachary Gas/Water bill, showing name and address (current)
8. Electricity Bill – DEMCO/Entergy (current)

ZACHARY COMMUNITY SCHOOL BOARD

Child Welfare and Attendance Office Residency Checklist

Student Name: _____

IF THE PARENT RESIDES WITH SOMEONE and the Mortgage/Lease/Home Bills are in another person's name (DOUBLE UP): Provisional Registration will be allowed after the initial requirements are met.

- ☐ Schedule an appointment with Mr. Burke, Supervisor of School and Home Relations, to Review Documents by calling 225-658-4969 or via email at monte.burke@zacharyschools.org
- ☐ Bring the following documents to the meeting:
 - ☐ Driver's License of Parent/Legal Guardian (address must match current residence address in Zachary District)
 - ☐ Notarized Affidavit of Residency – available online www.zacharyschools.org/registration

AND the following Documentation of the Homeowner/Lessee as follows:

- ☐ Mortgage or Lease Agreement/rental contract on company letterhead with the landlord's name and phone number
- ☐ Copy of Driver's License of Homeowner/Lessee (address must match residence address)
- ☐ City of Zachary Gas/Water bill, showing name and address (current)
- ☐ Electricity Bill – DEMCO/Entergy (current)
- ☐ Conduct Home Visit

Following the approval of a provisional registration, parents have 30 days from enrollment to obtain and submit 3 proofs of residence addressed to them at the current address. Failure to complete the registration will result in the student being dropped from the school system.

- ☐ **3 proofs in parent's name** (matching the residence address) made up of any of the following:
 - ☐ Paycheck/paystub
 - ☐ Bank statements: preprinted account statements from your bank. Bank statements printed from a home computer are not accepted.
 - ☐ Loan Payment Statements
 - ☐ Tax Statements (W2) – Forms can be requested from your employer
 - ☐ Voter Registration

- ☐ Vehicle Registration
- ☐ Court Letter
- ☐ Correspondence from any government agency
- ☐ Supervisor of School and Home Relations may accept other pieces of mail addressed to your name at the current residence

Parent/Guardian is advised and is aware that the making of intentionally false statements or providing false information may expose him/her and the residency owner being charged with filing false public records in violation of L.A.R.S. 14:133 or other applicable laws of the State of Louisiana.

Further, the parent/guardian understands that the registration is provisional based on the current information available and registration will not be complete until all requirements are met.

Parent Signature

Date

Provisional Approval



3755 Church Street
Zachary, LA 70791
225.658.4969
Fax 225.658.5261
www.zacharyschools.org

RESIDENCY AFFIDAVIT

State of Louisiana

Parish of East Baton Rouge

BEFORE ME, the undersigned notary, personally came and appeared:

_____, (Full Name), called "Parent/Guardian," a person of the age of majority
whose permanent mailing address is (Legal Custodian of Student):

Street Number and Name City State Zip

Who did swear before me, upon his/her oath or affirmation, that he/she executed this Affidavit to formally acknowledge that:

_____, (Student's Name) is residing with Parent/Guardian at

_____, called "Residence Address."
Street Number and Name City State Zip

Parent/Guardian further deposes and testifies that:

1. Parent/Guardian has been advised and is aware that this Affidavit is being provided to officials of the Zachary Community School Board for purposes of admitting a student(s) to the Zachary Community School System.
2. Parent/Guardian is advised and is aware that the making of intentionally false statements on this Affidavit may expose him/her and the residency owner being charged with filing false public records in violation of L.A.R.S. 14:133 or other applicable laws of the State of Louisiana.
3. Parent/Guardian is advised that falsification of the information provided will result in the dismissal of the student from the Zachary Community School System.
4. With the foregoing understanding and awareness of the consequences of giving false information and filing false public records, Parent/Guardian attests that:
 - a. The above name student(s) has/have no other residence/domicile in the State of Louisiana other than the Residence Address shown on this Affidavit.
 - b. Parent/Guardian is the parent/legal guardian of _____ (Student's Name), who is

RESIDENCY AFFIDAVIT



3755 Church Street
Zachary, LA 70791
225.658.4969
Fax 225.658.5261
www.zacharyschools.org

residing with _____ (Name of Homeowner) at the Residence
Address. (Homeowner must be present and sign where indicated that this information is correct.)

- c. If the Parent/Guardian's Residence Address changes, Parent/Guardian will visit the Zachary Community School Board Office located at 3755 Church Street, Zachary, LA 70791 within ten (10) days of the change of residence and complete a registration packet for a change of address and provide required residency documentation.
- d. To enable residency verification, Parent/Guardian consents to an inspection and view of the residence herein identified as the student's residence to ensure that the information of the Affidavit to be true and correct.
- e. All parties have carefully completed and read this Affidavit and attest to the truth of all the information provided.

This document is valid for one year. It will expire on the last day of the current school year.

SIGNATURES:

WITNESSES:

PARENT/GUARDIAN

HOMEOWNER

SWORN TO AND SUBSCRIBED before me this _____ day of _____, 20__.

NOTARY PUBLIC

NOTARY ID# _____

RESIDENCY AFFIDAVIT

Primary/Home Language Survey for All New Incoming Students

Parents or guardians of ALL new incoming students K-12 should complete this survey. This form is only for determining whether the student needs English Learner services and will not be used for immigration matters or reported to immigration authorities.

Student Information:

First Name: _____ Date of Birth: _____

Last Name: _____ Date Entered US School: _____

Questions for Parents or Guardians	Response
What is the most common language(s) spoken in your home?	
Which language did your child learn first?	
Which language does your child use most often at home?	
In what language do you most often speak to your child?	
What language does your child use with friends?	

The answers to the above questions will tell us if a student's proficiency in English should be evaluated and help us to ensure that important opportunities to receive programs and services are offered to students who need them.

Has your child received ESL/EL services previously? Yes No

In what language would you prefer to receive information from the school? _____

Parent's or Guardian's Signature

Date

Zachary Community Schools
School Registration

School _____	Date _____
SID# _____	Teacher _____
Method of Transportation _____	Bus # _____

Student Information

Social Security or ID assigned by previous LA District _____

Birth Certificate # _____

Last Name _____

First Name _____

Middle Name _____

Generation (Jr., III, etc) _____

Sex _____

Grade _____

Primary Ethnic:
(choose one)

☐ 0 White

☐ 1 Black

☐ 2 Hispanic

☐ 3 Asian

☐ 4 Native American/Alaskan Native

☐ 5 Hawaiian/Pacific Islander

Secondary Ethnic:
(if applicable)

☐ 0 White

☐ 1 Black

☐ 2 Hispanic

☐ 3 Asian

☐ 4 Native American/Alaskan Native

☐ 5 Hawaiian/Pacific Islander

Language spoken at home _____

Language first acquired by student _____

Language most often spoken by student _____

Birth Date _____

Place of Birth _____

Month Day Year

Date of Entry to U.S. (if not a natural born citizen) _____

Address Information

Physical Address _____

Apt.# _____

Apt. Complex _____

House# _____

City _____

Zip Code _____

Mailing Address _____

City _____

Zip Code _____

Home Telephone (225) _____

Names of Other ZCSB Students

living at the student's primary residence _____

Guardian Information

Father or Legal Guardian 1

Relationship to Student _____

Title _____ Last Name _____ First Name _____
Apt.# _____ Apt. Complex _____ House# _____
Street _____
City _____ Zip Code _____
Phone _____
Home # _____ Work # _____ Cell # _____
Email _____

Mother or Legal Guardian 2

Relationship to Student _____

Title _____ Last Name _____ First Name _____
Apt.# _____ Apt. Complex _____ House# _____
Street _____
City _____ Zip Code _____
Phone _____
Home # _____ Work # _____ Cell # _____
Email _____

Medical Information

Emergency Contact 1

Relationship to Student _____

Last Name _____ First Name _____
Phone _____ Address _____

Emergency Contact 2

Relationship to Student _____

Last Name _____ First Name _____
Phone _____ Address _____

Preferred _____
Hospital _____ Physician _____ Telephone _____
Allergies _____ Physical Handicaps _____

Additional Information

Please check any special education services your child has ever received

☐ Speech ☐ Special Education ☐ 504 ☐ Gifted Talented ☐ Other, please list _____

Has this student ever attended school in Zachary Community School System? _____

If yes, where? _____

Elementary aged students: Check all programs attended:

☐ Play School ☐ Nursery School ☐ Pre Kindergarten ☐ Kindergarten ☐ Headstart

Incoming Kindergarteners: Check all programs attended: ☐ Home (no Pre-K) ☐ Tribal Schools
☐ Public School PreK ☐ NonPublic PreK ☐ Licensed Childcare ☐ Head Start Programs

Please list the schools with the grades the student has attended

School _____	Grade _____	School _____	Grade _____
School _____	Grade _____	School _____	Grade _____
School _____	Grade _____	School _____	Grade _____

X

My signature attests to the accuracy of the information given on this form under penalty of law.



Louisiana Student Residency Questionnaire Form

(Form Must Be Included In School Enrollment Packet)

Date: _____ LEA: _____ School Name: _____

Student Name: _____ ID#: _____ Gender: Male / Female

Address: _____ Telephone Number: _____

Last School Attended: _____ Current Grade: _____ Date of Birth: _____

Parent / Guardian / Adult Caring for Student: _____ Relationship: _____

Disclaimer: This questionnaire is intended to address the McKinney-Vento Act. Your child may be eligible for additional educational services through Title I Part A, Title I Part C Migrant, Individuals with Disabilities Education Act (IDEA) and/or Title IX, Part A, Federal McKinney-Vento Assistance Act, 42 U.S.C. 11435. Eligibility can be determined by completing this questionnaire. It is illegal to knowingly make false statements on this form. If eligible, students are to be immediately enrolled in accordance with Bulletin 741, section 341.

1. ☐ YES ☐ NO Is the student's address a temporary living arrangement? (Note: If this is a permanent living arrangement or the family owns or rents their home, sign under Item 9 and submit form to school personnel.)
2. ☐ YES ☐ NO Is the temporary living arrangement due to loss of housing or economic hardship?
3. ☐ YES ☐ NO Does the student have a disability or receive any special education-related services? (Check one)
4. Where is the student currently living? (Check all that apply.)

- ☐ In an emergency/transitional shelter.
- ☐ Temporarily with another family because we cannot afford or find affordable housing.
- ☐ With an adult that is not a parent or legal guardian, or alone without an adult.
- ☐ In a vehicle of any kind, trailer park or campground without running water/electricity, abandoned building or substandard housing.
- ☐ Emergency Housing (i.e. FEMA Trailer or FEMA Rental Assistance)
- ☐ In a hotel/motel. ☐ Other specific information: _____

5. ☐ YES ☐ NO Does the student exhibit any behaviors that may interfere with his or her academic performance?
6. Would you like assistance with uniforms, student records, school supplies, transportation, other?
(Describe): _____
7. ☐ YES ☐ NO Migrant – Have you moved at any time during the past three (3) years to seek temporary or seasonal work in agriculture (including Poultry processing, dairy, nursery, and timber) or fishing?
8. ☐ YES ☐ NO Does the student have siblings (brothers or sisters)? Note: Use back of page if more space is needed.
Name _____ School _____ Grade _____ DOB _____
Name _____ School _____ Grade _____ DOB _____
Name _____ School _____ Grade _____ DOB _____
9. The undersigned certifies that the information provided above is accurate.

Print Parent/Guardian/Adult Caring for Student's Name _____ Signature _____ Date _____

(Area Code) Phone Number _____ Street Address _____ City _____ State _____ Zip Code _____

Print School Contact Name _____ Title _____ Signature _____ Date _____

Homeless Liaison Use Only – Check All that Apply:

☐ Sheltered ☐ Doubled-Up ☐ Unsheltered/FEMA/Substandard ☐ Hotel/Motel Unaccompanied Youth: ☐ YES ☐ NO
School Use Only: ☐ Free or Reduced Price Meals Form submitted/signed ☐ Copy Placed in Student's Cumulative Record

03/2019

OFFICE USE ONLY: ☐ RETURNING STUDENT ☐ NEW ENROLLEE ☐ CHANGE OF ADDRESS REQUESTED

ZACHARY COMMUNITY SCHOOLS BUS SERVICE REQUEST

Complete One Per Student
2023 – 2024 School Year

Student's Name: _____

I, (parent/guardian's name) _____, DO () ** DO NOT() want bus service for my child for the 2023-24 school year. If you DO NOT want bus service for your child, please enter your name and your child's name on the lines above, sign on the signature line below*, and return this form to your child's school. If you DO WANT bus service for your child, please enter ALL requested information on this form and return to your child's school immediately. If a child does not need transportation in the morning or evening because of car pooling or other arrangements, please indicate so by writing "no ride" in the morning or evening box.

Parent/Guardian Signature* Sign Here

Today's Date

Student's School for 2023 - 2024: _____ Student's Grade for 2023-2024: _____

Parent/Guardian's Name: _____

Physical Home Address (No P.O. Boxes): _____

City: _____ Zip: _____

ENTIRE PHYSICAL ADDRESS WHERE CHILD WILL BE PICKED UP IN THE MORNING (NO P.O. BOXES):



ENTIRE PHYSICAL ADDRESS WHERE CHILD WILL BE DROPPED OFF IN THE EVENING (NO P.O. BOXES):



If No Ride in AM or PM please place "No Ride" on appropriate Line. No response means student will be dropped at same location as picked up.

Home Phone Number: _____

Work Phone Number of Mother: _____ Cell #: _____

Work Phone Number of Father: _____ Cell#: _____

Other Emergency Names and Phone Numbers: _____

If your child receives Special Education services, does your child's I.E.P. indicate special transportation services be provided? ☐ Yes ☐ NO

Does your child require a 5-point harness while riding the bus? ☐ Yes ☐ No
Thanks in Advance for your assistance. Please Allow 2-3 Business Days

Principals Approval _____ Date _____

Upon completion of this form please submit it to your child's school in hand or by email.

TO BE FILLED OUT BY FIRST STUDENT OFFICE ONLY

Bus # _____	Stop Location _____	P/U Time _____
Bus # _____	Stop Location _____	D/O Time _____

ZACHARY COMMUNITY SCHOOL BOARD

Parental Authorization to Publish Student Names, Photos, or Work

Dear Parent,

Your child's art, writing, or picture may be considered for publication on the Zachary Community School Board website or other media outlets. The website is located on the Internet at <http://www.zacharyschools.org>. Please complete and return the following consent form. Forms will be filed at the school location.

The following information is considered private and will not be placed in any publication, except where described below.

Student's Name _____

Mailing Address _____

City, State, and Zipcode _____

Home Phone _____

School Year _____

Grade _____

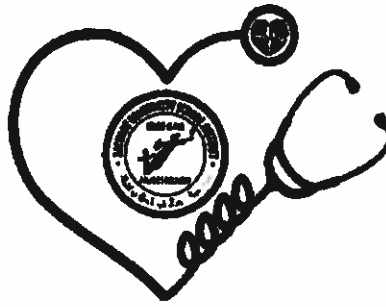
School _____

I give permission for my child's writing, picture or art, first name and last name initial, age, grade, and school's name to be published on the Zachary Community School Board website at <http://www.zacharyschools.org> or in other media outlets.

Parent's Signature _____ Date _____

I give permission for my child's writing, picture or art, first name and last name initial, age, grade, and school's name to be published in my child's school yearbook.

Parent's Signature _____ Date _____



Zachary Community Schools School Nurse Department

Welcome to Zachary Community Schools. We are excited that you have chosen our school system, which is one of the fastest growing, top-rated districts in the state, to educate your child.

In order to provide the best care possible for your child while at school, it is important for us to be aware of any medical conditions that might affect them during school hours or any condition that requires medication or possible nursing assistance (e.g. asthma, seizure disorder, diabetes, severe allergies, etc.). If your child does not have any medical issues or does not require any medication at school, we only need your signature on the "HIPPA Policy" form to be returned to school.

If your child has special medical needs, please complete and sign the enclosed forms. In addition, if your child requires medication at school, you may pick up the state mandated medication packet at your child's school or you may download these forms from the district website (www.zacharyschools.org) Go to top of the page to Departments>Academics>Student Support Services>School Nurses. Find the Medication packet on the left-hand side of the screen. Complete the form and return to your child's school. A parent will have to bring the medication to school to be checked and logged in. **Please note that medication of any kind, including over-the-counter medication, may NEVER be sent to school with your child and MUST be checked in by a parent along with the medication packet completed.**

Also, please ensure that your child's immunizations are up-to-date, and that his/her school has an updated copy. This is required by Louisiana Department of Health and Hospitals and must be on file for your child to attend school.

Thank you in advance for your cooperation. We look forward to caring for your child.

Zachary Community School District School Nurses

HIPAA POLICY

NOTICE OF USE OF PERSONAL HEALTH INFORMATION

This notice describes how medical information about your child may be used and disclosed and how you can get access to this information. Please review it carefully:

We understand that any information we collect about your child and their health is personal. Keeping your child's health information private is one of our most important responsibilities. We are committed to protecting their health information and following all laws about its use. You have the right to discuss your concerns with the system's Privacy Officer about how their health information is shared. The law says:

1. We must keep student's health information from others who do not need it.
2. You may ask us not to share certain health services information with others. However, occasionally certain situations prohibit us from complying with a request as such.

Your child may receive certain services from nurses, therapists, social workers, doctors, or other health-care related individuals. They may see, use, and share your child's health or medical information to determine any plan of treatment, diagnosis, or outcome of the said information as described in an Individualized Education Program (IEP) or other plan document. This use may cover such health services your child had before now or may have later.

We review such health services information and claims to make sure that you get quality services and that all laws regarding providing and paying for such health services are followed. We may also use the information to remind you about services or to inform you about treatment alternatives. In addition, we may also use the information to obtain payments for such services as a result of the Medicaid program. We must submit information that identifies you and your child, your child's diagnosis, and the type of services provided to your child for reimbursement by Medicaid.

We may share your health care information with teachers through health plans, with insurance companies and/or government programs in order for our school system to be reimbursed for such health care or medical services rendered during the school day.

As a general rule, you may request to see your child's health information. However, the request may not include psychotherapy notes or information being gathered for judicial proceedings. There may be legal reasons or safety concerns that would limit the amount of information that you may see. You may ask in writing to receive a copy of your child's health information. We may ask for payment for copying costs.

If you suspect some of your child's health information is wrong, you may ask in writing that we correct or amend it and you must provide the appropriate documentation, if applicable, from your child's physician in order to verify it.

You may request in the form of a signed 'Authorization of Release of Information' that any health information be sent to others who have received your child's health information previously from us. In addition, you may also request a comprehensive list of any recipients of such information. At any time, you may stop or limit the amount of information being shared by informing us in writing.

Note: A child 18-years old or older can give consent for his or her health information to be shared by signing an 'Authorization of Release of Information'.

In certain situations, we are mandated to abide by laws pertaining to sharing particular health information regarding your child, even if an 'Authorization of Release of Information' is not signed. We always report:

1. Contagious diseases, birth defects, and cancer;
2. Firearm injuries and other trauma events;
3. Reactions to problems with medicines or defective medical equipment;
4. To the police or other governmental agencies when required by law;
5. When a court orders us;
6. To the government to review how our programs are working;
7. To Worker's Compensation for work related injuries;
8. Date of birth and immunization information;
9. Abuse, neglect, and domestic violence, if related to child protection or vulnerable adults; or
10. To parents and other designated by law.

We may also share health care information for permitted research purposes and for matters concerning serious threats to public health or safety. Furthermore, if the health information falls within the FERPA definition of "education record", it will not be considered private health information under HIPAA, and therefore, will not be regulated by HIPAA.

If you have any questions about this notice of privacy rights or feel that such rights have been violated, you may contact:

Zachary Community School Board Office
(225) 658-4969 telephone
3755 Church Street, Zachary, LA 70791

You can also complain to the federal government Secretary of Health and Human Services (HHS) or to the HHS Office of Civil Rights. Your health care services will not be affected by any complaint made to the Zachary Community School Board, Secretary of Health and Human Services, or Office of Civil Rights.

You may ask for additional copies of our HIPAA policy at any time. The following link provides additional information regarding HIPAA and FERPA relevant to student health records.

https://oese.ed.gov/files/2020/10/handout_hipaaferpa.pdf

ZACHARY COMMUNITY SCHOOL BOARD

Dear Parent,

Attached you will find the Zachary Community School Board HIPAA policy Notice of Use of Personal Health Information. Please sign and return this form, so that we may maintain a record of your having received the information. Failure to return the signed form may result in a delay in servicing your child.

Thank you,

Zachary Community School Nurses

This is to certify that I have received and read a copy of the "Notice of Use of Personal Health Information".

Parent's Signature

Names of children attending Zachary Community Schools and grades/homeroom teachers of each:

_____ Name	_____ Grade	_____ Homeroom Teacher
_____ Name	_____ Grade	_____ Homeroom Teacher
_____ Name	_____ Grade	_____ Homeroom Teacher
_____ Name	_____ Grade	_____ Homeroom Teacher
_____ Name	_____ Grade	_____ Homeroom Teacher

If you have any questions, please feel free to contact your child's school.

STATE OF LOUISIANA HEALTH INFORMATION

TO BE COMPLETED BY PARENT/LEGAL GUARDIAN

PART 1: PARENT OR LEGAL GUARDIAN TO COMPLETE. Parent/Legal Guardian is encouraged to participate in the development of an individual Health Care Plan if needed. Use additional sheets, if necessary, for further explanation.									
Student Name: Last		First		M.I.		Sex: M <input type="checkbox"/> F <input type="checkbox"/>	DOB:	Grade:	School:
Student's Mailing Address:					City:		State:		Zip:
Student's Physical Address: -					City:		State:		Zip:
Name of Mother/Legal Guardian				Home Phone		Work Phone		Cell Phone	
Name of Father/Legal Guardian				Home Phone		Work Phone		Cell Phone	
Name of pediatrician/primary care provider				Phone No		Name of medical specialists/clinics Phone No.			

Parents: Please notify the school nurse of any changes in the student's medical condition.

Parent/Legal Guardian Signature _____ Date _____

Please check the type of health insurance your child has: ☐ Private ☐ Medicaid/LaCHIP ☐ None

If your child does not have health insurance, would you like information on no-cost health insurance? ☐ Yes ☐ No

In case of emergency, if parent or legal guardian cannot be reached, contact the following:

Name	Phone Number	Cell Phone Number
------	--------------	-------------------

My child has a medical, mental, or behavioral condition that may affect his/her school day: ☐ No ☐ Yes

(If yes, please complete Part 2)

<p>PART 2: COMPLETE ALL BOXES THAT APPLY TO YOUR CHILD. Parent/Legal Guardian is responsible for providing the school with any medication and may be responsible for providing the school with any special food or equipment that the student will require during the school day. Check with the school nurse to obtain correct medication and procedure forms. Parents are responsible to keep the school nurse informed regarding their child's health status.</p>

☐ **ALLERGIES**

Allergy Type:

☐ Food (list food(s) _____)

☐ Medication (list medication(s) _____)

☐ Insect sting (list insect(s) _____)

☐ Other (list) _____

Reactions- Date of last occurrence:

☐ Coughing Date: _____

☐ Swelling Date: _____

☐ Rash Date: _____

☐ Difficulty breathing Date: _____

☐ Nausea Date: _____

☐ Other _____

☐ Hives Date: _____

☐ Wheezing Date: _____

Currently prescribed medications and treatments:

☐ Oral antihistamine (Benadryl, etc.) ☐ Epi-pen ☐ Other _____

☐ ASTHMA

Triggers (i.e., tobacco, dust, pets, pollen, etc.) (list) _____

Does your child experience asthma symptoms with exercise? ☐ No ☐ Yes

Symptoms: ☐ Chest tightness, discomfort, or pain ☐ Difficulty breathing ☐ Coughing ☐ Wheezing
☐ Other _____

Currently prescribed medications and treatments: _____

Date of last hospitalization related to asthma _____ Date of last ER visit related to asthma _____

• Does your child have a written asthma management plan? ☐ No ☐ Yes Is peak flow monitoring used? ☐ No ☐ Yes

☐ DIABETES

Currently prescribed medications and treatments: ☐ Insulin ☐ Syringe ☐ Pen ☐ Pump
☐ Blood sugar testing ☐ Glucagon ☐ Oral medication(s) List medication(s) _____

Is special scheduling of lunch or Physical Education required? ☐ No ☐ Yes:

☐ SEIZURE DISORDER

Type of seizure: ☐ Absence (staring, unresponsive) ☐ Generalized Tonic-Clonic (Grand Mal/Convulsive)

☐ Complex Partial ☐ Other (explain) _____

Physical Education Restrictions: ☐ No ☐ Yes

Medication(s): ☐ No ☐ Yes List medication(s) _____

Date of last seizure _____ Length of seizure _____

☐ OTHER HEALTH CONDITIONS

Chicken Pox: Date of disease: _____

- | | | |
|--|--|--|
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Digestive disorders | <input type="checkbox"/> Sickle Cell Disease |
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Psychological | <input type="checkbox"/> Skin disorders |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Juvenile Rheumatoid Arthritis | <input type="checkbox"/> Speech problems |
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Hemophilia | <input type="checkbox"/> Other (explain) _____ |
| <input type="checkbox"/> Cystic Fibrosis | <input type="checkbox"/> Heart condition | |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Physical disability | |

Physical Education Restrictions: ☐ No ☐ Yes (explain): _____

Medication(s): ☐ No ☐ Yes List medication(s) _____

Special procedures required (i.e., catheterization, oxygen, gastrostomy care, tracheostomy care, suctioning): ☐ No ☐ Yes (explain): _____

☐ VISION CONDITIONS _____ ☐ Contacts/glasses ☐ Other _____
☐ HEARING CONDITIONS _____ ☐ Hearing aid(s) ☐ Other: _____

□ ENVIRONMENTAL ADJUSTMENTS DUE TO A HEALTH CONDITION

Special adjustments of the school environment or schedule needed? ☐ No ☐ Yes (explain):
(i.e., seizures, limitations in physical activity, periodic breaks for endurance, part-time schedule, building
modifications for access)

Special adjustments to classroom or school facilities needed? ☐ No ☐ Yes (explain)
(i.e., temperature control, refrigeration/medication storage, availability of running water)

Special safety considerations required: ☐ No ☐ Yes (explain):
(i.e., precautions in lifting or positioning, transportation emergency plan, safety equipment, techniques for
positioning or feeding)

Special assistance with activities of daily living needed: ☐ No ☐ Yes (explain):
(i.e., eating, toileting, walking)

Special diet required? ☐ No ☐ Yes (explain)
(i.e., blended, soft, low salt, low fat, liquid supplement):

Are there anticipated frequent absences or hospitalizations? ☐ No ☐ Yes (explain):

PART 3: SCHOOL NURSE TO REVIEW if parent/legal guardian indicates medical condition.

Nurse Notes: _____

School Nurse Signature

Date

**MEDICAL HISTORY FORM
ZACHARY COMMUNITY SCHOOLS**

Medical information is needed for the following student in order to determine if there are health impairments sufficient to warrant special education services. This information will also be utilized by the school nurse to provide health services. This form is to be completed by the Doctor. Please check appropriate behaviors and provide a simple explanation when indicated.

Name: _____ DOB: _____

Name of Parent(s)/Guardian: _____

Current Diagnosis, Medical Status, and Current Medication: _____

Date Last Seen: _____ Return to Clinic Date: _____

Severity of Illness: ____ Mild ____ Moderate ____ Severe

Condition Causes:

- ☐ temporary or chronic lack of strength
- ☐ temporary or chronic lack of vitality
- ☐ temporary lack of alertness
- ☐ reduced efficiency in school work because of _____

Student is substantially limited in the following major life activity/activities: ____ caring for one's self ____ seeing ____ working
____ hearing ____ walking ____ performing manual tasks ____ breathing ____ speaking ____ learning
____ other major life activity (describe): _____

Recommendations For Student Integration Into The School Setting

Activity Restrictions/Limitations _____

Accommodations _____

Nutritional/Dietary _____

Special Procedures _____

Speech Therapy _____

Physical Therapy/ Occupational Therapy/ Adaptive Physical Education _____

Please check if you agree to your patient receiving OT/PT (will be considered orders for service for one year from date doctor signed)

☐ Occupational Therapy

☐ Physical Therapy

Physician's Signature: _____ Date: _____

Print Physician's Name: _____

Physician's Address: _____

Office #: _____ Fax #: _____



**ZACHARY COMMUNITY SCHOOLS
IMMUNIZATION REQUIREMENTS FOR
PRE-K/KINDERGARTEN**

Under State Law (Act no. 771) all students are required to have proof of immunization. We must have an up-to-date copy of your child's immunizations before school starts.

DTaP----- 5 Doses
IPV-----4 Doses
MMR----- 2 Doses
VAR----- 2 Doses or history of having chicken pox
HepB----- 3 Doses
HIB----- 4 Doses
HepA-----2 Doses

*****IMPORTANT*****

We are required by the Department of Health and Hospitals to use Louisiana Immunization Network for Kids Statewide (LINKS) web application for recording and reporting all student immunizations. Please note, any immunization given too early or out-of-sequence will be identified as invalid by LINKS and will need to be repeated. If your child's physician chooses not to repeat the said dose, documentation from the physician is required by the Department of Health and Hospitals to include in our records.

Please contact your child's school to speak with a school nurse if you have any questions regarding immunizations.

Thank You,
Zachary Community Schools
Nursing Department



LOUISIANA DEPARTMENT OF HEALTH - OFFICE OF PUBLIC HEALTH
2022 CHILD/ADOLESCENT IMMUNIZATION SCHEDULE AND
DAYCARE/SCHOOL ENTRY REQUIREMENTS



Depending on the child's age, choose the appropriate set of immunizations. High-risk children may require additional vaccines. Individuals with an altered immune system, due to disease or medication, must be evaluated by a physician prior to vaccination.

(Revised: 12/1/2022)

RECOMMENDED SCHEDULE FOR IMMUNIZATION BY AGE	
Age	Vaccinations
At Birth	HepB
2 Months ⁽¹⁾	DTaP, Hib, IPV, HepB, PCV, RV
4 Months	DTaP, Hib, IPV, PCV, RV
6 Months	DTaP, Hib, IPV, HepB, PCV, RV, Flu
7 Months	Flu, then annually
12-15 Months	DTaP, Hib, MMR, VAR, PCV, HepA
18-23 Months	HepA
4 years	DTaP, IPV, MMR, VAR
11-12 Years	Tdap, MenACWY, HPV
16 Years	MenACWY, provider-patient discussion for MenB (HPV, VAR, MMR, HepA, HepB, if needed)

(1) DTaP, IPV, Hib, PCV, RV and Hib can be administered as early as 6 weeks of age and simultaneously.

(2) Depending on the child's age, choose the appropriate initial set of immunizations. Sometimes a scheduled dose of vaccine may not be given on time. If this occurs, the dose should be given at the next visit. It is not necessary to restart the series of any vaccine due to extended intervals between doses.

Note 1: The recommendations above and the vaccine guidelines on page 2 are summaries. For more information, visit <https://www.cdc.gov/vaccines/imz/downloads/covid-19-immunization-schedule-ages-6-months-older.pdf>

Note 2: For detailed information on each vaccine refer to the manufacturer's product insert.

Louisiana Department of Health also recommends COVID-19 vaccinations for children ages 6 months and older. For detailed information on dose recommendations visit <https://www.cdc.gov/vaccines/covid-19/downloads/covid-19-immunization-schedule-ages-6-months-older.pdf>

ACCELERATED SCHEDULE FOR CHILDREN LATE ON VACCINATIONS	
Visit/Age	Vaccinations
Children 4 months through 6 years of age	
1st Visit ⁽¹⁾	DTaP, Hib, IPV, HepA, HepB, MMR, VAR, PCV, Flu
2nd Visit (4 weeks after 1st visit)	DTaP, Hib, IPV, HepB, PCV, Flu
3rd Visit (4 weeks after 2nd visit)	DTaP, Hib, PCV
4th Visit (6 months after 3rd visit)	DTaP, Hib, IPV, PCV, HepA, HepB
4 Years of Age or at School Entry	DTaP, IPV, MMR, VAR
Children 7 through 18 years of age	
1st Visit	Tdap, IPV, HepA, HepB, MMR, VAR
2nd Visit (4 weeks after 1st visit)	Td, IPV, HepB, MMR
3rd Visit (6 months after 2nd visit)	Td, IPV, HepA, HepB
11-12 Years	Tdap, MenACWY, HPV (IPV, VAR, MMR, HepB if needed)
16 Years	MenACWY, provider-patient discussion for MenB

Note 1: The recommendations above and the vaccine guidelines on page 2 are summaries. For more information, visit <https://www.cdc.gov/vaccines/imz/downloads/covid-19-immunization-schedule-ages-6-months-older.pdf>

REQUIRED VACCINATIONS FOR ENTRY INTO DAYCARE AND SCHOOLS						
Daycares/Early Learning		Grade K-12 Schools				
Vaccinations	Doses	Grades	Vaccinations	Doses		
Child must be up to date on vaccinations for their age (see recommendations listed above) according to a valid immunization record		Starting at Kindergarten ⁽¹⁾ and all subsequent grades thereafter	DTaP ⁽²⁾	5		
			HepA	2		
			HepB	3		
			IPV ⁽³⁾	4		
			MMR	2		
			VAR	2		
		Starting at 6 th grade and all subsequent grades thereafter	Tdap	1		
			MenACWY	1		
		Starting at 11 th grade and all subsequent grades thereafter	MenACWY	Second Dose		

(1) Entry requirement exception for students who are 4 years of age when entering kindergarten at start of school year. To attend kindergarten in Louisiana, students must be 5 years old by September 30 each school year. Therefore, there are instances where a student is still 4 years old when entering kindergarten. In these instances, the 4-year-old student may be admitted into kindergarten so long as a parent/guardian presents a record indicating that the student is in progress of receiving the required vaccinations. In these instances, follow-up from school staff must be provided for compliance with the above requirements.

(2) Those students who received their 4th dose of DTaP at age 4 or older do not need a 5th dose on record.

(3) Those students who received their 3rd dose of IPV at age 4 or older do not need a 4th dose on record.

Note: Students may participate in school without the required immunizations listed above if a written statement of exemption is presented by a physician, the individual, or the individual's parent/guardian.

COVID-19 - Vaccines for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). Vaccination is recommended for children 6 months and older and series and intervals depend on vaccine type.

DTaP - DTaP vaccine is recommended to be administered any time after 6 weeks through 6 years of age. The 4th dose of DTaP should be given at least 6 months after the 3rd dose. Pediatric DT (Diphtheria-Tetanus) should be substituted for DTaP when Pertussis vaccine is contraindicated. Persons aged 7 and older who are fully immunized with DTaP should receive a Tdap at 11-12 years in place of Td booster.

Td/Tdap - Persons aged 7 years and older who are not fully immunized with DTaP vaccine should receive Tdap vaccine as 1 (preferably the first) dose in the catch-up series; if additional doses are needed, use Td vaccine. For children 7 through 10 years who receive a dose of Tdap as part of the catch-up series, an adolescent Tdap vaccine dose should be administered at age 11 through 12 years. Td should be administered instead 10 years after the Tdap dose. Adolescents 13-18 years who missed the 11-12 year Td/Tdap booster should also receive a single dose of Tdap if they completed the recommended childhood DTaP series. No minimum interval required between giving doses of Td and Tdap. Subsequent routine Td boosters are recommended every 10 years. If a Tdap dose is administered at age 10 or older, the Tdap dose may count as the adolescent dose.

Flu - Routine annual influenza vaccination is recommended for all children 6 months-18 years. 2 doses administered at least 1 month apart are recommended for children aged 6 months-8 years who are receiving the influenza vaccine for the 1st time. Children 6 months through 8 years getting vaccinated for the 1st time, and those who have only previously gotten 1 dose of vaccine, should get 2 doses of vaccine. All children who have previously gotten 2 doses of vaccine (at any time) only need 1 dose of vaccine each season.

HepA - Routine Hepatitis A vaccination is recommended for all children 12 months through 18 years of age. The 2 doses in the series should be administered at least 6 months apart. If the interval between the 1st and 2nd doses of Hepatitis A vaccine extends beyond 18 months, it is not necessary to repeat a dose.

HepB - Unimmunized infants should be given a 1st dose of Timerocast-free HBV at the birthing hospital before discharge or when first encountered, a 2nd dose a minimum of 1 month later, and a 3rd dose a minimum of 4 months after the 1st. Children aged 11-18 years of age who have not previously received 3 doses of Hepatitis B vaccine should be vaccinated. The 2nd dose should be administered at least 1 month after the 1st dose, and the 3rd dose should be administered at least 4 months after the 1st dose and at least 2 months after the 2nd dose. The minimum age for the 3rd dose is 6 months. Hepatitis B vaccine is routinely recommended for all children up to 19 years of age.

Hib - Hib vaccine can be administered any time DTaP vaccine is given. If PRP-OMP (Pedvaxim-HB [Merck]) is administered at 2 and 4 months of age, a dose at 6 months is not required. Children who are 7 months of age or older at the time they receive the 1st Hib vaccination should be immunized as follows: (1) Unimmunized infants 7-11 months of age should receive a 3-dose regimen. A 1st dose should be given now, a 2nd dose 1 month later, and a 3rd dose after 12 months of age, at least 2 months after the previous dose. (2) Unimmunized children 12-13 months of age should receive a primary series of 1 dose and a booster at age 15 months. (3) Unimmunized children 15 months of age or older who have not yet reached their 5th birthday should receive 1 dose.

HPV - HPV vaccine is a 2-dose series for ages 9-14 years and a 3-dose series for ages 15-26 years. Administer the 1st dose of HPV vaccine between 11-12 years. Administer the 2nd dose 6-12 months after the 1st dose. If the series was started at 15-26 years, then a 3-dose series is required: 4-week minimum interval between dose 1 and dose 2. A minimum interval of 12 weeks required between dose 2 and dose 3. The 3rd dose should be given at least 24 weeks after the 1st dose. Adolescents aged 9-14 years with 2 doses of HPV vaccine less than 5 months apart, require a 3rd dose.

IPV - For infants, children and adolescents up to 18 years of age, the primary sequential series of IPV consists of 4 doses. The primary series is administered at 2 months, 4 months, 6-15 months and 4 years of age, or as age appropriate. A minimum of 6 months is required between the last 2 doses of IPV. A 4th dose in the routine IPV series is not necessary if the 3rd dose was given at 4 years of age or older and 6 months or more after the previous dose.

MMR - 2 doses of MMR vaccine after 12 months of age are required with a minimum of 28 days separating the doses. If a child has received 2 doses of MMR vaccine after 12 months of age, another dose after the 4th birthday is not necessary. Children 11-18 years of age not previously immunized with MMR should receive 2 doses. Individuals with 1 dose of MMR must receive an additional MMR vaccination. Students in schools of higher learning must receive 2 doses of MMR prior to entry.

MenACWY - Meningococcal conjugate vaccine should be administered to all children at age 11-12 years, a booster dose on/after 16 years. The minimum interval between doses of MenACWY vaccine is 6 weeks. Only 1 dose is needed if first dose given on or after age 16. This vaccine provides protection against meningococcal serogroups A, C, W, and Y, but not against serogroup B.

MenB - Teens age 16 through 18 years may be vaccinated routinely as an Advisory Committee on Immunization Practices Category B recommendation for provider-patient discussion. The 2-dose series protects against serogroup B meningococcal disease, but not serogroups A, C, W and Y. The 2 MenB vaccines are not interchangeable. The same vaccine product must be used for all doses in a series. Give 2 doses of either MenB vaccine: Bexsero, 1 month apart; Trumenb, 6 months apart. If dose 2 of Trumenb is administered earlier than 6 months, administer a 3rd dose at least 4 months after dose 2. For special situations use the Bexsero 2-dose series at least 1 month apart or the Trumenb 3-dose series at 0, 1-2, and 6 months.

PCV - All children should receive a 3-dose primary series and a booster if vaccination begun at ≤ 6 months of age; a 2-dose primary series and a booster if vaccination is begun between 7 and 11 months of age; a 2-dose series and no booster if vaccination is begun between 12 and 23 months of age. If vaccination is initiated at ≥ 24 months of age, the child should receive 1 dose of PCV. Children 24 through 59 months of age should receive a single dose of PCV13. For children with underlying medical conditions, a single supplemental PCV13 is recommended following primary series. High risk or presumed high risk for pneumococcal disease should be immunized with Pneumovax Vaccine (PPSV) depending on the number of doses of PCV that they have received. PCV vaccination is required as part of the Daycare/Head Start Immunization Requirement for children less than 24 months of age.

RV - The 1st dose should be given between 6 and 14 weeks with the maximum age of 1st dose being 14 weeks 6 days of age. Maximum age for any dose is 8 months of age. Minimum interval between doses is 4 weeks. Monovalent RV1 is administered at 2 months and 4 months of age, a dose at 6 months is not required. Pentavalent RV5 is administered at 2 months, 4 months and 6-8 months. If RV brand is unknown a total of 3 doses are needed.

VAR - All susceptible children who are at least 12 months old through 18 years of age should be vaccinated. Administer the 2nd dose of varicella vaccine at age 4-6 years. VAR vaccine may be administered prior to 4-6 years, provided that ≥ 3 months have elapsed since the 1st dose and both doses are administered at ≥ 12 months of age. Susceptible persons aged ≥ 12 years should receive 2 doses at least 1 month apart. Children with a history of typical chickenpox are assumed to be immune to varicella and serologic testing is not warranted. History of chickenpox is not a contraindication to VAR vaccination.

ABBREVIATIONS: COVID-19 SARS-COV-2 VACCINE; DTaP DIPHTEHERIA-TETANUS-ACELLULAR PERTUSSIS VACCINE; Tdap TETANUS AND DIPHTEHERIA TOXOIDS AND ACELLULAR PERTUSSIS VACCINE; Td ADULT TYPE TETANUS AND DIPHTEHERIA VACCINE; FlU INFLUENZA VACCINE; HBsA HEPATITIS A VACCINE; HBsB HEPATITIS B VACCINE; HBsC HEPATITIS C VACCINE; HBsD HEPATITIS D VACCINE; HBsE HEPATITIS E VACCINE; HBsF HEPATITIS F VACCINE; HBsG HEPATITIS G VACCINE; HBsH HEPATITIS H VACCINE; HBsI HEPATITIS I VACCINE; HBsJ HEPATITIS J VACCINE; HBsK HEPATITIS K VACCINE; HBsL HEPATITIS L VACCINE; HBsM HEPATITIS M VACCINE; HBsN HEPATITIS N VACCINE; HBsO HEPATITIS O VACCINE; HBsP HEPATITIS P VACCINE; HBsQ HEPATITIS Q VACCINE; HBsR HEPATITIS R VACCINE; HBsS HEPATITIS S VACCINE; HBsT HEPATITIS T VACCINE; HBsU HEPATITIS U VACCINE; HBsV HEPATITIS V VACCINE; HBsW HEPATITIS W VACCINE; HBsX HEPATITIS X VACCINE; HBsY HEPATITIS Y VACCINE; HBsZ HEPATITIS Z VACCINE; HBsAA HEPATITIS AA VACCINE; HBsAB HEPATITIS AB VACCINE; HBsAC HEPATITIS AC VACCINE; HBsAD HEPATITIS AD VACCINE; HBsAE HEPATITIS AE VACCINE; HBsAF HEPATITIS AF VACCINE; HBsAG HEPATITIS AG VACCINE; HBsAH HEPATITIS AH VACCINE; HBsAI HEPATITIS AI VACCINE; HBsAJ HEPATITIS AJ VACCINE; HBsAK HEPATITIS AK VACCINE; HBsAL HEPATITIS AL VACCINE; HBsAM HEPATITIS AM VACCINE; HBsAN HEPATITIS AN VACCINE; HBsAO HEPATITIS AO VACCINE; HBsAP HEPATITIS AP VACCINE; HBsAQ HEPATITIS AQ VACCINE; HBsAR HEPATITIS AR VACCINE; HBsAS HEPATITIS AS VACCINE; HBsAT HEPATITIS AT VACCINE; HBsAU HEPATITIS AU VACCINE; HBsAV HEPATITIS AV VACCINE; HBsAW HEPATITIS AW VACCINE; HBsAX HEPATITIS AX VACCINE; HBsAY HEPATITIS AY VACCINE; HBsAZ HEPATITIS AZ VACCINE; HBsBA HEPATITIS BA VACCINE; HBsBB HEPATITIS BB VACCINE; HBsBC HEPATITIS BC VACCINE; HBsBD HEPATITIS BD VACCINE; HBsBE HEPATITIS BE VACCINE; HBsBF HEPATITIS BF VACCINE; HBsBG HEPATITIS BG VACCINE; HBsBH HEPATITIS BH VACCINE; HBsBI HEPATITIS BI VACCINE; HBsBJ HEPATITIS BJ VACCINE; HBsBK HEPATITIS BK VACCINE; HBsBL HEPATITIS BL VACCINE; HBsBM HEPATITIS BM VACCINE; HBsBN HEPATITIS BN VACCINE; HBsBO HEPATITIS BO VACCINE; HBsBP HEPATITIS BP VACCINE; HBsBQ HEPATITIS BQ VACCINE; HBsBR HEPATITIS BR VACCINE; HBsBS HEPATITIS BS VACCINE; HBsBT HEPATITIS BT VACCINE; HBsBU HEPATITIS BU VACCINE; HBsBV HEPATITIS BV VACCINE; HBsBW HEPATITIS BW VACCINE; HBsBX HEPATITIS BX VACCINE; HBsBY HEPATITIS BY VACCINE; HBsBZ HEPATITIS BZ VACCINE; HBsCA HEPATITIS CA VACCINE; HBsCB HEPATITIS CB VACCINE; HBsCC HEPATITIS CC VACCINE; HBsCD HEPATITIS CD VACCINE; HBsCE HEPATITIS CE VACCINE; HBsCF HEPATITIS CF VACCINE; HBsCG HEPATITIS CG VACCINE; HBsCH HEPATITIS CH VACCINE; HBsCI HEPATITIS CI VACCINE; HBsCJ HEPATITIS CJ VACCINE; HBsCK HEPATITIS CK VACCINE; HBsCL HEPATITIS CL VACCINE; HBsCM HEPATITIS CM VACCINE; HBsCN HEPATITIS CN VACCINE; HBsCO HEPATITIS CO VACCINE; HBsCP HEPATITIS CP VACCINE; HBsCQ HEPATITIS CQ VACCINE; HBsCR HEPATITIS CR VACCINE; HBsCS HEPATITIS CS VACCINE; HBsCT HEPATITIS CT VACCINE; HBsCU HEPATITIS CU VACCINE; HBsCV HEPATITIS CV VACCINE; HBsCW HEPATITIS CW VACCINE; HBsCX HEPATITIS CX VACCINE; HBsCY HEPATITIS CY VACCINE; HBsCZ HEPATITIS CZ VACCINE; HBsDA HEPATITIS DA VACCINE; HBsDB HEPATITIS DB VACCINE; HBsDC HEPATITIS DC VACCINE; HBsDD HEPATITIS DD VACCINE; HBsDE HEPATITIS DE VACCINE; HBsDF HEPATITIS DF VACCINE; HBsDG HEPATITIS DG VACCINE; HBsDH HEPATITIS DH VACCINE; HBsDI HEPATITIS DI VACCINE; HBsDJ HEPATITIS DJ VACCINE; HBsDK HEPATITIS DK VACCINE; HBsDL HEPATITIS DL VACCINE; HBsDM HEPATITIS DM VACCINE; HBsDN HEPATITIS DN VACCINE; HBsDO HEPATITIS DO VACCINE; HBsDP HEPATITIS DP VACCINE; HBsDQ HEPATITIS DQ VACCINE; HBsDR HEPATITIS DR VACCINE; HBsDS HEPATITIS DS VACCINE; HBsDT HEPATITIS DT VACCINE; HBsDU HEPATITIS DU VACCINE; HBsDV HEPATITIS DV VACCINE; HBsDW HEPATITIS DW VACCINE; HBsDX HEPATITIS DX VACCINE; HBsDY HEPATITIS DY VACCINE; HBsDZ HEPATITIS DZ VACCINE; HBsEA HEPATITIS EA VACCINE; HBsEB HEPATITIS EB VACCINE; HBsEC HEPATITIS EC VACCINE; HBsED HEPATITIS ED VACCINE; HBsEE HEPATITIS EE VACCINE; HBsEF HEPATITIS EF VACCINE; HBsEG HEPATITIS EG VACCINE; HBsEH HEPATITIS EH VACCINE; HBsEI HEPATITIS EI VACCINE; HBsEJ HEPATITIS EJ VACCINE; HBsEK HEPATITIS EK VACCINE; HBsEL HEPATITIS EL VACCINE; HBsEM HEPATITIS EM VACCINE; HBsEN HEPATITIS EN VACCINE; HBsEO HEPATITIS EO VACCINE; HBsEP HEPATITIS EP VACCINE; HBsEQ HEPATITIS EQ VACCINE; HBsER HEPATITIS ER VACCINE; HBsES HEPATITIS ES VACCINE; HBsET HEPATITIS ET VACCINE; HBsEU HEPATITIS EU VACCINE; HBsEV HEPATITIS EV VACCINE; HBsEW HEPATITIS EW VACCINE; HBsEX HEPATITIS EX VACCINE; HBsEY HEPATITIS EY VACCINE; HBsEZ HEPATITIS EZ VACCINE; HBsFA HEPATITIS FA VACCINE; HBsFB HEPATITIS FB VACCINE; HBsFC HEPATITIS FC VACCINE; HBsFD HEPATITIS FD VACCINE; HBsFE HEPATITIS FE VACCINE; HBsFF HEPATITIS FF VACCINE; HBsFG HEPATITIS FG VACCINE; HBsFH HEPATITIS FH VACCINE; HBsFI HEPATITIS FI VACCINE; HBsFJ HEPATITIS FJ VACCINE; HBsFK HEPATITIS FK VACCINE; HBsFL HEPATITIS FL VACCINE; HBsFM HEPATITIS FM VACCINE; HBsFN HEPATITIS FN VACCINE; HBsFO HEPATITIS FO VACCINE; HBsFP HEPATITIS FP VACCINE; HBsFQ HEPATITIS FQ VACCINE; HBsFR HEPATITIS FR VACCINE; HBsFS HEPATITIS FS VACCINE; HBsFT HEPATITIS FT VACCINE; HBsFU HEPATITIS FU VACCINE; HBsFV HEPATITIS FV VACCINE; HBsFW HEPATITIS FW VACCINE; HBsFX HEPATITIS FX VACCINE; HBsFY HEPATITIS FY VACCINE; HBsFZ HEPATITIS FZ VACCINE; HBsGA HEPATITIS GA VACCINE; HBsGB HEPATITIS GB VACCINE; HBsGC HEPATITIS GC VACCINE; HBsGD HEPATITIS GD VACCINE; HBsGE HEPATITIS GE VACCINE; HBsGF HEPATITIS GF VACCINE; HBsGG HEPATITIS GG VACCINE; HBsGH HEPATITIS GH VACCINE; HBsGI HEPATITIS GI VACCINE; HBsGJ HEPATITIS GJ VACCINE; HBsGK HEPATITIS GK VACCINE; HBsGL HEPATITIS GL VACCINE; HBsGM HEPATITIS GM VACCINE; HBsGN HEPATITIS GN VACCINE; HBsGO HEPATITIS GO VACCINE; HBsGP HEPATITIS GP VACCINE; HBsGQ HEPATITIS GQ VACCINE; HBsGR HEPATITIS GR VACCINE; HBsGS HEPATITIS GS VACCINE; HBsGT HEPATITIS GT VACCINE; HBsGU HEPATITIS GU VACCINE; HBsGV HEPATITIS GV VACCINE; HBsGW HEPATITIS GW VACCINE; HBsGX HEPATITIS GX VACCINE; HBsGY HEPATITIS GY VACCINE; HBsGZ HEPATITIS GZ VACCINE; HBsHA HEPATITIS HA VACCINE; HBsHB HEPATITIS HB VACCINE; HBsHC HEPATITIS HC VACCINE; HBsHD HEPATITIS HD VACCINE; HBsHE HEPATITIS HE VACCINE; HBsHF HEPATITIS HF VACCINE; HBsHG HEPATITIS HG VACCINE; HBsHH HEPATITIS HH VACCINE; HBsHI HEPATITIS HI VACCINE; HBsHJ HEPATITIS HJ VACCINE; HBsHK HEPATITIS HK VACCINE; HBsHL HEPATITIS HL VACCINE; HBsHM HEPATITIS HM VACCINE; HBsHN HEPATITIS HN VACCINE; HBsHO HEPATITIS HO VACCINE; HBsHP HEPATITIS HP VACCINE; HBsHQ HEPATITIS HQ VACCINE; HBsHR HEPATITIS HR VACCINE; HBsHS HEPATITIS HS VACCINE; HBsHT HEPATITIS HT VACCINE; HBsHU HEPATITIS HU VACCINE; HBsHV HEPATITIS HV VACCINE; HBsHW HEPATITIS HW VACCINE; HBsHX HEPATITIS HX VACCINE; HBsHY HEPATITIS HY VACCINE; HBsHZ HEPATITIS HZ VACCINE; HBsIA HEPATITIS IA VACCINE; HBsIB HEPATITIS IB VACCINE; HBsIC HEPATITIS IC VACCINE; HBsID HEPATITIS ID VACCINE; HBsIE HEPATITIS IE VACCINE; HBsIF HEPATITIS IF VACCINE; HBsIG HEPATITIS IG VACCINE; HBsIH HEPATITIS IH VACCINE; HBsII HEPATITIS II VACCINE; HBsIJ HEPATITIS IJ VACCINE; HBsIK HEPATITIS IK VACCINE; HBsIL HEPATITIS IL VACCINE; HBsIM HEPATITIS IM VACCINE; HBsIN HEPATITIS IN VACCINE; HBsIO HEPATITIS IO VACCINE; HBsIP HEPATITIS IP VACCINE; HBsIQ HEPATITIS IQ VACCINE; HBsIR HEPATITIS IR VACCINE; HBsIS HEPATITIS IS VACCINE; HBsIT HEPATITIS IT VACCINE; HBsIU HEPATITIS IU VACCINE; HBsIV HEPATITIS IV VACCINE; HBsIW HEPATITIS IW VACCINE; HBsIX HEPATITIS IX VACCINE; HBsIY HEPATITIS IY VACCINE; HBsIZ HEPATITIS IZ VACCINE; HBsJA HEPATITIS JA VACCINE; HBsJB HEPATITIS JB VACCINE; HBsJC HEPATITIS JC VACCINE; HBsJD HEPATITIS JD VACCINE; HBsJE HEPATITIS JE VACCINE; HBsJF HEPATITIS JF VACCINE; HBsJG HEPATITIS JG VACCINE; HBsJH HEPATITIS JH VACCINE; HBsJI HEPATITIS JI VACCINE; HBsJJ HEPATITIS JJ VACCINE; HBsJK HEPATITIS JK VACCINE; HBsJL HEPATITIS JL VACCINE; HBsJM HEPATITIS JM VACCINE; HBsJN HEPATITIS JN VACCINE; HBsJO HEPATITIS JO VACCINE; HBsJP HEPATITIS JP VACCINE; HBsJQ HEPATITIS JQ VACCINE; HBsJR HEPATITIS JR VACCINE; HBsJS HEPATITIS JS VACCINE; HBsJT HEPATITIS JT VACCINE; HBsJU HEPATITIS JU VACCINE; HBsJV HEPATITIS JV VACCINE; HBsJW HEPATITIS JW VACCINE; HBsJX HEPATITIS JX VACCINE; HBsJY HEPATITIS JY VACCINE; HBsJZ HEPATITIS JZ VACCINE; HBsKA HEPATITIS KA VACCINE; HBsKB HEPATITIS KB VACCINE; HBsKC HEPATITIS KC VACCINE; HBsKD HEPATITIS KD VACCINE; HBsKE HEPATITIS KE VACCINE; HBsKF HEPATITIS KF VACCINE; HBsKG HEPATITIS KG VACCINE; HBsKH HEPATITIS KH VACCINE; HBsKI HEPATITIS KI VACCINE; HBsKJ HEPATITIS KJ VACCINE; HBsKK HEPATITIS KK VACCINE; HBsKL HEPATITIS KL VACCINE; HBsKM HEPATITIS KM VACCINE; HBsKN HEPATITIS KN VACCINE; HBsKO HEPATITIS KO VACCINE; HBsKP HEPATITIS KP VACCINE; HBsKQ HEPATITIS KQ VACCINE; HBsKR HEPATITIS KR VACCINE; HBsKS HEPATITIS KS VACCINE; HBsKT HEPATITIS KT VACCINE; HBsKU HEPATITIS KU VACCINE; HBsKV HEPATITIS KV VACCINE; HBsKW HEPATITIS KW VACCINE; HBsKX HEPATITIS KX VACCINE; HBsKY HEPATITIS KY VACCINE; HBsKZ HEPATITIS KZ VACCINE; HBsLA HEPATITIS LA VACCINE; HBsLB HEPATITIS LB VACCINE; HBsLC HEPATITIS LC VACCINE; HBsLD HEPATITIS LD VACCINE; HBsLE HEPATITIS LE VACCINE; HBsLF HEPATITIS LF VACCINE; HBsLG HEPATITIS LG VACCINE; HBsLH HEPATITIS LH VACCINE; HBsLI HEPATITIS LI VACCINE; HBsLJ HEPATITIS LJ VACCINE; HBsLK HEPATITIS LK VACCINE; HBsLL HEPATITIS LL VACCINE; HBsLM HEPATITIS LM VACCINE; HBsLN HEPATITIS LN VACCINE; HBsLO HEPATITIS LO VACCINE; HBsLP HEPATITIS LP VACCINE; HBsLQ HEPATITIS LQ VACCINE; HBsLR HEPATITIS LR VACCINE; HBsLS HEPATITIS LS VACCINE; HBsLT HEPATITIS LT VACCINE; HBsLU HEPATITIS LU VACCINE; HBsLV HEPATITIS LV VACCINE; HBsLW HEPATITIS LW VACCINE; HBsLX HEPATITIS LX VACCINE; HBsLY HEPATITIS LY VACCINE; HBsLZ HEPATITIS LZ VACCINE; HBsMA HEPATITIS MA VACCINE; HBsMB HEPATITIS MB VACCINE; HBsMC HEPATITIS MC VACCINE; HBsMD HEPATITIS MD VACCINE; HBsME HEPATITIS ME VACCINE; HBsMF HEPATITIS MF VACCINE; HBsMG HEPATITIS MG VACCINE; HBsMH HEPATITIS MH VACCINE; HBsMI HEPATITIS MI VACCINE; HBsMJ HEPATITIS MJ VACCINE; HBsMK HEPATITIS MK VACCINE; HBsML HEPATITIS ML VACCINE; HBsMN HEPATITIS MN VACCINE; HBsMO HEPATITIS MO VACCINE; HBsMP HEPATITIS MP VACCINE; HBsMQ HEPATITIS MQ VACCINE; HBsMR HEPATITIS MR VACCINE; HBsMS HEPATITIS MS VACCINE; HBsMT HEPATITIS MT VACCINE; HBsMU HEPATITIS MU VACCINE; HBsMV HEPATITIS MV VACCINE; HBsMW HEPATITIS MW VACCINE; HBsMX HEPATITIS MX VACCINE; HBsMY HEPATITIS MY VACCINE; HBsMZ HEPATITIS MZ VACCINE; HBsNA HEPATITIS NA VACCINE; HBsNB HEPATITIS NB VACCINE; HBsNC HEPATITIS NC VACCINE; HBsND HEPATITIS ND VACCINE; HBsNE HEPATITIS NE VACCINE; HBsNF HEPATITIS NF VACCINE; HBsNG HEPATITIS NG VACCINE; HBsNH HEPATITIS NH VACCINE; HBsNI HEPATITIS NI VACCINE; HBsNJ HEPATITIS NJ VACCINE; HBsNK HEPATITIS NK VACCINE; HBsNL HEPATITIS NL VACCINE; HBsNM HEPATITIS NM VACCINE; HBsNO HEPATITIS NO VACCINE; HBsNP HEPATITIS NP VACCINE; HBsNQ HEPATITIS NQ VACCINE; HBsNR HEPATITIS NR VACCINE; HBsNS HEPATITIS NS VACCINE; HBsNT HEPATITIS NT VACCINE; HBsNU HEPATITIS NU VACCINE; HBsNV HEPATITIS NV VACCINE; HBsNW HEPATITIS NW VACCINE; HBsNX HEPATITIS NX VACCINE; HBsNY HEPATITIS NY VACCINE; HBsNZ HEPATITIS NZ VACCINE; HBsOA HEPATITIS OA VACCINE; HBsOB HEPATITIS OB VACCINE; HBsOC HEPATITIS OC VACCINE; HBsOD HEPATITIS OD VACCINE; HBsOE HEPATITIS OE VACCINE; HBsOF HEPATITIS OF VACCINE; HBsOG HEPATITIS OG VACCINE; HBsOH HEPATITIS OH VACCINE; HBsOI HEPATITIS OI VACCINE; HBsOJ HEPATITIS OJ VACCINE; HBsOK HEPATITIS OK VACCINE; HBsOL HEPATITIS OL VACCINE; HBsOM HEPATITIS OM VACCINE; HBsON HEPATITIS ON VACCINE; HBsOO HEPATITIS OO VACCINE; HBsOP HEPATITIS OP VACCINE; HBsOQ HEPATITIS OQ VACCINE; HBsOR HEPATITIS OR VACCINE; HBsOS HEPATITIS OS VACCINE; HBsOT HEPATITIS OT VACCINE; HBsOU HEPATITIS OU VACCINE; HBsOV HEPATITIS OV VACCINE; HBsOW HEPATITIS OW VACCINE; HBsOX HEPATITIS OX VACCINE; HBsOY HEPATITIS OY VACCINE; HBsOZ HEPATITIS OZ VACCINE; HBsPA HEPATITIS PA VACCINE; HBsPB HEPATITIS PB VACCINE; HBsPC HEPATITIS PC VACCINE; HBsPD HEPATITIS PD VACCINE; HBsPE HEPATITIS PE VACCINE; HBsPF HEPATITIS PF VACCINE; HBsPG HEPATITIS PG VACCINE; HBsPH HEPATITIS PH VACCINE; HBsPI HEPATITIS PI VACCINE; HBsPJ HEPATITIS PJ VACCINE; HBsPK HEPATITIS PK VACCINE; HBsPL HEPATITIS PL VACCINE; HBsPM HEPATITIS PM VACCINE; HBsPN HEPATITIS PN VACCINE; HBsPO HEPATITIS PO VACCINE; HBsPP HEPATITIS PP VACCINE; HBsPQ HEPATITIS PQ VACCINE; HBsPR HEPATITIS PR VACCINE; HBsPS HEPATITIS PS VACCINE; HBsPT HEPATITIS PT VACCINE; HBsPU HEPATITIS PU VACCINE; HBsPV HEPATITIS PV VACCINE; HBsPW HEPATITIS PW VACCINE; HBsPX HEPATITIS PX VACCINE; HBsPY HEPATITIS PY VACCINE; HBsPZ HEPATITIS PZ VACCINE; HBsQA HEPATITIS QA VACCINE; HBsQB HEPATITIS QB VACCINE; HBsQC HEPATITIS QC VACCINE; HBsQD HEPATITIS QD VACCINE; HBsQE HEPATITIS QE VACCINE; HBsQF HEPATITIS QF VACCINE; HBsQG HEPATITIS QG VACCINE; HBsQH HEPATITIS QH VACCINE; HBsQI HEPATITIS QI VACCINE; HBsQJ HEPATITIS QJ VACCINE; HBsQK HEPATITIS QK VACCINE; HBsQL HEPATITIS QL VACCINE; HBsQM HEPATITIS QM VACCINE; HBsQN HEPATITIS QN VACCINE; HBsQO HEPATITIS QO VACCINE; HBsQP HEPATITIS QP VACCINE; HBsQQ HEPATITIS QQ VACCINE; HBsQR HEPATITIS QR VACCINE; HBsQS HEPATITIS QS VACCINE; HBsQT HEPATITIS QT VACCINE; HBsQU HEPATITIS QU VACCINE; HBsQV HEPATITIS QV VACCINE; HBsQW HEPATITIS QW VACCINE; HBsQX HEPATITIS QX VACCINE; HBsQY HEPATITIS QY VACCINE; HBsQZ HEPATITIS QZ VACCINE; HBsRA HEPATITIS RA VACCINE; HBsRB HEPATITIS RB VACCINE; HBsRC HEPATITIS RC VACCINE; HBsRD HEPATITIS RD VACCINE; HBsRE HEPATITIS RE VACCINE; HBsRF HEPATITIS RF VACCINE; HBsRG HEPATITIS RG VACCINE; HBsRH HEPATITIS RH VACCINE; HBsRI HEPATITIS RI VACCINE; HBsRJ HEPATITIS RJ VACCINE; HBsRK HEPATITIS RK VACCINE; HBsRL HEPATITIS RL VACCINE; HBsRM HEPATITIS RM VACCINE; HBsRN HEPATITIS RN VACCINE; HBsRO HEPATITIS RO VACCINE; HBsRP HEPATITIS RP VACCINE; HBsRQ HEPATITIS RQ VACCINE; HBsRR HEPATITIS RR VACCINE; HBsRS HEPATITIS RS VACCINE; HBsRT HEPATITIS RT VACCINE; HBsRU HEPATITIS RU VACCINE; HBsRV HEPATITIS RV VACCINE; HBsRW HEPATITIS RW VACCINE; HBsRX HEPATITIS RX VACCINE; HBsRY HEPATITIS RY VACCINE; HBsRZ HEPATITIS RZ VACCINE; HBsSA HEPATITIS SA VACCINE; HBsSB HEPATITIS SB VACCINE; HBsSC HEPATITIS SC VACCINE; HBsSD HEPATITIS SD VACCINE; HBsSE HEPATITIS SE VACCINE; HBsSF HEPATITIS SF VACCINE; HBsSG HEPATITIS SG VACCINE; HBsSH HEPATITIS SH VACCINE; HBsSI HEPATITIS SI VACCINE; HBsSJ HEPATITIS SJ VACCINE; HBsSK HEPATITIS SK VACCINE; HBsSL HEPATITIS SL VACCINE; HBsSM HEPATITIS SM VACCINE; HBsSN HEPATITIS SN VACCINE; HBsSO HEPATITIS SO VACCINE; HBsSP HEPATITIS SP VACCINE; HBsSQ HEPATITIS SQ VACCINE; HBsSR HEPATITIS SR VACCINE; HBsSS HEPATITIS SS VACCINE; HBsST HEPATITIS ST VACCINE; HBsSU HEPATITIS SU VACCINE; HBsSV HEPATITIS SV VACCINE; HBsSW HEPATITIS SW VACCINE; HBsSX HEPATITIS SX VACCINE; HBsSY HEPATITIS SY VACCINE; HBsSZ HEPATITIS SZ VACCINE; HBsTA HEPATITIS TA VACCINE; HBsTB HEPATITIS TB VACCINE; HBsTC HEPATITIS TC VACCINE; HBsTD HEPATITIS TD VACCINE; HBsTE HEPATITIS TE VACCINE; HBsTF HEPATITIS TF VACCINE; HBsTG HEPATITIS TG VACCINE; HBsTH HEPATITIS TH VACCINE; HBsTI HEPATITIS TI VACCINE; HBsTJ HEPATITIS TJ VACCINE; HBsTK HEPATITIS TK VACCINE; HBsTL HEPATITIS TL VACCINE; HBsTM HEPATITIS TM VACCINE; HBsTN HEPATITIS TN VACCINE; HBsTO HEPATITIS TO VACCINE; HBsTP HEPATITIS TP VACCINE; HBsTQ HEPATITIS TQ VACCINE; HBsTR HEPATITIS TR VACCINE; HBsTS HEPATITIS TS VACCINE; HBsTT HEPATITIS TT VACCINE; HBsTU HEPATITIS TU VACCINE; HBsTV HEPATITIS TV VACCINE; HBsTW HEPATITIS TW VACCINE; HBsTX HEPATITIS TX VACCINE; HBsTY HEPATITIS TY VACCINE; HBsTZ HEPATITIS TZ VACCINE; HBsUA HEPATITIS UA VACCINE; HBsUB HEPATITIS UB VACCINE; HBsUC HEPATITIS UC VACCINE; HBsUD HEPATITIS UD VACCINE; HBsUE HEPATITIS UE VACCINE; HBsUF HEPATITIS UF VACCINE; HBsUG HEPATITIS UG VACCINE; HBsUH HEPATITIS UH VACCINE; HBsUI HEPATITIS UI VACCINE; HBsUJ HEPATITIS UJ VACCINE; HBsUK HEPATITIS UK VACCINE; HBsUL HEPATITIS UL VACCINE; HBsUM HEPATITIS UM VACCINE; HBsUN HEPATITIS UN VACCINE; HBsUO HEPATITIS UO VACCINE; HBsUP HEPATITIS UP VACCINE; HBsUQ HEPATITIS UQ VACCINE; HBsUR HEPATITIS UR VACCINE; HBsUS HEPATITIS US VACCINE; HBsUT HEPATITIS UT VACCINE; HBsUU HEPATITIS UU VACCINE; HBsUV HEPATITIS UV VACCINE; HBsUW HEPATITIS UW VACCINE; HBsUX HEPATITIS UX VACCINE; HBsUY HEPATITIS UY VACCINE; HBsUZ HEPATITIS UZ VACCINE; HBsVA HEPATITIS VA VACCINE; HBsVB HEPATITIS VB VACCINE; HBsVC HEPATITIS VC VACCINE; HBsVD HEPATITIS VD VACCINE; HBsVE HEPATITIS VE VACCINE; HBsVF HEPATITIS VF VACCINE; HBsVG HEPATITIS VG VACCINE; HBsVH HEPATITIS VH VACCINE; HBsVI HEPATITIS VI VACCINE; HBsVJ HEPATITIS VJ VACCINE; HBsVK HEPATITIS VK VACCINE; HBsVL HEPATITIS VL VACCINE; HBsVM HEPATITIS VM VACCINE; HBsVN HEPATITIS VN VACCINE; HBsVO HEPATITIS VO VACCINE; HBsVP HEPATITIS VP VACCINE; HBsVQ HEPATITIS VQ VACCINE; HBsVR HEPATITIS VR VACCINE; HBsVS HEPATITIS VS VACCINE; HBsVT HEPATITIS VT VACCINE; HBsVU HEPATITIS VU VACCINE; HBsVV HEPATITIS VV VACCINE; HBsVW HEPATITIS VW VACCINE; HBsVX HEPATITIS VX VACCINE; HBsVY HEPATITIS VY VACCINE; HBsVZ HEPATITIS VZ VACCINE; HBsWA HEPATITIS WA VACCINE; HBsWB HEPATITIS WB VACCINE; HBsWC HEPATITIS WC VACCINE; HBsWD HEPATITIS WD VACCINE; HBsWE HEPATITIS WE VACCINE; HBsWF HEPATITIS WF VACCINE; HBsWG HEPATITIS WG VACCINE; HBsWH HEPATITIS WH VACCINE; HBsWI HEPATITIS WI VACCINE; HBsWJ HEPATITIS WJ VACCINE; HBsWK HEPATITIS WK VACCINE; HBsWL HEPATITIS WL VACCINE; HBsWM HEPATITIS WM VACCINE; HBsWN HEPATITIS WN VACCINE; HBsWO HEPATITIS WO VACCINE; HBsWP HEPATITIS WP VACCINE; HBsWQ HEPATITIS WQ VACCINE; HBsWR HEPATITIS WR VACCINE; HBsWS HEPATITIS WS VACCINE; HBsWT HEPATITIS WT VACCINE; HBsWU HEPATITIS WU VACCINE; HBsWV HEPATITIS WV VACCINE; HBsWW HEPATITIS WW VACCINE; HBsWX HEPATITIS WX VACCINE; HBsWY HEPATITIS WY VACCINE; HBsWZ HEPATITIS WZ VACCINE; HBsXA HEPATITIS XA VACCINE; HBsXB HEPATITIS XB VACCINE; HBsXC HEPATITIS XC VACCINE; HBsXD HEPATITIS XD VACCINE; HBsXE HEPATITIS XE VACCINE; HBsXF HEPATITIS XF VACCINE; HBsXG HEPATITIS XG VACCINE; HBsXH HEPATITIS XH VACCINE; HBsXI HEPATITIS XI VACCINE; HBsXJ HEPATITIS XJ VACCINE; HBsXK HEPATITIS XK VACCINE; HBsXL HEPATITIS XL VACCINE; HBsXM HEPATITIS XM VACCINE; HBsXN HEPATITIS XN VACCINE; HBsXO HEPATITIS XO VACCINE; HBsXP HEPATITIS XP VACCINE; HBsXQ HEPATITIS XQ VACCINE; HBsXR HEPATITIS XR VACCINE; HBsXS HEPATITIS XS VACCINE; HBsXT HEPATITIS XT VACCINE; HBsXU HEPATITIS XU VACCINE; HBsXV HEPATITIS XV VACCINE; HBsXW HEPATITIS XW VACCINE; HBsXX HEPATITIS XX VACCINE; HBsXY HEPATITIS XY VACCINE; HBsXZ HEPATITIS XZ VACCINE; HBsYA HEPATITIS YA VACCINE; HBsYB HEPATITIS YB VACCINE; HBsYC HEPATITIS YC VACCINE; HBsYD HEPATITIS YD VACCINE; HBsYE HEPATITIS YE VACCINE; HBsYF HEPATITIS YF VACCINE; HBsYG HEPATITIS YG VACCINE; HBsYH HEPATITIS YH VACCINE; HBsYI HEPATITIS YI VACCINE; HBsYJ HEPATITIS YJ VACCINE; HBsYK HEPATITIS YK VACCINE; HBsYL HEPATITIS YL VACCINE; HBsYM HEPATITIS YM VACCINE; HBsYN HEPATITIS YN VACCINE; HBsYO HEPATITIS YO VACCINE; HBsYP HEPATITIS YP VACCINE; HBsYQ HEPATITIS YQ VACCINE; HBsYR HEPATITIS YR VACCINE; HBsYS HEPATITIS YS VACCINE; HBsYT HEPATITIS YT VACCINE; HBsYU HEPATITIS YU VACCINE; HBsYV HEPATITIS YV VACCINE; HBsYW HEPATITIS YW VACCINE; HBsYX HEPATITIS YX VACCINE; HBsYY HEPATITIS YY VACCINE; HBsYZ HEPATITIS YZ VACCINE; HBsZA HEPATITIS ZA VACCINE; HBsZB HEPATITIS ZB VACCINE; HBsZC HEPATITIS ZC VACCINE; HBsZD HEPATITIS ZD VACCINE; HBsZE HEPATITIS ZE VACCINE; HBsZF HEPATITIS ZF VACCINE; HBsZG HEPATITIS ZG VACCINE; HBsZH HEPATITIS ZH VACCINE; HBsZI HEPATITIS ZI VACCINE; HBsZJ HEPATITIS ZJ VACCINE; HBsZK HEPATITIS ZK VACCINE; HBsZL HEPATITIS ZL VACCINE; HBsZM HEPATITIS ZM VACCINE; HBsZN HEPATITIS ZN VACCINE; HBsZO HEPATITIS ZO VACCINE; HBsZP HEPATITIS ZP VACCINE; HBsZQ HEPATITIS ZQ VACCINE; HBsZR HEPATITIS ZR VACCINE; HBsZS HEPATITIS ZS VACCINE; HBsZT HEPATITIS ZT VACCINE; HBsZU HEPATITIS ZU VACCINE; HBsZV HEPATITIS ZV VACCINE; HBsZW HEPATITIS ZW VACCINE; HBsZX HEPATITIS ZX VACCINE; HBsZY HEPATITIS ZY VACCINE; HBsZZ HEPATITIS ZZ VACCINE.

Zachary High School

Freshman Course Request Form
2023-2024



Name _____

Last

First

Middle

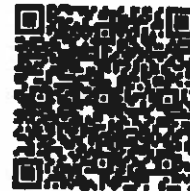
1	<input type="checkbox"/> English I <input type="checkbox"/> English I Honors <input type="checkbox"/> English I Gifted
2	<input type="checkbox"/> Algebra I <input type="checkbox"/> Algebra I Honors <input type="checkbox"/> Geometry Honors <input type="checkbox"/> Algebra II Honors <input type="checkbox"/> Pre-Calculus Honors
3	<input type="checkbox"/> Physical Science <input type="checkbox"/> Physical Science Honors <input type="checkbox"/> Environmental Science AP
4	<input type="checkbox"/> Government <input type="checkbox"/> Government Honors <input type="checkbox"/> Government & Politics AP
5	<input type="checkbox"/> JROTC I <input type="checkbox"/> Health (1/2 credit) <input type="checkbox"/> PE (1/2 credit) <input type="checkbox"/> PE (1 full credit) <input type="checkbox"/> PE (Athletic) Sport: _____

Choose 2 electives and 2 alternates by writing 1, 2, A1, A2:

<input type="checkbox"/> Intro to Comp Thinking	<input type="checkbox"/> Medical Occupations	<input type="checkbox"/> Talented Art I
<input type="checkbox"/> Digital Storytelling	<input type="checkbox"/> FACS I	<input type="checkbox"/> Media Arts I
<input type="checkbox"/> Intro to Engineering Design	<input type="checkbox"/> Beginning Choir	<input type="checkbox"/> Media Arts IV: Jumbotron
<input type="checkbox"/> Intro to BCA	<input type="checkbox"/> Advanced Choir	<input type="checkbox"/> JROTC I
<input type="checkbox"/> Principles of Business	<input type="checkbox"/> Beginning Band	<input type="checkbox"/> French I
<input type="checkbox"/> Quest for Success	<input type="checkbox"/> Advanced Band	<input type="checkbox"/> French II
<input type="checkbox"/> AgriScience I	<input type="checkbox"/> Guitar I	<input type="checkbox"/> French II Honors
<input type="checkbox"/> Workplace Safety	<input type="checkbox"/> Advanced Orchestra	<input type="checkbox"/> French III Honors
<input type="checkbox"/> Customer Service (1/2 credit)	<input type="checkbox"/> Theater I, Non-perf	<input type="checkbox"/> Spanish I
<input type="checkbox"/> Personal Finance (1/2 credit)	<input type="checkbox"/> Theater I, Performance	<input type="checkbox"/> Spanish II
<input type="checkbox"/> Keyboarding (1/2 credit)	<input type="checkbox"/> Theater II	<input type="checkbox"/> Spanish II Honors
<input type="checkbox"/> Law Studies	<input type="checkbox"/> Tech Theater I	<input type="checkbox"/> Spanish III Honors
<input type="checkbox"/> Journ I: Intro to Yearbook	<input type="checkbox"/> Art I	<input type="checkbox"/> Intro to Art DE
<input type="checkbox"/> Interested in other Dual Enrollment courses		<input type="checkbox"/> Intro to Music DE

DE courses:

Even though all students will complete a scheduling request form, we need you to scan the QR code and fill out the Dual Enrollment request form:



Scheduling information:

- Your selections determine what courses will be offered to students in the master schedule.
- Students are expected to select classes carefully and to maintain a firm commitment to continue enrollment in their classes.
- Course changes will not be made to accommodate extra-curricular schedules, personal preferences, teacher preferences, period preferences, or lunch shifts.

Zachary High School Course Request 2023 – 2024

Last Name: _____ First Name: _____ Grade: _____

_____ TOPS University _____ TOPS Tech (Jump Start) Pathway: _____

ENGLISH	MATH	SCIENCE	SOCIAL STUDIES
<input type="checkbox"/> English I <input type="checkbox"/> English I (H) <input type="checkbox"/> English I Gifted <input type="checkbox"/> English II <input type="checkbox"/> English II (H) <input type="checkbox"/> English II Gifted <input type="checkbox"/> Business English <input type="checkbox"/> English III <input type="checkbox"/> English III (H) <input type="checkbox"/> English III (AP) <input type="checkbox"/> English III (DE 1013) <input type="checkbox"/> English III Gifted (AP) <input type="checkbox"/> Technical Writing <input type="checkbox"/> English IV <input type="checkbox"/> English IV (AP) <input type="checkbox"/> English IV (DE 1013) <input type="checkbox"/> English IV (DE 1023) <input type="checkbox"/> English, Intro to Fiction & Poetry (DE)	<input type="checkbox"/> Algebra I <input type="checkbox"/> Algebra I (H) <input type="checkbox"/> Business Math <input type="checkbox"/> Geometry <input type="checkbox"/> Geometry (H) <input type="checkbox"/> Math Essentials <input type="checkbox"/> Algebra II <input type="checkbox"/> Algebra II (H) <input type="checkbox"/> Financial Literacy <input type="checkbox"/> Algebra III <input type="checkbox"/> Pre-Calculus <input type="checkbox"/> Pre-Calculus (H) <input type="checkbox"/> Prob. & Stats (AP) <input type="checkbox"/> Calculus (AP) - AB <input type="checkbox"/> Calculus (AP) - BC <input type="checkbox"/> Algebra III (DE) <input type="checkbox"/> Pre-Calculus (DE) <input type="checkbox"/> Differential Calculus (DE) <input type="checkbox"/> Integral Calculus (DE)	<input type="checkbox"/> Physical Science <input type="checkbox"/> Physical Science (H) <input type="checkbox"/> Biology I <input type="checkbox"/> Biology I (H) <input type="checkbox"/> Biology II (AP) <input type="checkbox"/> Anatomy & Phys (H) <input type="checkbox"/> Chemistry <input type="checkbox"/> Chemistry (H) <input type="checkbox"/> Chemistry II (AP) <input type="checkbox"/> Earth Science <input type="checkbox"/> Environmental Sci <input type="checkbox"/> Environmental Sci (AP) <input type="checkbox"/> Physics <input type="checkbox"/> Physics I (AP) <input type="checkbox"/> General Biology I (DE) <input type="checkbox"/> General Biology II (DE) <input type="checkbox"/> General Chemistry I (DE) <input type="checkbox"/> General Chemistry II (DE) <input type="checkbox"/> Physics I (DE)	<input type="checkbox"/> Government <input type="checkbox"/> Government (H) <input type="checkbox"/> US Government & Pol (AP) <input type="checkbox"/> World Geography <input type="checkbox"/> World Geography (H) <input type="checkbox"/> Human Geography (AP) <input type="checkbox"/> US History <input type="checkbox"/> US History (H) <input type="checkbox"/> US History (AP) <input type="checkbox"/> World History <input type="checkbox"/> World History (H) <input type="checkbox"/> World History (AP) <input type="checkbox"/> European History (AP) <input type="checkbox"/> Psychology (AP) <input type="checkbox"/> Psychology (DE) <input type="checkbox"/> US History I (DE) <input type="checkbox"/> US History II (DE) <input type="checkbox"/> World History I (DE) <input type="checkbox"/> World History II (DE) <input type="checkbox"/> African American Hist (DE)
JROTC / PHYS. EDUCATION	FOREIGN LANGUAGE	AGRICULTURE & TRADES	BUSINESS
<input type="checkbox"/> JROTC I <input type="checkbox"/> JROTC II <input type="checkbox"/> JROTC III <input type="checkbox"/> JROTC IV <input type="checkbox"/> Health (1/2) <input type="checkbox"/> Phys. Ed. (1/2) <input type="checkbox"/> Phys. Ed. (Year) <input type="checkbox"/> Phys. Ed. (Athletic) List sport: _____	<input type="checkbox"/> French I <input type="checkbox"/> French II <input type="checkbox"/> French II (H) <input type="checkbox"/> French III (H) <input type="checkbox"/> French IV (H) <input type="checkbox"/> Spanish I <input type="checkbox"/> Spanish II <input type="checkbox"/> Spanish II (H) <input type="checkbox"/> Spanish III (H) <input type="checkbox"/> Spanish IV (H)	<input type="checkbox"/> Agriscience I <input type="checkbox"/> Agriscience II <input type="checkbox"/> Agriscience III <input type="checkbox"/> Ag Leadership <input type="checkbox"/> Animal Science (DE) <input type="checkbox"/> Plant Science (DE) <input type="checkbox"/> Workplace Safety <input type="checkbox"/> Millwright I (2 Units) <input type="checkbox"/> Electrical I / II (2 Units) <input type="checkbox"/> Welding I (2 Units) <input type="checkbox"/> Welding II (2 Units)	<input type="checkbox"/> Intro to BCA (IBCA) <input type="checkbox"/> Bus Comp App (BCA) <input type="checkbox"/> Principles of Business <input type="checkbox"/> Entrepreneurship <input type="checkbox"/> Coop Office Ed (COE) <input type="checkbox"/> Coop Marketing I (DECA) <input type="checkbox"/> Web Design (1/2) <input type="checkbox"/> Keyboarding (1/2) <input type="checkbox"/> Personal Finance (1/2) <input type="checkbox"/> Customer Service (1/2) <input type="checkbox"/> CTE Internship
VISUAL ARTS	PERFORMING ARTS	HUMAN SCIENCES	COMMUNICATIONS & CAREER
<input type="checkbox"/> Art I <input type="checkbox"/> Art II <input type="checkbox"/> Art III <input type="checkbox"/> Art IV <input type="checkbox"/> Studio Art 2D (AP) <input type="checkbox"/> Photography I <input type="checkbox"/> 3D Vis Des: Ceramics I <input type="checkbox"/> Ceramics II <input type="checkbox"/> Media Arts I <input type="checkbox"/> Digital Media II <input type="checkbox"/> Digital Media III <input type="checkbox"/> Media Arts IV: Jumbotron <input type="checkbox"/> Talented Art I/II/III/IV <input type="checkbox"/> Intro to Art (DE)	<input type="checkbox"/> Beginning Choir <input type="checkbox"/> Chorale Intermediate Choir <input type="checkbox"/> A Cappella Advanced Choir <input type="checkbox"/> Bronco Beat Prep Choir <input type="checkbox"/> Intro to Music (DE) <input type="checkbox"/> Beginning Band <input type="checkbox"/> Advanced Band <input type="checkbox"/> Symphonic Wind Ensemble <input type="checkbox"/> Jazz Ensemble <input type="checkbox"/> Percussion I <input type="checkbox"/> Percussion II <input type="checkbox"/> Guitar I <input type="checkbox"/> Guitar II <input type="checkbox"/> Guitar III <input type="checkbox"/> Advanced Orchestra	<input type="checkbox"/> Nut & Food/Adv Nut & Food <input type="checkbox"/> Pro Start I <input type="checkbox"/> Pro Start II <input type="checkbox"/> Child Development <input type="checkbox"/> FACS I <input type="checkbox"/> FACS II <input type="checkbox"/> Medical Occupations <input type="checkbox"/> Medical Terminology <input type="checkbox"/> Sports Medicine I / II <input type="checkbox"/> Sports Medicine III <input type="checkbox"/> First Responder <input type="checkbox"/> Medical Assistant <input type="checkbox"/> Pharmacy Tech (2 Units)	<input type="checkbox"/> Journalism Intro to YB/NP <input type="checkbox"/> Publications I - YB <input type="checkbox"/> Publications II/III - YB <input type="checkbox"/> Publications I - NP <input type="checkbox"/> Publications II/III - NP <input type="checkbox"/> TV Production I - WZHS <input type="checkbox"/> TV Production II - WZHS <input type="checkbox"/> TV Production III/IV - WZHS <input type="checkbox"/> Quest for Success <input type="checkbox"/> Law Studies <input type="checkbox"/> Computer Architecture I <input type="checkbox"/> Computer Architecture II <input type="checkbox"/> Computer Architecture III/IV
SPECIAL EDUCATION		DUAL ENROLLMENT	STEM PATHWAYS
<input type="checkbox"/> Study Skills I <input type="checkbox"/> Study Skills II <input type="checkbox"/> Study Skills III <input type="checkbox"/> Study Skills IV	<input type="checkbox"/> Theater I, Non-performance <input type="checkbox"/> Theater I, Performance <input type="checkbox"/> Theater II <input type="checkbox"/> Theater III <input type="checkbox"/> Theater IV <input type="checkbox"/> Technical Theater I <input type="checkbox"/> Technical Theater II <input type="checkbox"/> Technical Theater III <input type="checkbox"/> Technical Theater IV	<input type="checkbox"/> Intro to Sociology (DE) <input type="checkbox"/> Foundations of Educ (DE) <input type="checkbox"/> Multicult Learn Comm (DE) <input type="checkbox"/> Office Aide	<input type="checkbox"/> Intro to Comp Thinking <input type="checkbox"/> Digital Storytelling <input type="checkbox"/> Prog for Digital Media <input type="checkbox"/> Video Game Design <input type="checkbox"/> Intro to Engineering Design <input type="checkbox"/> Robotics <input type="checkbox"/> Principles of Engineering <input type="checkbox"/> Engineering Design & Dev

Scheduling Information:

- Your selections determine what courses will be offered to students in the master schedule.
- Students are expected to select classes carefully and to maintain a firm commitment to continue enrollment in their classes.
- Course changes will not be made to accommodate extra-curricular schedules, personal, teacher, or period preferences.

Student signature _____ Date _____



ZACHARY HIGH SCHOOL

4100 Bronco Lane Zachary, LA 70791
Phone: 225.654.2776 Fax: 225.658.0010
www.zacharyschools.org

CONSENT FORM

TOPS, COLLEGE SCHOLARSHIPS, GRANTS, AID PROGRAMS & COLLEGE ADMISSIONS

If you consent, your child's data will be shared with the Louisiana Office of Student Financial Assistance (LOSFA) through the Louisiana Department of Education (LDE) and its technology partner, the Office of Technology Services (OTS)¹ and the postsecondary education institution(s) to which your child applies (Institution) through the Board of Regents (BOR), LDE, and OTS to allow:

- You to track your child's progress in taking the courses and earning the grades required to be eligible for a Taylor Opportunity Program for Students (TOPS) Scholarship by having an account on Louisiana Connect (www.LouisianaConnect.org).
- LOSFA to determine whether your child is eligible for TOPS and other college aid using the Louisiana Award System (LAS).
- You to monitor your child's TOPS eligibility status by having an account on LAS (www.losfa.la.gov/AwardSystem/).
- LOSFA to make TOPS and other aid payments.
- The Institution(s) to process his/her application for admission.

The data which is necessary to determine your child's eligibility for TOPS and for admission to an Institution and which may be shared with LOSFA and Institutions for these purposes includes:

- Full name
- Birthdate
- Social Security Number
- Student transcript data (includes but not limited to, courses taken, type of course, the grades for each course, and when and where the courses were taken).

If you do not consent to the disclosure of your child's data to LOSFA and to postsecondary Institutions, the evaluation of your child's eligibility for TOPS and for admission to college will be delayed until the information necessary to make a determination is provided.

I CONSENT

I CONSENT to my child's school collecting my child's personal information named above and disclosing the personal information collected to LOSFA, to the Institution, and to the entities named above.

I understand and acknowledge that the consent provided herein shall be valid for my child's cumulative transcript records as of the date of signature and shall remain valid and in effect until he graduates from high school or I withdraw consent by completing the bottom portion of this form and returning it to my child's school.

Signature of Parent/Legal Guardian

My Child's Full Name

Printed Name of Parent/Legal Guardian

Date

I DO NOT CONSENT

I DO NOT CONSENT to my child's school collecting my child's personal information named above and disclosing the personal information to LOSFA and BOR. I understand that I may provide consent at a later date by completing the consent portion of this form above and returning it to my child's school.

Signature of Parent/Legal Guardian

My Child's Full Name

Printed Name of Parent/Legal Guardian

Date

¹ LDE and OTS will not have access to students' personally identifiable information to facilitate this process.

Make Payments with

SchoolCashOnline



Please go to this link to register:

zacharyschools.schoolcashonline.com

The required Zachary Community Schools forms can also be filled out here. There is no fee for these forms.

Morning Drop off Route

Afternoon Pick Up Route:

Option 1: Bronco Lane to the Main building, then exit on 40th

Option 2: Park in a Foundation Hall parking space and wait for your child

Option 1: Bronco Lane to the Main building, then exit on 40th

Option 2: Park in a Foundation Hall parking space and wait for your child