

Faith Assembly Christian Academy Word of Truth

825 South New Hope Road, Raleigh, NC 27610
(P) 919-977-8875 (F) 919-231-1252 (E-mail) wordoftruthacademy@gmail.com

Excellence in Education Through the Arts & Business





FAITH ASSEMBLY CHRISTIAN ACADEMY

825 S. New Hope Road- Raleigh, NC 27610- (919) 977.8875 Phone- (919) 231.1252 fax

Faith Assembly Christian Academy Word of Truth

Instructions for Parents:

In order to register your child to attend Faith Assembly Christian Academy Word of Truth the following items listed below must be provided. Your child will not be considered registered and an interview will not be scheduled until all applicable items have been received.

- Application** Completed and signed application for enrollment (Grades K1-12) Complete and sign the application. Both parents are required to sign in two separate places on the application.
- Application Fee** Non-refundable application fee (Grades K1-12) (\$100 Registration Fee and \$30 Application Processing Fee) Attach a cashier check/money order made out to FACA for the correct amount.
- Recent photograph of the applicant (Grades K5-12)
- Birth Certificate** Include a copy of the student's birth certificate. The birth certificate must accompany the application at the time of submission.
- Report Cards** Please include a copy of the **previous year** report card and the **current year** report card.
- Final Transcript** (Grades 10-12) Complete and sign the Transcript Request Form and return it with the application. Records will be requested by FACA if the student is accepted, after the completion of the current school year.
- Kindergarten (K5) Health Assessment** Completed by a doctor no more than 12 months prior to the date of entry
- Immunization Records (K5-12)** All students applying for K5-12th grade must complete and include the Student Medical Form with the immunizations attached when the application is submitted. If your child will turn 12 between August 2015 and July 2016 (could be 5th-7th grader), the state requires proof of Tdap immunization by September 30, 2016. Please have your physician fax proof of this immunization as soon as it is received.
- Pastor's Reference Form** (Grades 6-12) must be signed by parent or guardian, dated and sent to any full-time on staff at your church. The form must be mailed or faxed (919) 231-1252 back to FACA by the minister.
- Teacher Recommendation Form** (Grades 1-12) Must be signed by a parent or guardian, dated and sent to your student's current teacher. The form must be mailed or faxed (919) 231-1252 back to FACA by the teacher. Please ask a core subject teacher (Math or English) to complete this evaluation for Middle School and/or High School students.
- Return completed application with cashier check/money attached, birth certificate, completed K5-12th grade Medical Form including immunizations, and Transcript Request Form to the FACA Admissions Office. Please turn in report cards and SAT, CAT, or Terre Nova Testing results with the application if available at the time of submission to the Admissions Office.

Return To: Admissions Office

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Raleigh, NC 27610



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STUDENT APPLICATION 2016/2017 School Year

GENERAL INFORMATION

Payment Plan: ___ Full Payment ___ 10 Months

Application Type: ___ Sibling ___ New Student ___ Aftercare Needed

Gender: ___ Male ___ Female **Applying for Grade:** _____

() I do not give permission for information to be printed in school directory.

Last Name: _____ First: _____

Middle: _____ Preferred Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ - _____ - _____ Guardian Email Address: _____

Birth: _____ mo. _____ day _____ yr. Student SSN: _____ - _____ - _____

School last attended: _____

Preschool: _____ Days a week attended: _____

EMERGENCY CONTACT

Name of Emergency Contact: _____ Phone: _____ Cell: _____

(other than parents)

Contact's Relation to you: () Relative-Relationship: _____ () Friend () Guardian () Other: _____

Applicant's Doctor: _____ Doctor's Phone: _____ Hospital Preference: _____

PARENT/GUARDIAN AND FAMILY INFORMATION

Marital Status: () Married () Widow () Separated () Divorced () Remarried

Father's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Employer's Name: _____

Title: _____ Occupation: _____

Phone: Home _____ Work _____ Cell _____

Work Email: _____

Years in High School: _____ Years in College: _____

Lives with student (Y/N) ___ Mail (Y/N) ___ Receive Bill (Y/N) ___

Marital Status: () Married () Widow () Separated () Divorced () Remarried

Mother's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Employer's Name: _____

Title: _____ Occupation: _____

Phone: Home _____ Work _____ Cell _____

Work Email: _____

Years in High School: _____ Years in College: _____

Lives with student (Y/N) ___ Mail (Y/N) ___ Receives Bill (Y/N) ___

If parents are separated or divorced, who has legal custody? _____

In the event of sole primary custody, the school requires copies of the custodial legal documents to be provided to the Admissions office at the time of application.

Parental Grandparents

Maternal Grandparents

Grandparent(s): _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Grandparent(s): _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

List names, ages, grades, and schools attending (including preschoolers) of all school-aged children in your family:

1. _____ Age: _____ Grade: _____ School: _____

2. _____ Age: _____ Grade: _____ School: _____

3. _____ Age: _____ Grade: _____ School: _____

4. _____ Age: _____ Grade: _____ School: _____

What church do you attend? _____ Are you a member? _____ For how long? _____

How often does each member attend? **Regularly (3-4 Sundays per month), Occasionally (once or twice per month), Rarely (4 times per year)**

Father: Regularly ... Occasionally ... Rarely **Mother:** Regularly ... Occasionally ... Rarely **Student:** Regularly ... Occasionally ... Rarely

MISSION STATEMENT

“The mission of Faith Assembly Christian Academy is to *educate* and *train* students based upon the Word of God. We *develop* the *whole student* spiritually, mentally, and physically.

YES NO

_____ Do you understand and agree with the above Mission Statement of FACA?

_____ Will one parent attend Parent-Teacher Fellowships?

PARENT QUESTIONNAIRE & COMMITMENT

1. How did you hear about FACA Word of Truth? _____

2. Considering the goals for your student, why would you like your student(s) to attend FACA?

3. Has the student ever been referred to a resource teacher? If yes, please provide date and reasons for referral. _____

4. Has the student ever had modifications made in the classroom? _____

5. Has the student ever been administered psychological, behavioral, or academic testing to determine if he/she is gifted, has a learning disability, ADD, ADHD, behavioral, neurological, sensory, or emotional disorder? _____ If yes, please provide dates, test results, evaluations, IEP reports, etc. This information is not routinely part of the cumulative folders and must be requested by the parent/guardian from the resource teacher or school counselor.

6. Is the student presently taking any medication for medical or learning problems? _____ If yes, please provide kind of medication, dosage, and frequency. Please provide a copy of a medical evaluation, which must be within the last twelve months.

7. Does your child have any allergies? _____ Please list all. _____

8. Does your student have any health problems? _____

9. Pre-mature birth (Y/N): If yes, what was the term? _____



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10. Does your student have normal or corrected vision? _____ Does your student have normal hearing? _____

11. Has your student ever been recommended for tutoring or remedial instruction? _____ If yes, please provide dates and areas of remediation along with written evaluations. _____

12. Has the student ever repeated a grade? _____ Which grade? _____ Please explain. _____

13. Has the student ever been suspended or dismissed from school? _____ Please explain. _____

14. Has your child had disciplinary difficulty in his/her pervious school? _____

15. Is your child a ward of the court? _____ Has your child been under the jurisdiction of the court? _____ Has your child committed a felony? _____

16. Is there any additional information that Faith Assembly Christian Academy should be aware of when considering this student for enrollment? _____

17. What activities or responsibilities are you and your student(s) involved in at your church? _____

18. Please describe prayer time and Bible study in your home. _____

19. Please give a brief statement summarizing your beliefs as it relates to:
Jesus Christ _____

The Bible _____

We certify that the above answers are true and are made with no reservations:

Father's Signature: _____ Date: _____

Mother's Signature: _____ Date: _____



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6th-12th GRADE QUESTIONNAIRE & COMMITMENT

To be completed by student applying for grades 6-12:

1. How did you learn about Faith Assembly Christian Academy? _____
2. On a scale of 1 – 10 (1 being the lowest), how excited are you about enrolling in FACA? _____ Please explain. _____
3. What do you think are the most important differences between private Christian schools and public schools? _____
4. Do you personally desire to come to FACA? _____ Why or why not ? _____
5. What questions, doubts, or fears do you have about coming to FACA? _____
6. Have you failed a subject? _____ Which subject? _____ What is your hardest subject? _____
7. Do you plan to go to college? _____ What are your career plans? _____
8. Do you consider yourself a Christian? _____ If you are a Christian, please explain the role that Jesus Christ plays in your life. _____
9. What would you tell your friends about Jesus Christ? _____
10. How often do you go to church? _____ Attend a youth group? _____ Where? _____
11. Do you sing in the choir? _____ Do you play a musical instrument? _____ Which instrument? _____
12. Are you involved in Fine Arts? _____ What area? _____
13. What type of music do you enjoy? _____
14. Name two of your favorite musical groups. 1. _____ 2. _____
15. Do you play a sport? _____ Which sport? _____
16. How much time do you spend watching TV? _____ How much time do you spend on the computer? _____ How much time do you spend playing video games? _____
17. Do you have a job after school or weekends? _____ Where? _____
18. How often do you go to the movies? _____ Name the last three: _____
19. Are most of your friends Christians? _____ Are most of your friends the same age? _____
20. Have you ever used tobacco _____, alcohol _____, and/or drugs _____?
If yes, please write on a separate sheet of paper the circumstances, dates, and current situation.
21. Have you ever been suspended or expelled from school? _____ If yes, why? _____
22. List the three most important things in your life and explain your choices. _____
23. Please use the space provided to tell us something unique about yourself. _____
24. Did you receive any help answering the above questions? _____ If yes, who? _____

With my signature below, I certify that I have answered the above questions honestly and completely and have read the Student Handbook on-line at www.facawot.weebly.com .

To be completed by student applying for grades 6-12:

Student's Signature: _____ Date: _____



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STATEMENT OF COOPERATION

FINANCES: We understand it is necessary that parents pay tuition for the amount stated on the Tuition and Financial Information statement. If tuition payments and fees are not received by the due date of each month, a \$25.00 late charge will be added each month to the account. Tuition that becomes 15 days past due will result in the student being withheld from attending school until such amounts due to FACA are made current. A fee of \$30.00 will be charged for each returned check. The full month's tuition is due for any month in which the student attends one school day. All fees are due in full and are non-refundable. Refunds are for tuition only, and will be made on accounts that are paid beyond the current month.

SCHOOL ACTIVITIES: We give permission for our child (ren) to take part in any and all school activities, class field trips, including sports and school sponsored trips away from the school premises, and absolve the school from liability to us or our child because of any injury to us or our child at school or during any school activity. In case of emergency or serious illness, we request the school contact us first. If we are not available, please contact the designated emergency contact. If the emergency contact cannot be reached, the school has our permission to make whatever arrangements deemed necessary for our child (ren)'s treatment. If the emergency is life-threatening and we cannot be reached, the physician has permission to act accordingly absolving the school of any liability. This statement of cooperation will serve as a blanket permission slip from August 1, 2016 to July 30, 2017. In order to help ensure the safety of our students, Faith Assembly Christian Academy Word of Truth has an established volunteer policy that is outlined in the Student Handbook. We understand that in order to participate as a volunteer we will abide by the guidelines set forth in the volunteer policy and complete any necessary forms. Faith Assembly Christian Academy is committed to ensuring that your privacy is protected. FACA will use personal information, such as e-mail addresses and phone numbers, for school-related communication inclusive of third party services. Personal information will not be shared, sold, or distributed outside of this ministry. We likewise, authorize FACA, or anyone authorized by FACA, to use and reproduce all audio and video tapes and photographs which FACA takes of our child (ren) or any family member produced for school literature, advertisements, and promotional purposes without further compensation. All copies, masters, negatives, pictures and proofs shall constitute FACA property, solely and completely.

DISCIPLINE: We believe discipline is a necessary aspect of our child (ren)'s education. We give permission for our child (ren)'s teacher and/or administration to make and enforce classroom regulations in a manner consistent with Christian principles and discipline as set forth in Scriptures. Detention may be assigned, and transportation will be the responsibility of the parents. Parents will be sent written notice of such assignments. We understand that we have the responsibility to actively support the authority, philosophy, objectives, policies, procedures, and discipline of the school as established by the Board of Governors.

PARENTAL COMMITMENT: We understand our child (ren) is accepted on a general probationary status for the first quarter. We agree not to complain to other parents, but will register only necessary complaints with the teacher or administration following the Matthew 18 principle. We pledge our full cooperation to keep doctrinal controversy out of the school. We agree to support the school with our prayers and positive attitude. We understand that home and school working together, the school has the right to request the withdrawal of our child (ren). We understand that the school reserves the right to dismiss our student(s) for lack of cooperation on the part of the student, parent and/or guardian. Admission to Faith Assembly Christian Academy Word of Truth is a privilege and not a right. It is a privilege granted with the understanding that students will desire to live as Bible-believing, consecrated Christians. Conduct exemplary of developing young Christians is expected. Drinking alcoholic beverages, using marijuana or other illegal drugs, smoking, profanity, disrespect for authority or property, improper sexual behavior and abuse of others are prohibited. This applies to school and non-school related social activities where unacceptable will commit to the principle of the sanctity of marriage between a man and a woman.

FAITH STATEMENT: Faith Assembly Christian Center, Inc., accepts the Scriptures as the revealed will of God, the all-sufficient rule of faith and practice. The spiritual activities and practices of this Church shall be at all times, consistent with the following Statement of Faith: We believe the bible is to be inspired of God, the infallible Word of God. "All scripture is given by inspiration of God, and is profitable for doctrine, for reproof, for instruction in righteousness" (2 Timothy 3:16).



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By signing this Statement of Cooperation to Faith Assembly Christian Academy Word of Truth, you are certifying that at least one parent in the home is submitting to the Lordship of Jesus Christ, attending a local church, and that you are in agreement with our Statement of Faith and Cooperation.

We have read the Student Handbook, Statement of Cooperation and the 2015/16 Tuition and Financial Information.

Father's Signature/Guardian	Date	Mother's Signature/Guardian	Date
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PRINT Father's/Guardian	Date	PRINT Mother's/Guardian	Date
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CONFIDENTIAL STUDENT EVALUATION 2016/2017



GRADES 1-5

To the Classroom Teacher:

The student named below is a candidate for admission to FACA Word of Truth. We would appreciate your completing this form and returning it within one week to: FACA Word of Truth Admissions, 825 South New Hope Rd, Raleigh, NC 27610 or Fax 919-231-1252.

Name of applicant _____ Candidate for grade _____

Please check all that apply to this student:

Works Habits

- Well organized and efficient
- Usually prepared
- Needs some prodding
- Disorganized- cannot find supplies, etc.
- Has trouble starting or completing tasks
- Completes assignments on time

Reading Mechanics

- Has strong phonic analysis skills to decode unknown words
- Has weak phonic analysis skills- can't blend sounds to decode unknown words
- Doesn't know names and sounds of letters
- Knows sight words
- Memorizes Well

Reading Ability

- Reads material well above grade level
- Reads material above grade level
- Reads material at grade level
- Reads voraciously
- Is discriminating reader
- Has adequate skills but little enthusiasm
- Reads only under pressure

Reading Comprehension

- Has no trouble understanding what was read
- Has some difficulty understanding what was read
- Reading is nonfluent and doesn't comprehend what was read
- Uses context clues to understand what was read
- Unable to use context clues to understand what was read

Writing Ability

- Can organize and express original ideas well
- Presents adequate and readable prose
- Is perceptive but grammar skills are weak (spelling and punctuation)
- Unimaginative and unskilled
- Can verbalize ideas but seems to lose ideas when required to write them
- Fine motor skills are age appropriate
- Legible handwriting
- Illegible handwriting

Mathematical Setting

- Whole class instruction
- Whole class instruction with concept skills groups
- Integrated with whole language
- Homogeneous grouping across grade level

Personality

Math Ability

- Learns through manipulative and visual reinforcement
- Attempts to understand ideas instead of merely memorizing
- Recognizes relationships in verbal problems
- Applies mathematical skills and strategies to new situations
- Has a positive attitude toward mathematics
- Learns math facts easily
- Struggles/difficulty retaining math facts

Creativity

- Highly imaginative and innovative
- Able to understand and appreciate new ideas
- Concrete and very literal

Industry and Motivation

- Is purposeful, ambitious, and resolute
- Is conscientious but inspired
- Is distractible and unable to sustain focus on tasks
- Has fluctuating levels of performance

Intellectual Curiosity

- Interested in many areas
- Interested in one or two areas
- Needs to be highly motivated to engage in academic areas

Modifications Used

- Extended time for testing
- Scribe for testing
- Tape recorder
- Shortened assignments
- Oral reader for tests
- Organizational/behavior contracts

Respect for Authority

- Is conscientious about rules
- Is courteous but independent
- Resents authority but usually obeys
- Is disrespectful and even hostile
- Is demanding of teacher's time
- Requires constant attention and approval

Integrity

- Is always reliable and trustworthy
- Is usually dependable
- Needs occasional watching
- Is unreliable and untrustworthy

Sense of Humor



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- Outgoing and eager
- Friendly but quiet and modest
- Somewhat shy
- Lethargic, sluggish
- Serious Minded
- Only child in family
- Shares with others

- Wholesome and refreshing
- Wry but not infectious
- Laughs but not at appropriate times
- Responsive
- Perverse, cynical and unwholesome

Sensitivity

- Goes out of way to help others
- Is respectful of others' rights
- Seems unaware of others' rights and feelings
- Is boorish and self-centered

Behavioral Tendencies

- Holds hands over ears
- Is overly bothered by loud noises
- Appears to not hear what you say
- Avoids eye contact
- Notices small changes
- Startles at unexpected movements
- Wants to wipe hand quickly and often
- Is easily upset by minor injuries
- Flinches when you get close or touch him

Emotional Stability

- Stable and well-adjusted
- Well-liked by classmates
- Usually stable with good disposition
- Shows marked variations in mood swings
- Withdrawn
- Can be impulsive showing lack of control
- Easily frustrated
- Unstable
- Has difficulty tolerating mistakes

Classroom Behaviors

- Has difficulty participating in group activities
- Hums, whistles sings or makes other noises
- Misses oral directions
- Misses written or demonstrated directions
- Looks away from tasks to notice all other activity
- Adds detail to drawing or coloring
- Touches people and objects to the point of Irritation
- Refuses to participate in activities that are messy
- Fiddles with objects

Has this student been referred/tested for: (Check all that apply)

- Learning Disabilities
- Language Processing
- Neurological Disorder
- Occupational Therapy
- ADHD/ADD
- Speech Therapy
- Sensory Disorder
- Physical Therapy
- Emotional Difficulties
- Dyslexia
- Play/Social Therapy

If yes, explain _____

Have you considered referring this student for testing for: (Check all that apply)

- Learning Disabilities
- Language Processing
- Neurological Disorder
- Occupational Therapy
- ADHD/ADD
- Speech Therapy
- Sensory Disorder
- Physical Therapy
- Emotional Difficulties
- Dyslexia
- Play/Social Therapy

Please state area(s) of concern _____

Has the curriculum been adjusted or modified to suit the needs of the student? Yes _____ No _____

Has the applicant been suspended or dismissed from your school? Yes _____ No _____

What do you feel is the greatest strength of this applicant? _____

What do you feel is the greatest weakness of this applicant? _____

Would you recommend this applicant for admission to Faith Assembly Christian Academy Word of Truth?

- Strongly Recommend
- Recommend
- Recommend with reservation
- Do not recommend for admission

Additional comments: Please feel free to provide any information you feel will guide us. Thank you for your time and cooperation.



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Name of Teacher _____ Date _____

Position _____

Name of School _____

Address of School _____ City _____ Zip Code _____

I/We hereby authorize release of requested information to complete the admission process at FACA Word of Truth. I/We understand this becomes part of my student's application file.

Signature of parent/guardian _____ Date _____

**Please return within one week to:
FACA Admissions Office, 825 South New Hope Road, Raleigh, NC 27610 or Fax to (919) 231-1252**



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TRANSCRIPT & RECORDS REQUEST FORM
2016/2017 School Year

Name of Former School _____

Address of School _____

City _____ State _____ Zip _____

Principal _____

School Phone: _____ School Fax #: _____

To whom it may concern:

My child has enrolled in Faith Assembly Christian Academy Word of Truth. Please forward to Faith Assembly Christian Academy a complete academic file, final transcript, disciplinary file, health records, and any special psychological testing pertaining to:

Student's Name

Date of Birth

Grade Level (applying for)

Thank you so much for your prompt attention to the above request.

Date

Parent's Signature

Date

FACA Admissions

The Admissions Office will request records for all accepted students after the completion of the current school year. If a student transfers to NRCA during the school year, records will be requested immediately upon acceptance.



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K5-12th Grade

STUDENT MEDICAL FORM 2016/2017

K5-12th grade Student Medical Form. All students applying for K5-12th grade must complete and include this form when the application is submitted.

In addition to this form: (accepted K5 students only)

All K5 students accepted to FACA will need to provide proof of a Kindergarten physical. The physical form must be completed by your doctor and turned into the Admission Office by the first day of school. This physical should be scheduled during the summer so that it will remain current for the student's entire Kindergarten academic year.

Your doctor will provide the physical form. Your K5 student will be unable to attend their first day of school without a physical form including updated immunization on file. **THIS PAGE IS NOT THE PHYSICAL FORM.**

Name of Student _____ Birth Date _____ Grade _____

Name of Parent or Guardian _____

Address _____ City _____ State _____ Zip _____

A. Medical History: (To be completed by the parent)

1. Is your child allergic to anything? Yes No If yes, what? _____

2. You're your child under a doctor's care? If so, why? _____

3. Any previous hospitalizations or operations? Yes No If yes, what? _____

4. Is your child on any continuous medication? Yes No If yes, what? _____

5. Any history of diseases or recurrent illness? Yes No If yes, what are they (diabetes, convulsions, heart trouble, etc.)? _____

6. Does your child have any physical disabilities? Yes No If yes, please describe: _____

7. Does your child have any mental disabilities? Yes No If yes, please describe: _____

8. Does your child have any neurological or sensory disorders? Yes No If yes, please describe: _____

B. Immunization Record: The health official must enter the date immunizations was received in the space below or attach a copy of the immunization record.

Type of Vaccine:	#1	#2	#3	#4	#5
*DPT or DT (circle one)					
*Polio					
**Hib					
*MMR (combined doses)					
***Measles (two doses)					
Mumps (single dose)					
Rubella (single dose)					
***Hep. B (three doses)					
Varicella					
****Tdap					
Other					

*Required by state law. **Required by state law if born on or after 10-01-91

***Required by state law if born on or after 07-01-94

****If your child will be 12 between August 2015 and July 2016, the state requires proof of Tdap immunization by September 30, 2016. Please have your physicians office fax proof of this immunization as soon as it is administered. Record of this immunization **must be** received **no later** than September 30, 2016.

Health Official's Signature/Title _____ Date _____ Phone _____