

Spencer-East Brookfield Regional School District

306 Main Street, Spencer, Massachusetts 01562 Phone (508) 885-8500 Fax (508) 885-8504 Web: www.sebrsd.org

INCOMING KINDERGARTEN STUDENTS REQUIREMENTS

Child's Name	D.O.B
	ew with your child's doctor that they have the following immunizations equirements. Your child may not be able to start school until the school
Immunization Schedule	
☐ DTAP- 5 Doses	
☐ Polio- 4 Doses, with the fourth do	se after age 4
☐ Varicella-2	
☐ MMR (Measles, Mumps, and Rub	pella)- 2
☐ Hepatitis B- 3	
☐ Lead Level Test Done before entr	y
Vision Screening on or after Augu	ust 1 of the upcoming school year.
□ PHYSICAL EXAM MUST BE	DONE within one year
students attending public or private elem	Massachusetts State Law 105 CMR 220.000. The law applies to all aentary schools, secondary schools, post-secondary institutions of in the Commonwealth, including students from other states and
Thank you,	
School Nurses, SEBRSD	

The Spencer-East Brookfield Regional School District's Policy of non-discrimination will extend to students, staff, the general public and individuals with whom it does business; and will apply to race, color, national background, religion, sex, disability, pregnancy, pregnancy-related conditions, economic status, political party, age, handicap, sexual orientation, gender identity, homelessness and other human differences.