FORT WORTH ACADEMY OF FINE ARTS

Texas Center for Arts + Academics

School Enrollment & Registration Packet

(This packet includes all enrollment, registration, and school forms.)

FORT WORTH ACADEMY OF FINE ARTS

Texas Center for Arts + Academics

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FORT WORTH ACADEMY OF FINE ARTS
Texas Center for Arts + Academics

Enrollment Checklist

Thank you for choosing Fort Worth Academy of Fine Arts. We look forward to serving your child.
Please return the following before the designated dates below.

Student Name: _____ **Grade Enrolling In:** _____

Return on or before March 27, 2020:

- ☐ New Student Enrollment Information Form
- ☐ Ethnicity and Race Reporting Form
- ☐ Home Language Survey
- ☐ Media Release Form
- ☐ Foster Care and Military Connected Form
- ☐ *Request for Administration of Medication Form*
- ☐ Technology and Internet User Form
- ☐ Transportation Contract
- ☐ Social Security Card (copy)
- ☐ Birth Certificate (copy)
- ☐ Family Ambassador Form
- ☐ Residency Verification-Current utility bill (copy)
- ☐ *Medical Certificate Form*

Hold Administration of Medication & Medical Certificate Forms. Bring to August Back to School Night.

Returning the above, completed documentation constitutes acceptance of the enrollment opening for your child. If the materials above are not received on or before March 27 2020, the opening for enrollment will be released, considered declined.

Return on or before June 12, 2020:

Evidence of successful completion must be submitted to the school for enrollment.

- ☐ Final Transcript (for high school students only)
- ☐ Year-end report card or transcript indicating promotion to the next grade (public or accredited private, parochial, or virtual school)
- ☐ Curriculum documentation, courses completed, and samples of work (homeschool students only)

At FWAFA's discretion, students from a non-accredited educational setting may be required to complete subject/grade level STAAR released tests to determine eligibility for enrollment.

Every FWAFA student is expected to complete summer reading. The requirements, including the number of books and required books, as well as, turnitin.com instructions can be found on the Resources page at www.fwafa.org website in late May and throughout the summer.

Back to School Nights are from 6:00pm – 8:00pm

Elementary School Students: August 11, 2020 | **Middle School and High School Students:** August 12, 2020

Once you've checked off all the applicable boxes please sign and return this from to us.

_____ _____
Signature Date

FORT WORTH ACADEMY OF FINE ARTS
Texas Center for Arts + Academics

STUDENT ENROLLMENT INFORMATION

Today's Date: _____ **School Year:** _____

Grade Enrolling In: _____

For Office Use

Fort Worth Academy of Fine Arts will not discriminate in admission on the basis of sex, national origin, ethnicity, religion, disability, academic, artistic, or athletic ability, or the district the child would otherwise attend.

Student Information (To be completed by Parent or Guardian)

Information is kept confidential. Providing incomplete or false information may result in termination of enrollment.

Student's Legal Name: _____ Preferred First Name: _____

Birthdate: _____ Age: ____ Social Security Number: _____ Sex: ☐Male ☐Female

Address: _____ City: _____State:____ Zip: _____

Phone: (____) _____ Student Email: _____

Check if appropriate: ☐ Father Deceased ☐Mother Deceased ☐Parents Divorced ☐Parents Separated

Student Lives with: ☐ Both Parents ☐ Mother ☐Father ☐ Female Guardian ☐ Male Guardian

☐Stepmother ☐ Stepfather ☐ Other _____

School Attended:

Current School: _____Principal/Director: _____

Grade Attended: _____ Dates Attended: _____Phone: (____) _____

Address: _____ City: _____State: _____ Zip: _____

Previous Schools (Lists most recent first):

School: _____ City, State: _____Dates Attended: _____

School: _____ City, State: _____Dates Attended: _____

Has the student ever been retained? If yes, what grade(s)? ☐ Yes ☐ No

Has your child ever been assigned the following? Check those that apply:

☐ ISS (In-School-Suspension)

☐ OSS (Out-of-School Suspension)

☐ DAEP (Disciplinary Alternative Education Placement)

☐ Expulsion

☐ None of the above

Is your child receiving or has your child received Special Education/504 services? ☐ Yes ☐ No
If yes, explain:

_____

_____

Is your child receiving or has our child received Speech services? ☐ Yes ☐ No

Has your child ever been identified Gifted and Talented? ☐ Yes ☐ No
If yes, which school district?

_____

List all your child's current medical issues or medication needs about which we should be aware.

_____

_____

List the medication(s) and dosage(s), including all medications taken at home and the reason for the prescription.

_____

_____

_____

Describe your son's/daughter's special dietary requirements, including religious observations, medical restrictions, food allergies, and other special diets. (e.g. vegetarian)

_____

_____

Does your son/daughter have any allergies to medications or anything else we should be aware of? (bee stings, peanuts, dust, animals, smoke, etc.)

_____

_____

Family Information

Parent/Guardian

Name: _____

Address: _____

_____

Email: _____

Home Phone: (____) _____

Cell Phone: (____) _____

Work Phone: (____) _____

Employer: _____

Occupation: _____

Parent/Guardian

Name: _____

Address: _____

_____

Email: _____

Home Phone: (____)_____

Cell Phone: (____)_____

Work Phone: (____)_____

Employer: _____

Occupation: _____

Knowing families' employers helps us develop business partnerships which increase student opportunities in the classroom.

Please list other children in your family:

Name: _____ Age: ____ School: _____ Grade: ____

Name: _____ Age: ____ School: _____ Grade: ____

Name: _____ Age: ____ School: _____ Grade: ____

Name: _____ Age: ____ School: _____ Grade: ____

_____ _____

Signature of Parent/Guardian Date

_____ _____

Signature of Student Date

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Ethnicity and Race Reporting Form

In October 2007, the United States Department of Education (USDE) issued their final guidance to educational institutions on the adoption of new federal standards for collecting and reporting ethnicity and race data for students. Due to these changes, we are asking all parents and guardians to report their child's ethnicity and race under the new standards. Please fill out this form in order that we can record your child's information correctly.

Student's Name: _____

1. The USDE requires that ethnicity and race be collected separately using a specific two-part question, presented in a specific order. Both parts of the question must be answered.

   Part 1. Ethnicity: Is your child Hispanic/Latino?
   Choose only one.

   ☐ Hispanic/Latino

   ☐ Not Hispanic/Latino

   Part 2. Race: What is your child's race?
   Choose one or more regardless of ethnicity.

   ☐ a. American Indian or Alaska Native

   ☐ b. Asian

   ☐ c. Black or African American

   ☐ d. Native Hawaiian/Other Pacific Islander

   ☐ e. White

2. **Respondents may** select only one category for ethnicity, but may select multiple designations for race.

3. The categories for ethnicity are "Hispanic/Latino" and "Not Hispanic/Latino". Regardless of the category selected for ethnicity, respondents must still select one or more categories for race.

4. One of the major changes is the recognition that members of Hispanic populations can be of different races. The federal government would like to afford Hispanic/Latino populations the opportunity to better describe themselves according to their culture and heritage.

5. An additional category for race was created by separating “Asian or Pacific Islander” into two separate categories. The categories for race include “American Indian or Alaska Native”, “Asian”, “Black or African American”, “Native Hawaiian or Other Pacific Islander”, and “White”. Note that Hispanic/Latino is not a racial category.

6. The categories to be used when reporting aggregate data to the USDE differ from the categories to be used for data collection. Each student or staff member is associated with only one of the seven aggregate reporting categories listed below. Use of these seven categories for aggregate reporting eliminates the possibility of counting an individual twice.

   - Hispanic/Latino
   - American Indian or Alaska Native
   - Asian
   - Black or African American
   - Native Hawaiian or Other Pacific Islander
   - White
   - Two or More Races

   Respondents who select “Hispanic/Latino” for ethnicity will be counted in this category for aggregate reporting to the USDE, regardless of the responses provided to the question on race.

   Respondents who select “Not Hispanic/Latino” for ethnicity, and select more than one category for race, will be counted in the category “Two or More Races” for aggregate reporting to the USDE.

   Respondents, who select “Not Hispanic/Latino” for ethnicity, and select only one category for race, will be counted in the single racial category for aggregate reporting to the USDE.

_____ _____

Parent/Guardian Signature Date

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Home Language Survey

Student Name: _____ **Date:** _____

Grade: _____

1. What language is spoken in your home most of the time?

   □ English □ Spanish □ Other (Specify) _____

2. What language does your child speak most of the time?

   □ English □ Spanish □ Other (Specify) _____

3. How many years in U.S. schools? _____

_____
Signature of parent/guardian

Encuesta de Idioma del Hogar

Nombre Del Alumino: _____ **Fecha:** _____

Grado: _____

1. Cual idioma se habla en su hogar casi siempre?

   □ Ingles □ Espanol □ Otro (Favor de especificar) _____

2. Cual idioma a habla se hijo casi siempre?

   □ Ingles □ Espanol □ Otro (Favor de especificar) _____

3. Cuantos años has estudiado en escuelas americanas? _____

_____
Firma de padre(s) o guardian

FORT WORTH ACADEMY OF FINE ARTS

STUDENT HANDBOOK & CODE OF CONDUCT

ACKNOWLEDGMENT FORM

Student Name: _____ Grade Level: _____

I, as the parent or guardian of _____, have been given access to the Fort Worth Academy of Fine Arts Student Handbook & Code of Conduct (the "Handbook") for the current school year. I have read, understand, and agree that my child shall abide by the Handbook. I understand that my child will be held accountable for his or her behavior, and he/she is required to comply with the expected standards of conduct set out in this Handbook and will be subject to disciplinary consequences if he/she fails to do so. I understand that the Handbook governs my child's behavior while on school property and at school-sponsored or school-related activities whether on or off campus; and that my child may also be subject to discipline for certain conduct which occurs outside of school regardless of time or location, including any school-related misconduct. I understand that the School may contact law enforcement for further investigation or criminal prosecution for certain violations of law. I also understand that parental involvement and cooperation is vital in the discipline process. By signing below, I acknowledge my understanding and commitment to ensure that my child understands and complies with the Handbook.

_____ _____

Parent/Guardian Printed Name

Student Printed Name

_____ _____

Parent/Guardian Signature

Student Signature

_____ _____

Date

Date

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MEDIA RELEASE

I hereby grant Texas Center for Arts + Academics (TCAA), and all related entities, full and absolute permission and all rights to copyright, publish, display and use for legal purpose, any or all photographs, video tapes, digital recording and electronic images together with descriptive text or statements in which my child may appear. Texas Center for Arts + Academics has the right to use these images at any time in the future for the benefit of the school(s) as they see for, without compensation to the student or parents. This includes, but is not limited to, print and digital media, audio and video recordings and broadcasts.

_____ _____

Printed Student Name Printed Parent or Guardian Name

_____ _____

Signature of Parent or Guardian Date

TO: Parents/Guardians of Fort Worth Academy of Fine Arts Students

RE: FOSTER CARE AND MILITARY CONNECTED STUDENTS

Dear Parents:

The Texas Legislature requires that Fort Worth Academy of Fine Arts collect data regarding the foster care status of all students enrolled in Fort Worth Academy of Fine Arts (SB 833). In addition, Fort Worth Academy of Fine Arts is required to collect data regarding students who are Military Connected (SB 525).

If either of the two following items applies to your student, please complete and return this form to your student's school as soon as possible:

FOSTER CARE:

Is your student currently in the conservatorship of the Department of Family and Protective Services?

☐ Yes (please check)

Student's Name (please print): _____

Please attach a copy of the Texas DFPS Placement Authorization Form (Form 2085) or a court order that designates the student is in foster care.

MILITARY CONNECTED:

1. Is your student a dependent of a member of the United States military serving in the Army, Navy, Air Force, Marine Corps, or Coast Guard on active duty?

   ☐ Yes (please check)

2. Is your student a dependent of a member of the Texas National Guard (Army, Air Guard, or State Guard)?

   ☐ Yes (please check)

3. Is your student a dependent of a member of a reserve force of the United States military (Army, Navy, Air Force, Marine Corps, or Coast Guard)?

   ☐ Yes (please check)

If you checked any of the above:

Student's Name (please print): _____ Grade: _____

Parent/Guardian Signature: _____ Date: _____

Technology and Internet User Agreement Form

Use of computers and other technology is a privilege and not a right. Because of the expense associated with acquiring this technology and the potential for damage to the equipment through misuse, the School has developed the following specific technology usage rules. Violation of any of the rules listed in this section may result in revocation of technology and/or Internet privileges and any other disciplinary consequences as may be deemed appropriate by the Principal.

- Students are prohibited from erasing, renaming, or making unusable anyone else's files, programs or disks.
- Students are prohibited from using someone else's password, e-mail account, impersonating another individual, or using any method of hiding or manipulating IP addresses.
- Students may not use school resources to make purchases of any kind or to advertise any products for purchase or sale.
- Students may not use school resources for any unlawful purpose such as illegal copying, plagiarizing, or illegal installation of software.
- Students are prohibited from writing or otherwise attempting to introduce any computing code designed to self-replicate, damage or hinder the performance of the computer's memory or filing system (i.e., introduction of a computer virus, "spamming" the e-mail system, etc.)
- Students are prohibited from using technology to annoy, harass, or bully others with inappropriate language, images or threats. See also, the Bullying & Cyber-Bulling section of this handbook.
- Students are prohibited from accessing any Internet sites containing obscenities or sexually explicit materials.
- Students are prohibited from using technology to break in to secure sites, accounts, or any efforts to hack or other illegal accounts.
- Students are prohibited from assembling or disassembling technology, computer networks, printers, or other equipment except as part of a class assignment or with permission of a classroom teacher.
- Students are prohibited from removing any software, hardware or computer technology from the School without express permission of the campus principal.

Personally Owned Devices

Technology devices may be used only with permission of the classroom teacher as part of the student's assignment or class project when the student is working in the classroom of the teacher who has granted such permission. Such permission does not extend beyond the teacher's classroom or to other times of the day, e.g., lunch, etc. Use of personal devices must adhere to the Technology and Internet Use Policy. The school will not be liable for personally owned devices brought on campus.

All students, teachers, and staff must sign a "Technology and Internet Use Agreement."

Technology Tools and Internet User Agreement Policy

"Technology tools" *includes computers, SMART boards, projectors and any other forms of technology used in the educational process at the Fort Worth Academy of Fine Arts.*

Technology tools and the Internet are available to students and staff to enhance the curriculum and promote educational excellence. Use of school technology materials and Internet access will be provided to those who agree to act in a considerate and responsible manner. Information created, sent or received by email, the Internet or other means over the computers available to students and staff is the property of the Fort Worth Academy of Fine Arts and may be accessed at any time by the school for its review. In the event that a review reveals that this policy has been violated in any way or that a privilege of using technology tool or the Internet is being abused in any way, appropriate action will be taken against the individual or individuals involved.

Privileges
The use of the Fort Worth Academy of Fine Arts network services is a PRIVILEGE, not a right, and inappropriate use may result in a suspension or cancellation of those privileges. Any teacher, the Principal, and/or the Chief Academic Officer will decide what inappropriate use is and may deny, revoke, or suspend access to specific users.

Security
Security on any devices is a high priority. If you can identify a security problem within the network, you must immediately notify a teacher or the Principal.

- Do not demonstrate the problem to other users.
- Do not use another individual's account, forge messages, or post anonymous messages.
- Attempts to login to any system as any other user may result in cancellation of user privileges.
- Using another user's device under that user's name will result in a consequence of an appropriate nature.

Any other form of unauthorized access to the FWAFA network will result in immediate cancellation of user privileges. This includes unauthorized use of the wireless network system.

Non-Compliance
Violators may be held responsible for reimbursement to the Fort Worth Academy of Fine Arts for any incurred expenses. Violations will be appropriately dealt with by any one or combination of the following consequences:

- After school detention;
- Saturday School;
- Suspension of the user's privileges to access the technology tools and/or Internet access for an appropriate length of time; and/or
- Revocation of the user's privilege to access the technology tools and/or Internet access.

Faculty members will be notified of the student's loss of privileges. *Students will still be expected to complete assignments as assigned.*

Offenses

The following actions do not comply with the privilege and responsibility that the user assumes with access to technology and the Internet and will be dealt with as stated above:

- Intentionally wasting resources.
- Using the school's hardware, software, or network for commercial purposes.
- Using the school's hardware, software, or network for personal entertainment purposes.
- Using the school's network to store personal files, unrelated to academic needs and requirements.
- Using the school's network to search for, transmit, receive, submit, or publish any defamatory, inaccurate, abusive, obscene, profane, sexually oriented, threatening, offensive or illegal material.
- Vandalizing any part of the hardware, software or the network, including theft of any hardware or software.
- Downloading, installing, or running executable files from external sources.
- Writing or otherwise attempting to introduce any computing code designed to self-replicate, damage, or hinder the performance of the device's memory or filing system (e.g. introduction of a virus, "spamming" the e-mail system, etc.).
- Bypassing school network security measures, either by using a proxy, network tunnel, or any other method.
- Snooping on faculty members, other students, or any equipment, including by the use of key loggers, network packet sniffers, or any other method.
- Displaying or sending offensive messages or pictures on the network or while using any school-owned computer.
- Participating in teleconferencing or chat without permission.
- Using another's password.
- Revealing passwords to others.
- Trespassing in another's files, or misusing, or deleting another's files.
- Using email without permission and supervision.
- Interfering with the integrity of the network system and/or the e-mail system.
- Violating copyright laws. This includes plagiarism, as well as making illegal copies of school-owned software.

FORT WORTH ACADEMY OF FINE ARTS
Texas Center for Arts + Academics

STUDENT COMPUTER/INTERNET USAGE AGREEMENT

I have read Fort Worth Academy of Fine Arts' Technology and Internet User Agreement, understand it, and agree to adhere to the principles and procedures listed within. I understand that until this agreement is signed and returned, I cannot access the Fort Worth Academy of Fine Arts' computer network. I also understand that additional rules and regulations may be added from time to time and that they become a part of this agreement. Should I break this agreement, I understand I may lose all computer/Internet privileges.

_____ _____
Student Name (Please Print) Grade

_____ _____
Student Signature Date

PARENT COMPUTER/INTERNET USAGE AGREEMENT

I understand that some objectionable materials may be accessed even with content filtering in place. I understand that individuals and families may be held liable for violations. I will accept responsibility for guidance of Internet use by setting and conveying standards for my son/daughter to follow when exploring on-line information and media on an independent basis. Fort Worth Academy of Fine Arts cannot be responsible for ideas and concepts that my child may gain by his or her inappropriate use of the Internet.

I also understand and accept the conditions stated and agree to release, indemnify, and hold harmless, Fort Worth Academy of Fine Arts, Fort Worth Academy of Fine Arts' Board of Education, and/or their employees or agents from any and all claims and liability associated with or arising from the above student's independent use and/or access to the Internet.

_____ _____
Parent/Guardian Name (Please Print) Parent/Guardian Signature

_____
Date

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TRANSPORTATION BEHAVIORAL EXPECTATIONS

As a student of Fort Worth Academy of Fine Arts, I will follow the rules stated below concerning transportation. I understand that these rules are for my safety and for the safety of others. After reading the rules thoroughly, I will sign and return the **"TRANSPORTATION CONTRACT"** signifying my understanding of the expectations listed below.

- I will sit in my assigned seat.
- I will wear my seat belt in the proper manner at all times.
- I will honor "code one" while vehicle is maneuvering, such as parking, backing, or in inclement weather.
- I will talk only to those seated next to me, in a soft voice, when talking is allowed.
- I will respect the vehicle in which I am riding, as well as the other riders and their property.
- I understand that I may study, read, sleep, listen to music with headphones, or play electronic games that can be muted or used with headphones while in the vehicle. I will keep the headphone volume at a level that does not disturb others.
- I will control my behavior at all times to ensure the safety of myself, the driver, and the other passengers.
- I understand that my inability to follow the rules as stated in this document or by verbal instruction from the driver will result in disciplinary action.

Consequences:

- First offense: verbal warning will be given.
- Second offense: detention will be assigned.
- If behavior does not improve immediately, a conference with the student, parent, driver or school representative will be called.
- **Riding privileges may be temporarily suspended or permanently revoked if behavior continues to be a problem.**

Keep this page for your information. **Return the signed contract** to school.

TEXAS CENTER FOR ARTS + ACADEMICS | Texas Boys Choir | Fort Worth Academy of Fine Arts | Texas School of the Arts

TRANSPORTATION CONTRACT

We understand that transportation by Fort Worth Academy of Fine Arts is not required by law and that it is provided as a convenience to the parents. Riding privileges can and will be suspended or revoked if it is deemed necessary by Fort Worth Academy of Fine Arts and its affiliates.

We have read and understand the information contained in the "**Transportation Behavioral Expectations**" sheet. We have discussed these expectations and possible consequences for failure to abide by them.

Date: _____

Student Name: _____

Student Signature: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Family Ambassador Program

~families helping families~

Welcome to Fort Worth Academy of Fine Arts (FWAFA). We are delighted that your family has chosen to be a part of this prestigious school. On behalf of the Parent Teacher Student Organization (PTSO), we would like your transition to be as smooth as possible. We have a unique culture at FWAFA and we understand that being new can create lots of questions and concerns. Therefore, we invite you to be a part of our FWAFA Family Ambassador Program. Your Family Ambassador(s)- seasoned parents and students- will be here to guide you.

Parent/Guardian Name: _____

Phone Number: (_____) _____

Email: _____

Student Name: _____

Grade Level 2020-2021 School Year: _____

Please complete this form and return it with your registration packet.
You will be contacted this summer.

FORT WORTH ACADEMY OF FINE ARTS

ENROLLMENT FORM FOR RETURNING STUDENTS

Due: February 15, 2019

Today's Date:_____ For Grade _____

School Year 2019-2020

Fort Worth Academy of Fine Arts admits boys and girls of any race, color, national and ethnic origin to all rights, privileges, programs, and activities, generally accorded or made available to the students of the school. It does not discriminate on the basis of color, race, national and ethnic origin in the administration of its educational policies or other school administered programs.

Student Information (To be completed by Parent or Guardian)

Be assured that the information you provide will be kept confidential and will not be used inappropriately.

Student's Full Name _____Age _____ Birth date _____

Preferred First Name _____

CHECK IF STUDENT WILL NOT BE RETURNING THE NEXT SCHOOL YEAR _____

CHECK IF STUDENT WILL BE RETURNING THE NEXT SCHOOL YEAR _____

PLEASE CHECK IF HOME ADDRESS HAS CHANGED FROM LAST YEAR _____

Home Address

_____

_____ Telephone (_____)____ -_____

City State Zip Please include area code with all phone numbers

County_____Ethnicity_____ Sex: _____ Male_____ Female

Home School District _____

Neighborhood Public School child would attend_____

Family	**Mother**	**Father**
Name	_____	Name _____
Address	_____	Address _____
	_____	_____
Home Telephone (_____)	_____	Home Telephone (_____) _____
Work Telephone (_____)	_____	Work Telephone (_____) _____
Please circle one below Pager/Cellular Phone (_____)	_____	Please circle one below Pager/Cellular Phone (_____) _____
Fax	_____Email_____	Fax _____Email_____

Parent Signature _____ Date _____

FORT WORTH ACADEMY OF FINE ARTS

Student Information Update Form

Please only use this form for changes in contact information.

Student Name:		Student Grade Level:	

Student Mailing Address

Mailing Address	
City/ ST/ Zip	

Parent/Guardian Contact Information

1. Parent/Guardian	
Name	
Phone	
E-mail	
Employer	

2. Parent/Guardian	
Name	
Phone	
E-mail	
Employer	

Knowing families' employers helps us develop business partnerships which increase student opportunities in the classroom.

Student Contact Information

Name	
Phone	
E-mail	

Additional Contact Information

Relationship to Student	
Name	
Phone	
E-mail	

If change of address, please complete the following:

Campus ID of Residence:	
(This is the school you would attend based on your residence)	
School District:	

Health clinics offering immunizations

Tarrant County Public Health
Service Locations

Administration Office: Tarrant County Public Health
1101 S. Main Street, Fort Worth, TX 76104 • 817-321-4700

Arlington Public Health Center
536 W. Randol Mill Road, Arlington, TX 76011-5738 • 817-548-3990

Bagsby-Williams Public Health Center
3212 Miller Avenue, Fort Worth, TX 76119-1948 • 817-531-6738

La Gran Plaza Mall Public Health Center
4200 S. Freeway, Fort Worth, TX 76115-1400 • 817-920-5752

Northwest Public Health Center
3800 Adam Grubb Road, Lake Worth, TX 76135-3506 • 817-238-4441

Southwest Public Health Center
6551 Granbury Road, Fort Worth, TX 76133-4926 • 817-370-4530

Watauga Public Health Center
6601 Watauga Road, Suite 122, Watauga, TX 76148 • 817-514-5030

Clinicas de la immunizacion del Departamento de la Salud Publica del Condado de Tarrant

Sanidad Público del Condado de Tarrant
Localidad

Administration Office: Tarrant County Public Health
1101 S. Main Street, Fort Worth, TX 76104 • 817-321-4700

Arlington Public Health Center
536 W. Randol Mill Road, Arlington, TX 76011-5738 • 817-548-3990

Bagsby-Williams Public Health Center
3212 Miller Avenue, Fort Worth, TX 76119-1948 • 817-531-6738

La Gran Plaza Mall Public Health Center
4200 S. Freeway, Fort Worth, TX 76115-1400 • 817-920-5752

Northwest Public Health Center
3800 Adam Grubb Road, Lake Worth, TX 76135-3506 • 817-238-4441

Southwest Public Health Center
6551 Granbury Road, Fort Worth, TX 76133-4926 • 817-370-4530

Watauga Public Health Center
6601 Watauga Road, Suite 122, Watauga, TX 76148 • 817-514-5030

Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger

UNITED STATES 2020

Vaccines in the Child and Adolescent Immunization Schedule*

Vaccines	Abbreviations	Trade names
Diphtheria, tetanus, and acellular pertussis vaccine	**DTaP**	Daptacel® Infanrix®
Diphtheria, tetanus vaccine	**DT**	No trade name
Haemophilus influenzae type b vaccine	**Hib (PRP-T)** **Hib (PRP-OMP)**	ActHIB® Hiberix® PedvaxHIB®
Hepatitis A vaccine	**HepA**	Havrix® Vaqta®
Hepatitis B vaccine	**HepB**	Engerix-B® Recombivax HB®
Human papillomavirus vaccine	**HPV**	Gardasil 9®
Influenza vaccine (inactivated)	**IIV**	Multiple
Influenza vaccine (live, attenuated)	**LAIV**	FluMist® Quadrivalent
Measles, mumps, and rubella vaccine	**MMR**	M-M-R® II
Meningococcal serogroups A, C, W, Y vaccine	**MenACWY-D** **MenACWY-CRM**	Menactra® Menveo®
Meningococcal serogroup B vaccine	**MenB-4C** **MenB-FHbp**	Bexsero® Trumenba®
Pneumococcal 13-valent conjugate vaccine	**PCV13**	Prevnar 13®
Pneumococcal 23-valent polysaccharide vaccine	**PPSV23**	Pneumovax® 23
Poliovirus vaccine (inactivated)	**IPV**	IPOL®
Rotavirus vaccine	**RV1** **RV5**	Rotarix® RotaTeq®
Tetanus, diphtheria, and acellular pertussis vaccine	**Tdap**	Adacel® Boostrix®
Tetanus and diphtheria vaccine	**Td**	Tenivac® Tdvax™
Varicella vaccine	**VAR**	Varivax®
Combination vaccines *(use combination vaccines instead of separate injections when appropriate)*		
DTaP, hepatitis B, and inactivated poliovirus vaccine	**DTaP-HepB-IPV**	Pediarix®
DTaP, inactivated poliovirus, and *Haemophilus influenzae* type b vaccine	**DTaP-IPV/Hib**	Pentacel®
DTaP and inactivated poliovirus vaccine	**DTaP-IPV**	Kinrix® Quadracel®
Measles, mumps, rubella, and varicella vaccine	**MMRV**	ProQuad®

*Administer recommended vaccines if immunization history is incomplete or unknown. Do not restart or add doses to vaccine series for extended intervals between doses. When a vaccine is not administered at the recommended age, administer at a subsequent visit. The use of trade names is for identification purposes only and does not imply endorsement by the ACIP or CDC.

How to use the child/adolescent immunization schedule

1 Determine recommended vaccine by age **(Table 1)**

2 Determine recommended interval for catch-up vaccination **(Table 2)**

3 Assess need for additional recommended vaccines by medical condition and other indications **(Table 3)**

4 Review vaccine types, frequencies, intervals, and considerations for special situations **(Notes)**

Recommended by the Advisory Committee on Immunization Practices (www.cdc.gov/vaccines/acip) and approved by the Centers for Disease Control and Prevention (www.cdc.gov), American Academy of Pediatrics (www.aap.org), American Academy of Family Physicians (www.aafp.org), American College of Obstetricians and Gynecologists (www.acog.org), and American College of Nurse-Midwives (www.midwife.org).

Report

- Suspected cases of reportable vaccine-preventable diseases or outbreaks to your state or local health department
- Clinically significant adverse events to the Vaccine Adverse Event Reporting System (VAERS) at www.vaers.hhs.gov or 800-822-7967

Download the CDC Vaccine Schedules App for providers at www.cdc.gov/vaccines/schedules/hcp/schedule-app.html.

Helpful information

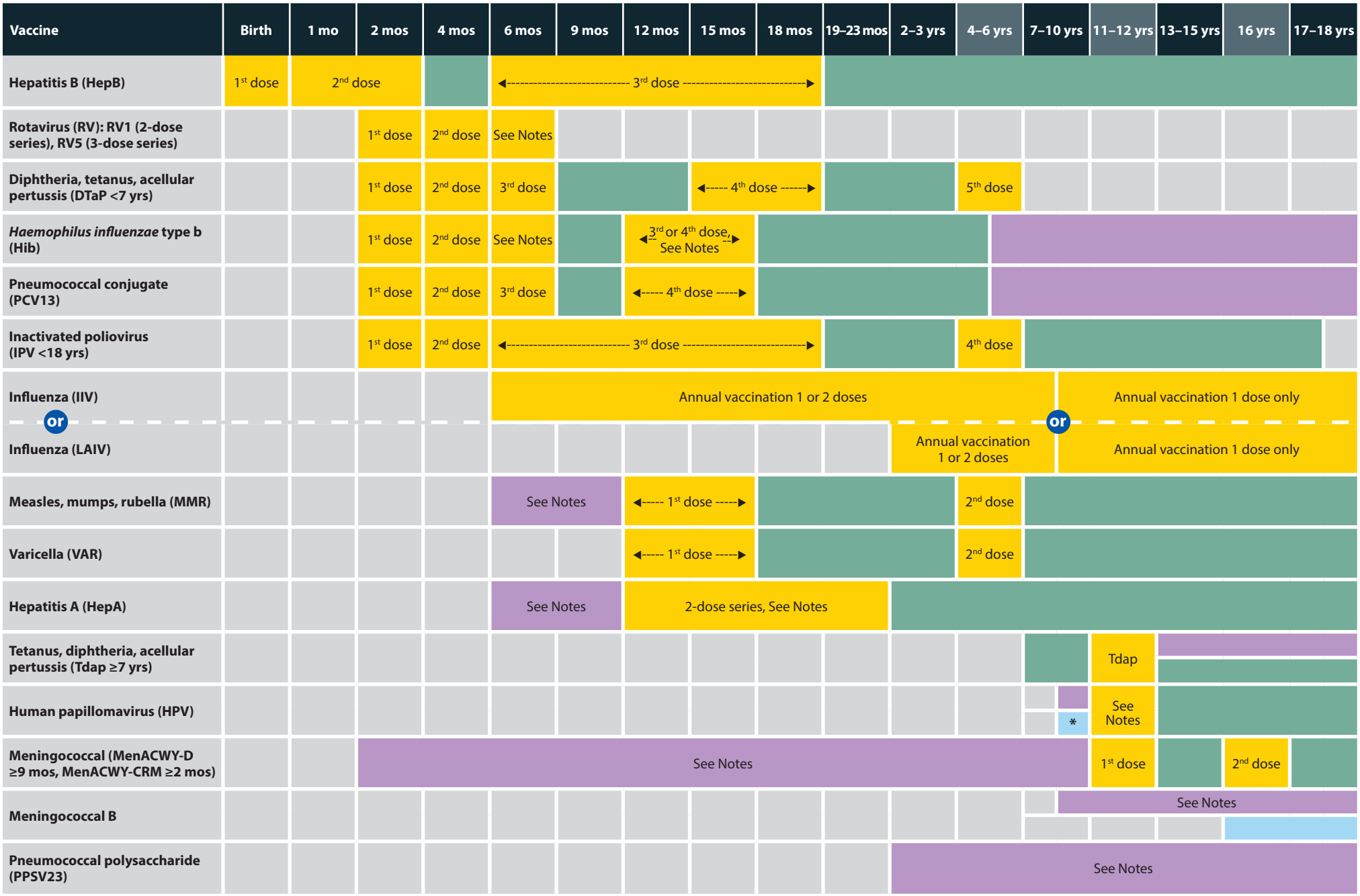
- Complete ACIP recommendations: www.cdc.gov/vaccines/hcp/acip-recs/index.html
- General Best Practice Guidelines for Immunization: www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html
- Outbreak information (including case identification and outbreak response), see Manual for the Surveillance of Vaccine-Preventable Diseases: www.cdc.gov/vaccines/pubs/surv-manual

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

CS310020-A

Table 1 Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, United States, 2020

These recommendations must be read with the notes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars. To determine minimum intervals between doses, see the catch-up schedule (Table 2). School entry and adolescent vaccine age groups are shaded in gray.



Range of recommended ages for all children

Range of recommended ages for catch-up immunization

Range of recommended ages for certain high-risk groups

Recommended based on shared clinical decision-making or *can be used in this age group

No recommendation/ not applicable

Table 2 Recommended Catch-up Immunization Schedule for Children and Adolescents Who Start Late or Who are More than 1 month Behind, United States, 2020

The table below provides catch-up schedules and minimum intervals between doses for children whose vaccinations have been delayed. A vaccine series does not need to be restarted, regardless of the time that has elapsed between doses. Use the section appropriate for the child's age. **Always use this table in conjunction with Table 1 and the notes that follow.**

Children age 4 months through 6 years					
Vaccine	**Minimum Age for Dose 1**	**Minimum Interval Between Doses**			
		Dose 1 to Dose 2	**Dose 2 to Dose 3**	**Dose 3 to Dose 4**	**Dose 4 to Dose 5**
Hepatitis B	Birth	**4 weeks**	**8 weeks *and* at least 16 weeks after first dose.** Minimum age for the final dose is 24 weeks.		
Rotavirus	6 weeks Maximum age for first dose is 14 weeks, 6 days	**4 weeks**	**4 weeks** Maximum age for final dose is 8 months, 0 days.		
Diphtheria, tetanus, and acellular pertussis	6 weeks	**4 weeks**	**4 weeks**	**6 months**	**6 months**
Haemophilus influenzae type b	6 weeks	**No further doses needed** if first dose was administered at age 15 months or older. **4 weeks** if first dose was administered before the 1st birthday. **8 weeks (as final dose)** if first dose was administered at age 12 through 14 months.	**No further doses needed** if previous dose was administered at age 15 months or older. **4 weeks** if current age is younger than 12 months ***and*** first dose was administered at younger than age 7 months ***and*** at least 1 previous dose was PRP-T (ActHib, Pentacel, Hiberix) or unknown. **8 weeks *and* age 12 through 59 months (as final dose)** if current age is younger than 12 months ***and*** first dose was administered at age 7 through 11 months; OR if current age is 12 through 59 months ***and*** first dose was administered before the 1st birthday ***and*** second dose administered at younger than 15 months; OR if both doses were PRP-OMP (PedvaxHIB, Comvax) ***and*** were administered before the 1st birthday.	**8 weeks (as final dose)** This dose only necessary for children age 12 through 59 months who received 3 doses before the 1st birthday.	
Pneumococcal conjugate	6 weeks	**No further doses needed** for healthy children if first dose was administered at age 24 months or older. **4 weeks** if first dose was administered before the 1st birthday. **8 weeks (as final dose for healthy children)** if first dose was administered at the 1st birthday or after.	**No further doses needed** for healthy children if previous dose administered at age 24 months or older. **4 weeks** if current age is younger than 12 months and previous dose was administered at <7 months old. **8 weeks (as final dose for healthy children)** if previous dose was administered between 7–11 months (wait until at least 12 months old); OR if current age is 12 months or older and at least 1 dose was given before age 12 months.	**8 weeks (as final dose)** This dose only necessary for children age 12 through 59 months who received 3 doses before age 12 months or for children at high risk who received 3 doses at any age.	
Inactivated poliovirus	6 weeks	**4 weeks**	**4 weeks** if current age is < 4 years. **6 months (as final dose)** if current age is 4 years or older.	**6 months** (minimum age 4 years for final dose).	
Measles, mumps, rubella	12 months	**4 weeks**			
Varicella	12 months	**3 months**			
Hepatitis A	12 months	**6 months**			
Meningococcal ACWY	2 months MenACWY-CRM 9 months MenACWY-D	**8 weeks**	See Notes	See Notes	
Children and adolescents age 7 through 18 years					
Meningococcal ACWY	Not applicable (N/A)	**8 weeks**			
Tetanus, diphtheria; tetanus, diphtheria, and acellular pertussis	7 years	**4 weeks**	**4 weeks** if first dose of DTaP/DT was administered before the 1st birthday. **6 months (as final dose)** if first dose of DTaP/DT or Tdap/Td was administered at or after the 1st birthday.	**6 months** if first dose of DTaP/DT was administered before the 1st birthday.	
Human papillomavirus	9 years	**Routine dosing intervals are recommended.**			
Hepatitis A	N/A	**6 months**			
Hepatitis B	N/A	**4 weeks**	**8 weeks *and* at least 16 weeks after first dose.**		
Inactivated poliovirus	N/A	**4 weeks**	**6 months** A fourth dose is not necessary if the third dose was administered at age 4 years or older and at least 6 months after the previous dose.	A fourth dose of IPV is indicated if all previous doses were administered at <4 years or if the third dose was administered <6 months after the second dose.	
Measles, mumps, rubella	N/A	**4 weeks**			
Varicella	N/A	**3 months** if younger than age 13 years. **4 weeks** if age 13 years or older.			

Table 3 Recommended Child and Adolescent Immunization Schedule by Medical Indication, United States, 2020

Always use this table in conjunction with Table 1 and the notes that follow.

VACCINE	INDICATION									
	Pregnancy	Immunocompromised status (excluding HIV infection)	HIV infection CD4+ count[1]		Kidney failure, end-stage renal disease, or on hemodialysis	Heart disease or chronic lung disease	CSF leaks or cochlear implants	Asplenia or persistent complement component deficiencies	Chronic liver disease	Diabetes
			<15% and total CD4 cell count of <200/mm3	≥15% and total CD4 cell count of ≥200/mm3						
Hepatitis B										
Rotavirus		SCID[2]								
Diphtheria, tetanus, & acellular pertussis (DTaP)										
Haemophilus influenzae type b										
Pneumococcal conjugate										
Inactivated poliovirus										
Influenza (IIV)										
or										
Influenza (LAIV)						Asthma, wheezing: 2–4yrs[3]				
Measles, mumps, rubella										
Varicella										
Hepatitis A										
Tetanus, diphtheria, & acellular pertussis (Tdap)										
Human papillomavirus										
Meningococcal ACWY										
Meningococcal B										
Pneumococcal polysaccharide										

- Vaccination according to the routine schedule recommended
- Recommended for persons with an additional risk factor for which the vaccine would be indicated
- Vaccination is recommended, and additional doses may be necessary based on medical condition. See Notes.
- Not recommended/ contraindicated—vaccine should not be administered
- Precaution—vaccine might be indicated if benefit of protection outweighs risk of adverse reaction
- Delay vaccination until after pregnancy if vaccine indicated
- No recommendation/ not applicable

1 For additional information regarding HIV laboratory parameters and use of live vaccines, see the General Best Practice Guidelines for Immunization, "Altered Immunocompetence," at www.cdc.gov/vaccines/hcp/acip-recs/general-recs/immunocompetence.html and Table 4-1 (footnote D) at www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html.
2 Severe Combined Immunodeficiency
3 LAIV contraindicated for children 2–4 years of age with asthma or wheezing during the preceding 12 months.

For vaccine recommendations for persons 19 years of age or older, see the Recommended Adult Immunization Schedule.

Additional information

- Consult relevant ACIP statements for detailed recommendations at www.cdc.gov/vaccines/hcp/acip-recs/index.html.
- For information on contraindications and precautions for the use of a vaccine, consult the General Best Practice Guidelines for Immunization at www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html and relevant ACIP statements at www.cdc.gov/vaccines/hcp/acip-recs/index.html.
- For calculating intervals between doses, 4 weeks = 28 days. Intervals of ≥4 months are determined by calendar months.
- Within a number range (e.g., 12–18), a dash (–) should be read as "through."
- Vaccine doses administered ≤4 days before the minimum age or interval are considered valid. Doses of any vaccine administered ≥5 days earlier than the minimum age or minimum interval should not be counted as valid and should be repeated as age-appropriate. The repeat dose should be spaced after the invalid dose by the recommended minimum interval. For further details, see Table 3-1, Recommended and minimum ages and intervals between vaccine doses, in General Best Practice Guidelines for Immunization at www.cdc.gov/vaccines/hcp/acip-recs/general-recs/timing.html.
- Information on travel vaccine requirements and recommendations is available at www.cdc.gov/travel/.
- For vaccination of persons with immunodeficiencies, see Table 8-1, Vaccination of persons with primary and secondary immunodeficiencies, in General Best Practice Guidelines for Immunization at www.cdc.gov/vaccines/hcp/acip-recs/general-recs/immunocompetence.html, and Immunization in Special Clinical Circumstances (In: Kimberlin DW, Brady MT, Jackson MA, Long SS, eds. *Red Book: 2018 Report of the Committee on Infectious Diseases*. 31st ed. Itasca, IL: American Academy of Pediatrics; 2018:67–111).
- For information regarding vaccination in the setting of a vaccine-preventable disease outbreak, contact your state or local health department.
- The National Vaccine Injury Compensation Program (VICP) is a no-fault alternative to the traditional legal system for resolving vaccine injury claims. All routine child and adolescent vaccines are covered by VICP except for pneumococcal polysaccharide vaccine (PPSV23). For more information, see www.hrsa.gov/vaccinecompensation/index.html.

Diphtheria, tetanus, and pertussis (DTaP) vaccination (minimum age: 6 weeks [4 years for Kinrix or Quadracel])

Routine vaccination

- 5-dose series at 2, 4, 6, 15–18 months, 4–6 years
  - **Prospectively:** Dose 4 may be administered as early as age 12 months if at least 6 months have elapsed since dose 3.
  - **Retrospectively:** A 4th dose that was inadvertently administered as early as 12 months may be counted if at least 4 months have elapsed since dose 3.

Catch-up vaccination

- Dose 5 is not necessary if dose 4 was administered at age 4 years or older and at least 6 months after dose 3.
- For other catch-up guidance, see Table 2.

Haemophilus influenzae type b vaccination (minimum age: 6 weeks)

Routine vaccination

- **ActHIB, Hiberix, or Pentacel:** 4-dose series at 2, 4, 6, 12–15 months
- **PedvaxHIB:** 3-dose series at 2, 4, 12–15 months

Catch-up vaccination

- **Dose 1 at 7–11 months:** Administer dose 2 at least 4 weeks later and dose 3 (final dose) at 12–15 months or 8 weeks after dose 2 (whichever is later).
- **Dose 1 at 12–14 months:** Administer dose 2 (final dose) at least 8 weeks after dose 1.
- **Dose 1 before 12 months and dose 2 before 15 months:** Administer dose 3 (final dose) 8 weeks after dose 2.
- **2 doses of PedvaxHIB before 12 months:** Administer dose 3 (final dose) at 12–59 months and at least 8 weeks after dose 2.
- **Unvaccinated at 15–59 months:** 1 dose
- **Previously unvaccinated children age 60 months or older** who are not considered high risk do not require catch-up vaccination.
- For other catch-up guidance, see Table 2.

Special situations

- **Chemotherapy or radiation treatment:**
  12–59 months
  - Unvaccinated or only 1 dose before age 12 months: 2 doses, 8 weeks apart
  - 2 or more doses before age 12 months: 1 dose at least 8 weeks after previous dose

  Doses administered within 14 days of starting therapy or during therapy should be repeated at least 3 months after therapy completion.
- **Hematopoietic stem cell transplant (HSCT):**
  - 3-dose series 4 weeks apart starting 6 to 12 months after successful transplant, regardless of Hib vaccination history
- **Anatomic or functional asplenia (including sickle cell disease):**
  12–59 months
  - Unvaccinated or only 1 dose before age 12 months: 2 doses, 8 weeks apart
  - 2 or more doses before age 12 months: 1 dose at least 8 weeks after previous dose

  Unvaccinated persons age 5 years or older*
  - 1 dose
- **Elective splenectomy:**
  Unvaccinated persons age 15 months or older*
  - 1 dose (preferably at least 14 days before procedure)
- **HIV infection:**
  12–59 months
  - Unvaccinated or only 1 dose before age 12 months: 2 doses, 8 weeks apart
  - 2 or more doses before age 12 months: 1 dose at least 8 weeks after previous dose

  Unvaccinated persons age 5–18 years*
  - 1 dose
- **Immunoglobulin deficiency, early component complement deficiency:**
  12–59 months
  - Unvaccinated or only 1 dose before age 12 months: 2 doses, 8 weeks apart
  - 2 or more doses before age 12 months: 1 dose at least 8 weeks after previous dose

**Unvaccinated* = Less than routine series (through 14 months) OR no doses (15 months or older)

Hepatitis A vaccination (minimum age: 12 months for routine vaccination)

Routine vaccination

- 2-dose series (minimum interval: 6 months) beginning at age 12 months

Catch-up vaccination

- Unvaccinated persons through 18 years should complete a 2-dose series (minimum interval: 6 months).
- Persons who previously received 1 dose at age 12 months or older should receive dose 2 at least 6 months after dose 1.
- Adolescents 18 years and older may receive the combined HepA and HepB vaccine, **Twinrix®**, as a 3-dose series (0, 1, and 6 months) or 4-dose series (0, 7, and 21–30 days, followed by a dose at 12 months).

International travel

- Persons traveling to or working in countries with high or intermediate endemic hepatitis A (www.cdc.gov/travel/):
  - **Infants age 6–11 months**: 1 dose before departure; revaccinate with 2 doses, separated by at least 6 months, between 12 and 23 months of age
  - **Unvaccinated age 12 months and older**: Administer dose 1 as soon as travel is considered.

Hepatitis B vaccination (minimum age: birth)

Birth dose (monovalent HepB vaccine only)

- **Mother is HBsAg-negative:** 1 dose within 24 hours of birth for **all** medically stable infants ≥2,000 grams. Infants <2,000 grams: Administer 1 dose at chronological age 1 month or hospital discharge.
- **Mother is HBsAg-positive:**
  - Administer **HepB vaccine** and **hepatitis B immune globulin (HBIG)** (in separate limbs) within 12 hours of birth, regardless of birth weight. For infants <2,000 grams, administer 3 additional doses of vaccine (total of 4 doses) beginning at age 1 month.
  - Test for HBsAg and anti-HBs at age 9–12 months. If HepB series is delayed, test 1–2 months after final dose.
- **Mother's HBsAg status is unknown:**
  - Administer **HepB vaccine** within 12 hours of birth, regardless of birth weight.
  - For infants <2,000 grams, administer **HBIG** in addition to HepB vaccine (in separate limbs) within 12 hours of birth. Administer 3 additional doses of vaccine (total of 4 doses) beginning at age 1 month.
  - Determine mother's HBsAg status as soon as possible. If mother is HBsAg-positive, administer **HBIG** to infants ≥2,000 grams as soon as possible, but no later than 7 days of age.

Routine series

- 3-dose series at 0, 1–2, 6–18 months (use monovalent HepB vaccine for doses administered before age 6 weeks)
- Infants who did not receive a birth dose should begin the series as soon as feasible (see Table 2).
- Administration of **4 doses** is permitted when a combination vaccine containing HepB is used after the birth dose.
- **Minimum age** for the final (3rd or 4th) dose: 24 weeks
- **Minimum intervals:** dose 1 to dose 2: 4 weeks / dose 2 to dose 3: 8 weeks / dose 1 to dose 3: 16 weeks (when 4 doses are administered, substitute "dose 4" for "dose 3" in these calculations)

Catch-up vaccination

- Unvaccinated persons should complete a 3-dose series at 0, 1–2, 6 months.
- Adolescents age 11–15 years may use an alternative 2-dose schedule with at least 4 months between doses (adult formulation **Recombivax HB** only).
- Adolescents 18 years and older may receive a 2-dose series of HepB **(Heplisav-B®)** at least 4 weeks apart.
- Adolescents 18 years and older may receive the combined HepA and HepB vaccine, **Twinrix**, as a 3-dose series (0, 1, and 6 months) or 4-dose series (0, 7, and 21–30 days, followed by a dose at 12 months).
- For other catch-up guidance, see Table 2.

Special situations

- Revaccination is not generally recommended for persons with a normal immune status who were vaccinated as infants, children, adolescents, or adults.
- **Revaccination** may be recommended for certain populations, including:
  - **Infants born to HBsAg-positive mothers**
  - **Hemodialysis patients**
  - **Other immunocompromised persons**
- For detailed revaccination recommendations, see www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/hepb.html.

Human papillomavirus vaccination (minimum age: 9 years)

Routine and catch-up vaccination

- HPV vaccination routinely recommended at **age 11–12 years (can start at age 9 years)** and catch-up HPV vaccination recommended for all persons through age 18 years if not adequately vaccinated
- 2- or 3-dose series depending on age at initial vaccination:
  - **Age 9 through 14 years at initial vaccination**: 2-dose series at 0, 6–12 months (minimum interval: 5 months; repeat dose if administered too soon)
  - **Age 15 years or older at initial vaccination**: 3-dose series at 0, 1–2 months, 6 months (minimum intervals: dose 1 to dose 2: 4 weeks / dose 2 to dose 3: 12 weeks / dose 1 to dose 3: 5 months; repeat dose if administered too soon)
- If completed valid vaccination series with any HPV vaccine, no additional doses needed

Special situations

- **Immunocompromising conditions, including HIV infection:** 3-dose series as above
- **History of sexual abuse or assault:** Start at age 9 years.
- **Pregnancy:** HPV vaccination not recommended until after pregnancy; no intervention needed if vaccinated while pregnant; pregnancy testing not needed before vaccination

Influenza vaccination (minimum age: 6 months [IIV], 2 years [LAIV], 18 years [recombinant influenza vaccine, RIV])

Routine vaccination

- Use any influenza vaccine appropriate for age and health status annually:
  - 2 doses, separated by at least 4 weeks, for **children age 6 months–8 years** who have received fewer than 2 influenza vaccine doses before July 1, 2019, or whose influenza vaccination history is unknown (administer dose 2 even if the child turns 9 between receipt of dose 1 and dose 2)
  - 1 dose for **children age 6 months–8 years** who have received at least 2 influenza vaccine doses before July 1, 2019
  - 1 dose for **all persons age 9 years and older**
- For the 2020–21 season, see the 2020–21 ACIP influenza vaccine recommendations.

Special situations

- **Egg allergy, hives only**: Any influenza vaccine appropriate for age and health status annually
- **Egg allergy with symptoms other than hives** (e.g., angioedema, respiratory distress, need for emergency medical services or epinephrine): Any influenza vaccine appropriate for age and health status annually in medical setting under supervision of health care provider who can recognize and manage severe allergic reactions
- **LAIV should not be used** in persons with the following conditions or situations:
  - History of severe allergic reaction to a previous dose of any influenza vaccine or to any vaccine component (excluding egg, see details above)
  - Receiving aspirin or salicylate-containing medications
  - Age 2–4 years with history of asthma or wheezing
  - Immunocompromised due to any cause (including medications and HIV infection)
  - Anatomic or functional asplenia
  - Cochlear implant
  - Cerebrospinal fluid-oropharyngeal communication
  - Close contacts or caregivers of severely immunosuppressed persons who require a protected environment
  - Pregnancy
  - Received influenza antiviral medications within the previous 48 hours

Notes

Measles, mumps, and rubella vaccination (minimum age: 12 months for routine vaccination)

Routine vaccination
- 2-dose series at 12–15 months, 4–6 years
- Dose 2 may be administered as early as 4 weeks after dose 1.

Catch-up vaccination
- Unvaccinated children and adolescents: 2-dose series at least 4 weeks apart
- The maximum age for use of MMRV is 12 years.

Special situations
International travel
- **Infants age 6–11 months:** 1 dose before departure; revaccinate with 2-dose series with dose 1 at 12–15 months (12 months for children in high-risk areas) and dose 2 as early as 4 weeks later.
- **Unvaccinated children age 12 months and older:** 2-dose series at least 4 weeks apart before departure

Meningococcal serogroup A,C,W,Y vaccination (minimum age: 2 months [MenACWY-CRM, Menveo], 9 months [MenACWY-D, Menactra])

Routine vaccination
- 2-dose series at 11–12 years, 16 years

Catch-up vaccination
- Age 13–15 years: 1 dose now and booster at age 16–18 years (minimum interval: 8 weeks)
- Age 16–18 years: 1 dose

Special situations
Anatomic or functional asplenia (including sickle cell disease), HIV infection, persistent complement component deficiency, complement inhibitor (e.g., eculizumab, ravulizumab) use:
- **Menveo**
  - Dose 1 at age 8 weeks: 4-dose series at 2, 4, 6, 12 months
  - Dose 1 at age 7–23 months: 2-dose series (dose 2 at least 12 weeks after dose 1 and after age 12 months)
  - Dose 1 at age 24 months or older: 2-dose series at least 8 weeks apart
- **Menactra**
  - **Persistent complement component deficiency or complement inhibitor use:**
    - Age 9–23 months: 2-dose series at least 12 weeks apart
    - Age 24 months or older: 2-dose series at least 8 weeks apart
  - **Anatomic or functional asplenia, sickle cell disease, or HIV infection:**
    - Age 9–23 months: Not recommended
    - Age 24 months or older: 2-dose series at least 8 weeks apart
    - **Menactra** must be administered at least 4 weeks after completion of PCV13 series.

Travel in countries with hyperendemic or epidemic meningococcal disease, including countries in the African meningitis belt or during the Hajj (www.cdc.gov/travel/)**:**
- Children less than age 24 months:
  - **Menveo (age 2–23 months):**
    - Dose 1 at 8 weeks: 4-dose series at 2, 4, 6, 12 months
    - Dose 1 at 7–23 months: 2-dose series (dose 2 at least 12 weeks after dose 1 and after age 12 months)
  - **Menactra (age 9–23 months):**
    - 2-dose series (dose 2 at least 12 weeks after dose 1; dose 2 may be administered as early as 8 weeks after dose 1 in travelers)
- Children age 2 years or older: 1 dose **Menveo** or **Menactra**

First-year college students who live in residential housing (if not previously vaccinated at age 16 years or older) or military recruits:
- 1 dose **Menveo** or **Menactra**

Adolescent vaccination of children who received MenACWY prior to age 10 years:
- **Children for whom boosters are recommended** because of an ongoing increased risk of meningococcal disease (e.g., those with complement deficiency, HIV, or asplenia): Follow the booster schedule for persons at increased risk (see below).
- **Children for whom boosters are not recommended** (e.g., those who received a single dose for travel to a country where meningococcal disease is endemic): Administer MenACWY according to the recommended adolescent schedule with dose 1 at age 11–12 years and dose 2 at age 16 years.

Note: Menactra should be administered either before or at the same time as DTaP. For MenACWY **booster dose recommendations** for groups listed under "Special situations" and in an outbreak setting and for additional meningococcal vaccination information, see www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/mening.html.

Meningococcal serogroup B vaccination (minimum age: 10 years [MenB-4C, Bexsero; MenB-FHbp, Trumenba])

Shared clinical decision-making
- **Adolescents not at increased risk** age 16–23 years (preferred age 16–18 years) based on shared clinical decision-making:
  - **Bexsero:** 2-dose series at least 1 month apart
  - **Trumenba:** 2-dose series at least 6 months apart; if dose 2 is administered earlier than 6 months, administer a 3rd dose at least 4 months after dose 2.

Special situations
Anatomic or functional asplenia (including sickle cell disease), persistent complement component deficiency, complement inhibitor (e.g., eculizumab, ravulizumab) use:
- **Bexsero:** 2-dose series at least 1 month apart
- **Trumenba:** 3-dose series at 0, 1–2, 6 months

Bexsero and **Trumenba** are not interchangeable; the same product should be used for all doses in a series.
For MenB **booster dose recommendations** for groups listed under "Special situations" and in an outbreak setting and for additional meningococcal vaccination information, see www.cdc.gov/vaccines/acip/recommendations.html and www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/mening.html.

Pneumococcal vaccination (minimum age: 6 weeks [PCV13], 2 years [PPSV23])

Routine vaccination with PCV13
- 4-dose series at 2, 4, 6, 12–15 months

Catch-up vaccination with PCV13
- 1 dose for healthy children age 24–59 months with any incomplete* PCV13 series
- For other catch-up guidance, see Table 2.

Special situations
High-risk conditions below: When both PCV13 and PPSV23 are indicated, administer PCV13 first. PCV13 and PPSV23 should not be administered during the same visit.

Chronic heart disease (particularly cyanotic congenital heart disease and cardiac failure), chronic lung disease (including asthma treated with high-dose, oral corticosteroids), diabetes mellitus:

<u>Age 2–5 years</u>
- Any incomplete* series with:
  - 3 PCV13 doses: 1 dose PCV13 (at least 8 weeks after any prior PCV13 dose)
  - Less than 3 PCV13 doses: 2 doses PCV13 (8 weeks after the most recent dose and administered 8 weeks apart)
- No history of PPSV23: 1 dose PPSV23 (at least 8 weeks after any prior PCV13 dose)

<u>Age 6–18 years</u>
- No history of PPSV23: 1 dose PPSV23 (at least 8 weeks after any prior PCV13 dose)

Cerebrospinal fluid leak, cochlear implant:

<u>Age 2–5 years</u>
- Any incomplete* series with:
  - 3 PCV13 doses: 1 dose PCV13 (at least 8 weeks after any prior PCV13 dose)
  - Less than 3 PCV13 doses: 2 doses PCV13 (8 weeks after the most recent dose and administered 8 weeks apart)
- No history of PPSV23: 1 dose PPSV23 (at least 8 weeks after any prior PCV13 dose)

<u>Age 6–18 years</u>
- No history of either PCV13 or PPSV23: 1 dose PCV13, 1 dose PPSV23 at least 8 weeks later
- Any PCV13 but no PPSV23: 1 dose PPSV23 at least 8 weeks after the most recent dose of PCV13
- PPSV23 but no PCV13: 1 dose PCV13 at least 8 weeks after the most recent dose of PPSV23

Sickle cell disease and other hemoglobinopathies; anatomic or functional asplenia; congenital or acquired immunodeficiency; HIV infection; chronic renal failure; nephrotic syndrome; malignant neoplasms, leukemias, lymphomas, Hodgkin disease, and other diseases associated with treatment with immunosuppressive drugs or radiation therapy; solid organ transplantation; multiple myeloma:

Age 2–5 years

- Any incomplete* series with:
  - 3 PCV13 doses: 1 dose PCV13 (at least 8 weeks after any prior PCV13 dose)
  - Less than 3 PCV13 doses: 2 doses PCV13 (8 weeks after the most recent dose and administered 8 weeks apart)
- No history of PPSV23: 1 dose PPSV23 (at least 8 weeks after any prior PCV13 dose) and a 2nd dose of PPSV23 5 years later

Age 6–18 years

- No history of either PCV13 or PPSV23: 1 dose PCV13, 2 doses PPSV23 (dose 1 of PPSV23 administered 8 weeks after PCV13 and dose 2 of PPSV23 administered at least 5 years after dose 1 of PPSV23)
- Any PCV13 but no PPSV23: 2 doses PPSV23 (dose 1 of PPSV23 administered 8 weeks after the most recent dose of PCV13 and dose 2 of PPSV23 administered at least 5 years after dose 1 of PPSV23)
- PPSV23 but no PCV13: 1 dose PCV13 at least 8 weeks after the most recent PPSV23 dose and a 2nd dose of PPSV23 administered 5 years after dose 1 of PPSV23 and at least 8 weeks after a dose of PCV13

Chronic liver disease, alcoholism:

Age 6–18 years

- No history of PPSV23: 1 dose PPSV23 (at least 8 weeks after any prior PCV13 dose)

**Incomplete series* = Not having received all doses in either the recommended series or an age-appropriate catch-up series See Tables 8, 9, and 11 in the ACIP pneumococcal vaccine recommendations at www.cdc.gov/mmwr/pdf/rr/rr5911.pdf for complete schedule details.

Poliovirus vaccination (minimum age: 6 weeks)

Routine vaccination

- 4-dose series at ages 2, 4, 6–18 months, 4–6 years; administer the final dose at or after age 4 years and at least 6 months after the previous dose.
- 4 or more doses of IPV can be administered before age 4 years when a combination vaccine containing IPV is used. However, a dose is still recommended at or after age 4 years and at least 6 months after the previous dose.

Catch-up vaccination

- In the first 6 months of life, use minimum ages and intervals only for travel to a polio-endemic region or during an outbreak.
- IPV is not routinely recommended for U.S. residents 18 years and older.

Series containing oral polio vaccine (OPV), either mixed OPV-IPV or OPV-only series:

- Total number of doses needed to complete the series is the same as that recommended for the U.S. IPV schedule. See www.cdc.gov/mmwr/volumes/66/wr/mm6601a6.htm?s_cid=mm6601a6_w.
- Only trivalent OPV (tOPV) counts toward the U.S. vaccination requirements.
  - Doses of OPV administered before April 1, 2016, should be counted (unless specifically noted as administered during a campaign).
  - Doses of OPV administered on or after April 1, 2016, should not be counted.
  - For guidance to assess doses documented as "OPV," see www.cdc.gov/mmwr/volumes/66/wr/mm6606a7.htm?s_cid=mm6606a7_w.
- For other catch-up guidance, see Table 2.

Rotavirus vaccination (minimum age: 6 weeks)

Routine vaccination

- **Rotarix:** 2-dose series at 2 and 4 months
- **RotaTeq:** 3-dose series at 2, 4, and 6 months
- If any dose in the series is either **RotaTeq** or unknown, default to 3-dose series.

Catch-up vaccination

- Do not start the series on or after age 15 weeks, 0 days.
- The maximum age for the final dose is 8 months, 0 days.
- For other catch-up guidance, see Table 2.

Tetanus, diphtheria, and pertussis (Tdap) vaccination (minimum age: 11 years for routine vaccination, 7 years for catch-up vaccination)

Routine vaccination

- **Adolescents age 11–12 years:** 1 dose Tdap
- **Pregnancy:** 1 dose Tdap during each pregnancy, preferably in early part of gestational weeks 27–36
- Tdap may be administered regardless of the interval since the last tetanus- and diphtheria-toxoid-containing vaccine.

Catch-up vaccination

- **Adolescents age 13–18 years who have not received Tdap:** 1 dose Tdap, then Td or Tdap booster every 10 years
- **Persons age 7–18 years not fully vaccinated* with DTaP:** 1 dose Tdap as part of the catch-up series (preferably the first dose); if additional doses are needed, use Td or Tdap.
- **Tdap administered at 7–10 years:**
  - **Children age 7–9 years** who receive Tdap should receive the routine Tdap dose at age 11–12 years.
  - **Children age 10 years** who receive Tdap do not need to receive the routine Tdap dose at age 11–12 years.
- **DTaP inadvertently administered at or after age 7 years**:
  - **Children age 7–9 years**: DTaP may count as part of catch-up series. Routine Tdap dose at age 11–12 years should be administered.
  - **Children age 10–18 years**: Count dose of DTaP as the adolescent Tdap booster.
- For other catch-up guidance, see Table 2.
- For information on use of Tdap or Td as tetanus prophylaxis in wound management, see www.cdc.gov/mmwr/volumes/67/rr/rr6702a1.htm.

**Fully vaccinated* = 5 valid doses of DTaP OR 4 valid doses of DTaP if dose 4 was administered at age 4 years or older

Varicella vaccination (minimum age: 12 months)

Routine vaccination

- 2-dose series at 12–15 months, 4–6 years
- Dose 2 may be administered as early as 3 months after dose 1 (a dose administered after a 4-week interval may be counted).

Catch-up vaccination

- Ensure persons age 7–18 years without evidence of immunity (see www.cdc.gov/mmwr/pdf/rr/rr5604.pdf) have 2-dose series:
  - **Age 7–12 years**: routine interval: 3 months (a dose administered after a 4-week interval may be counted)
  - **Age 13 years and older**: routine interval: 4–8 weeks (minimum interval: 4 weeks)
  - The maximum age for use of MMRV is 12 years.

2019 Vacunas recomendadas para niños, desde el nacimiento hasta los 6 años de edad

Al nacer	1 mes	2 meses	4 meses	6 meses	12 meses	15 meses	18 meses	19–23 meses	2–3 años	4–6 años
HepB	HepB			HepB						
		RV	RV	RV						
		DTaP	DTaP	DTaP		DTaP				DTaP
		Hib	Hib	Hib	Hib					
		PCV13	PCV13	PCV13	PCV13					
		IPV	IPV			IPV				IPV
						Influenza (anual)*				
					MMR					MMR
					Varicela					Varicela
					HepA, 2 dosis§					

¿Está creciendo su familia?
Para proteger a su nuevo bebé contra la tosferina, póngase la vacuna Tdap. El mejor momento para recibir la vacuna es entre las 27 y las 36 semanas de cada embarazo. Consulte a su médico para obtener más detalles.

Las casillas coloreadas indican que la vacuna se puede dar durante el rango de edad mostrado.

NOTA:
Si no se le puso una de las dosis a su hijo, no se necesita volver a empezar. Solo llévelo al médico para que le apliquen la siguiente. Consulte al médico de su hijo si tiene preguntas sobre las vacunas.

NOTAS A PIE DE PÁGINA:

* Se recomiendan 2 dosis con un intervalo de por lo menos cuatro semanas para los niños de 6 meses a 8 años que reciben por primera vez la vacuna contra la influenza y para otros niños en este grupo de edad.

§ Se requieren 2 dosis de la vacuna HepA para brindar una protección duradera. La primera dosis de la vacuna HepA se debe administrar durante los 12 y los 23 meses de edad. La segunda dosis debe aplicarse 6 meses después de la última dosis. La vacuna HepA se puede administrar a todos los niños de 12 meses de edad o más para protegerlos contra la hepatitis A. Los niños y adolescentes que no recibieron la vacuna HepA y tienen un riesgo alto, deben vacunarse contra la hepatitis A.

Si su hijo o hija tiene alguna afección que lo pone en riesgo de contraer infecciones o si va a viajar fuera de los Estados Unidos, consulte al médico sobre otras vacunas que él o ella pueda necesitar.

MÁS INFORMACIÓN AL REVERSO SOBRE ENFERMEDADES PREVENIBLES CON LAS VACUNAS Y LAS VACUNAS PARA PREVENIRLAS.

Para más información, llame a la línea de atención gratuita
1-800-CDC-INFO (1-800-232-4636)
o visite
www.cdc.gov/vaccines/parents

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

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Enfermedades que se pueden prevenir con vacunas y las vacunas que las previenen

Enfermedad	Vacuna	Enfermedad transmitida por	Signos y síntomas de la enfermedad	Complicaciones de la enfermedad
Varicela	Vacuna contra la **varicela**	Aire, contacto directo	Sarpullido, cansancio, dolor de cabeza, fiebre	Ampollas infectadas, trastornos hemorrágicos, encefalitis (inflamación del cerebro), neumonía (infección en los pulmones)
Difteria	La vacuna **DTaP*** protege contra la difteria	Aire, contacto directo	Dolor de garganta, fiebre moderada, debilidad, inflamación de los ganglios del cuello	Inflamación del músculo cardiaco, insuficiencia cardiaca, coma, parálisis, muerte
Hib	La vacuna contra la **Hib** protege contra la *Haemophilus influenzae* serotipo b	Aire, contacto directo	Puede no causar síntomas a menos que la bacteria entre en la sangre	Meningitis (infección del recubrimiento del cerebro y la médula espinal), discapacidad intelectual, epiglotis (infección que puede ser mortal en la que se bloquea la tráquea y origina graves problemas respiratorios) y neumonía (infección en los pulmones), muerte
Hepatitis A	La vacuna **HepA** protege contra la hepatitis A	Contacto directo, comida o agua contaminada	Puede no causar síntomas. Fiebre, dolor de estómago, pérdida del apetito, cansancio, vómitos, ictericia (coloración amarilla de la piel y los ojos), orina oscura	Insuficiencia hepática, artralgia (dolor en las articulaciones) y trastornos de los riñones, del páncreas y de la sangre
Hepatitis B	La vacuna **HepB** protege contra la hepatitis B	Contacto con sangre o líquidos corporales	Puede no causar síntomas. Fiebre, dolor de cabeza, debilidad, vómitos, ictericia (coloración amarilla de la piel y los ojos) dolor en las articulaciones	Infección crónica del hígado, insuficiencia hepática, cáncer de hígado
Influenza (gripe)	La vacuna **influenza** protege contra la influenza o gripe	Aire, contacto directo	Fiebre, dolor muscular, dolor de garganta, tos, cansancio extremo	Neumonía (infección en los pulmones)
Sarampión	La vacuna **MMR**** protege contra el sarampión	Aire, contacto directo	Sarpullido, fiebre, tos, moqueo, conjuntivitis	Encefalitis (inflamación del cerebro), neumonía (infección en los pulmones), muerte
Paperas	La vacuna **MMR****protege contra las paperas	Aire, contacto directo	Inflamación de glándulas salivales (debajo de la mandíbula), fiebre, dolor de cabeza, cansancio, dolor muscular	Meningitis (infección del recubrimiento del cerebro y la médula espinal), encefalitis (inflamación del cerebro), inflamación de los testículos o los ovarios, sordera
Tosferina	La vacuna **DTaP*** protege contra la tosferina (*pertussis*)	Aire, contacto directo	Tos intensa, moqueo, apnea (interrupción de la respiración en los bebés)	Neumonía (infección en los pulmones), muerte
Poliomielitis	La vacuna **IPV** protege contra la poliomielitis	Aire, contacto directo, por la boca	Puede no causar síntomas. Dolor de garganta, fiebre, náuseas, dolor de cabeza	Parálisis, muerte
Enfermedad neumocócica	La vacuna **PCV13** protege contra la infección neumocócica	Aire, contacto directo	Puede no causar síntomas. Neumonía (infección en los pulmones)	Bacteriemia (infección en la sangre), meningitis (infección del recubrimiento del cerebro y la médula espinal), muerte
Rotavirus	La vacuna **RV** protege contra el rotavirus	Por la boca	Diarrea, fiebre, vómitos	Diarrea intensa, deshidratación
Rubéola	La vacuna **MMR**** protege contra la rubéola	Aire, contacto directo	A veces sarpullido, fiebre, inflamación de los ganglios linfáticos	Muy grave en las mujeres embarazadas: Puede causar aborto espontáneo, muerte fetal, parto prematuro, defectos de nacimiento
Tétanos	La vacuna **DTaP*** protege contra el tétanos	Exposición a través de cortaduras en la piel	Rigidez del cuello y los músculos abdominales, dificultad para tragar, espasmos musculares, fiebre	Fractura de huesos, dificultad para respirar, muerte

* La vacuna DTaP combina la protección contra la difteria, el tétanos y la tosferina.
** La vacuna MMR combina la protección contra el sarampión, las paperas y la rubéola.

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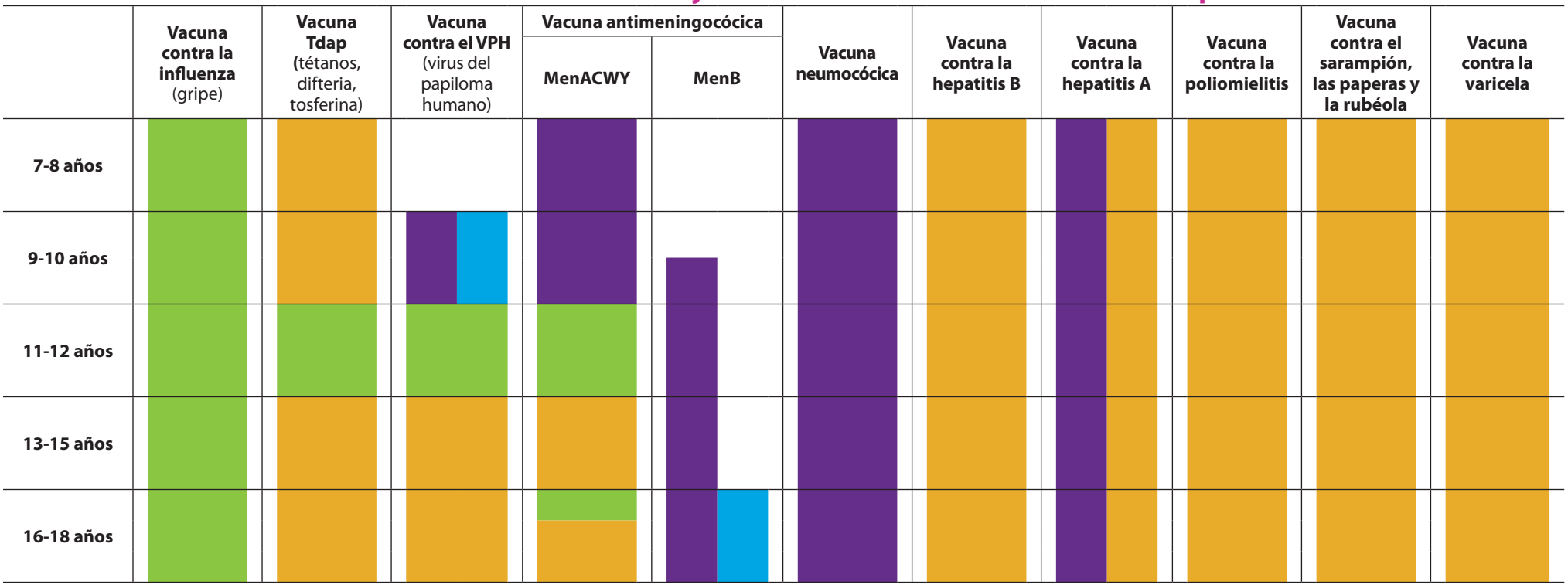
2019: Vacunas recomendadas para los niños desde los 7 hasta los 18 años de edad

Hable con el médico o la enfermera de su hijo acerca de las vacunas recomendadas para su edad.



	Vacuna contra la influenza (gripe)	Vacuna Tdap (tétanos, difteria, tosferina)	Vacuna contra el VPH (virus del papiloma humano)	Vacuna antimeningocócica		Vacuna neumocócica	Vacuna contra la hepatitis B	Vacuna contra la hepatitis A	Vacuna contra la poliomielitis	Vacuna contra el sarampión, las paperas y la rubéola	Vacuna contra la varicela
				MenACWY	MenB						
Más información:	Todas las personas de 6 meses de edad o más deben ser vacunadas todos los años contra la influenza.	Todas las personas entre los 11 y 12 años deben recibir una dosis de la vacuna Tdap.	Todas las personas entre los 11 y 12 años deben recibir una serie de 2 dosis de la vacuna contra el VPH. Aquellos con el sistema inmunitario debilitado y quienes comiencen la serie a los 15 años o más necesitan una serie de 3 dosis.	Todas las personas entre los 11 y 12 años deben recibir una dosis de la vacuna antimeningocócica conjugada (MenACWY). Se recomienda una dosis de refuerzo a los 16 años.	Los adolescentes de 16 a 18 años pueden recibir la vacuna antimeningocócica del serogrupo B (MenB).						

Estas casillas sombreadas indican cuándo se recomienda la vacuna para todos los niños, a menos que el médico le diga que su hijo no puede recibir en forma segura la vacuna.

Estas casillas sombreadas indican que la vacuna se debe administrar a un niño que esté poniéndose al día con las vacunas.

Estas casillas sombreadas indican que la vacuna se recomienda para niños con ciertas afecciones o situaciones de estilos de vida que los ponen en mayor riesgo de enfermedades graves. Vea las recomendaciones específicas de las vacunas en https://www.cdc.gov/vaccines/hcp/acip-recs/index.html (en inglés).

Esta casilla sombreada indica que los niños que no tengan mayor riesgo pueden recibir la vacuna si así se desea, después de hablar con un proveedor de atención médica.

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Enfermedades que se pueden prevenir con vacunas y las vacunas que las previenen

La difteria (Se puede prevenir con la vacuna Tdap)

La difteria es una enfermedad bacteriana muy contagiosa que afecta el sistema respiratorio, incluidos los pulmones. Las bacterias de la difteria se propagan de persona a persona por el contacto directo con las gotitas provenientes de la tos o estornudo de alguien que esté infectado. Cuando las personas están infectadas, estas bacterias pueden producir una toxina (veneno) en el cuerpo, capaz de formar una capa espesa en la parte posterior de la nariz o la garganta; esto hace que sea más difícil respirar o tragar. Los efectos de la toxina también pueden causar inflamación del músculo cardiaco y, en algunos casos, insuficiencia cardiaca. En casos graves, la enfermedad puede causar coma, parálisis o incluso la muerte.

La hepatitis A (Se puede prevenir con la vacuna HepA)

La hepatitis A es una infección del hígado causada por el virus de la hepatitis A. El virus se propaga principalmente de persona a persona a través de la vía fecal-oral. En otras palabras, el virus se recibe por la boca a partir del contacto con objetos, alimentos o bebidas contaminados por las heces (excremento) de una persona infectada. Entre los síntomas se encuentran: fiebre, cansancio, pérdida del apetito, náuseas, malestar abdominal e ictericia (cuando la piel y los ojos se tornan amarillos). Una persona infectada por el virus puede no tener síntomas, puede tener un caso leve de la enfermedad por una semana o dos, puede tener un caso grave de la enfermedad por varios meses o en raras ocasiones presentar insuficiencia hepática y morir de la infección. En los Estados Unidos, alrededor de 100 personas mueren al año a consecuencia de la hepatitis A.

La hepatitis B (Se puede prevenir con la vacuna HepB)

La hepatitis B causa una enfermedad parecida a la gripe, con pérdida del apetito, náuseas, vómitos, sarpullidos, dolor de las articulaciones e ictericia. Los síntomas de la hepatitis B aguda incluyen fiebre, fatiga, pérdida del apetito, náuseas, vómitos, dolores en las articulaciones y el estómago, orina oscura, heces de color gris e ictericia (cuando la piel y los ojos se tornan amarillos)

El virus del papiloma humano (Se puede prevenir con la vacuna VPH)

El virus del papiloma humano (VPH) es un virus común. Es más frecuente en la adolescencia y a comienzos de los 20 años. Aproximadamente 14 millones de personas, incluidos los adolescentes, se infectan con el VPH cada año. Las infecciones por el VPH pueden causar cánceres de cuello uterino, de vulva y de vagina en las mujeres, y cáncer de pene en los hombres. Estas infecciones también pueden causar cáncer de ano y cáncer orofaríngeo (en la parte posterior de la garganta), y verrugas genitales tanto en los hombres como en las mujeres.

La influenza (Se puede prevenir con la vacuna anual contra la influenza)

La influenza es una infección viral de la nariz, la garganta y los pulmones altamente contagiosa. El virus se transmite fácilmente a través de las microgotas de la tos o el estornudo de una persona infectada y puede causar una enfermedad que oscila de leve a grave. Entre los síntomas típicos se encuentran: fiebre alta repentina, escalofríos, tos seca, dolor de cabeza, moqueo, dolor de garganta y dolores musculares y de las articulaciones. La fatiga aguda puede durar de varios días a semanas. La influenza puede conllevar a la hospitalización o hasta causar la muerte, incluso en niños que anteriormente hayan sido sanos.

El sarampión (Se puede prevenir con la vacuna MMR)

El sarampión es una de las enfermedades virales más contagiosas que existen. El virus del sarampión se transmite mediante el contacto directo con las microgotas respiratorias suspendidas en el aire de una persona infectada. El sarampión es tan contagioso que el tan solo estar en la misma habitación en la que haya estado una persona con sarampión puede resultar en una infección. Entre los síntomas comunes se encuentran: sarpullido, fiebre, tos y ojos enrojecidos y llorosos. La fiebre puede ser persistente, el sarpullido puede durar hasta una semana y la tos puede durar alrededor de 10 días. El sarampión también puede causar neumonía, convulsiones, daños cerebrales o la muerte.

La enfermedad meningocócica (Se puede prevenir con la vacuna MCV)

La enfermedad meningocócica tiene dos resultados comunes: meningitis (infección del recubrimiento del cerebro y la médula espinal) e infecciones del torrente sanguíneo. Las bacterias que causan la enfermedad meningocócica se propagan a través del intercambio de gotitas provenientes de la nariz y la garganta, por ejemplo, al toser, estornudar o besarse. Los síntomas incluyen aparición repentina de fiebre, dolor de cabeza y rigidez de cuello. Con una infección del torrente sanguíneo, los síntomas también incluyen un sarpullido morado oscuro. Aproximadamente una de cada 10 personas que contraen esta enfermedad muere. Los que sobreviven la enfermedad meningocócica pueden perder los brazos o las piernas, volverse sordos, tener problemas en el sistema nervioso, tener discapacidades del desarrollo o presentar convulsiones o accidentes cerebrovasculares.

Las paperas (Se pueden prevenir con la vacuna MMR)

Las paperas son una enfermedad infecciosa causada por el virus de las paperas, que se propaga a través del aire cuando una persona infectada tose o estornuda. Un niño también puede infectarse con paperas al entrar en contacto con un objeto contaminado, como un juguete. El virus de las paperas causa inflamación de las glándulas salivales debajo de las orejas o la mandíbula, fiebre, dolores musculares, cansancio, dolor abdominal y pérdida del apetito. Las complicaciones graves de las paperas en niños son poco frecuentes, pero pueden incluir meningitis (infección del recubrimiento del cerebro y la médula espinal), encefalitis (inflamación del cerebro), pérdida auditiva permanente o inflamación de los testículos, lo cual puede disminuir la fertilidad en los hombres en raras ocasiones.

La tosferina (pertusis) (Se puede prevenir con la vacuna Tdap)

La tosferina se transmite fácilmente a través de la tos y los estornudos. Puede causar una tos intensa que deja a la persona con sensación de asfixia después de un ataque de tos. Esta tos puede durar muchas semanas, lo cual puede hacer que los preadolescentes y los adolescentes pierdan días de escuela y otras actividades. La tosferina puede ser mortal para los bebés que son demasiado pequeños para recibir la vacuna. A menudo, los bebés contraen la tosferina de sus hermanos o hermanas mayores, como preadolescentes o adolescentes, o de otras personas en la familia. Los bebés con tosferina pueden contraer neumonía, tener convulsiones, daño cerebral y hasta morir. Cerca de la mitad de los niños menores de 1 año de edad que contraen la tosferina deben ser hospitalizados.

La enfermedad neumocócica

(Se puede prevenir con la vacuna neumocócica)

La neumonía es una infección de los pulmones que puede ser causada por las bacterias llamadas neumococos. Estas bacterias también pueden causar otros tipos de infecciones, como infecciones de oído, sinusitis, meningitis (infección del recubrimiento del cerebro y la médula espinal) e infecciones del torrente sanguíneo. La sinusitis y las infecciones de oído por lo general son leves y mucho más frecuentes que las formas más graves de enfermedad neumocócica. Sin embargo, en algunos casos la enfermedad neumocócica puede ser mortal o causar problemas de salud a largo plazo como daño cerebral y pérdida auditiva. Las bacterias que causan la enfermedad neumocócica se propagan cuando las personas tosen o estornudan. Muchas personas tienen las bacterias en la nariz o garganta en algún momento de su vida sin que se enfermen, esto se conoce como ser un portador.

La poliomielitis (Se puede prevenir con la vacuna IPV)

La poliomielitis (polio) es una enfermedad causada por un virus que vive en la garganta o los intestinos de una persona infectada. Se transmite a través del contacto con las heces (excremento) de una persona infectada y a través de las microgotas de un estornudo o tos. Entre los síntomas más comunes se encuentran: fiebre, dolor de garganta, dolor de cabeza, debilidad y malestar abdominal. En alrededor del 1 % de los casos, la polio puede causar parálisis. Entre aquellos que están paralizados, alrededor de 2 a 10 niños de cada 100 mueren debido a que el virus afecta los músculos que los ayudan a respirar.

La rubéola (Sarampión alemán) (Se puede prevenir con la vacuna MMR)

La rubéola es causada por un virus que se propaga a través de la tos o los estornudos. En los niños, la rubéola por lo general causa una enfermedad leve con fiebre, ganglios inflamados y un sarpullido que dura unos 3 días. La rubéola en raras ocasiones causa enfermedad grave o complicaciones en los niños, pero puede ser muy grave para los bebés en gestación. Si una mujer embarazada se infecta, los efectos para el bebé pueden ser devastadores, entre los que se incluyen malformaciones cardiacas graves, retraso mental, y pérdida de la audición y la vista o aborto espontáneo.

El tétanos (Trismo) (Se puede prevenir con la vacuna Tdap)

El tétanos afecta principalmente el cuello y el abdomen. Cuando las personas se infectan, las bacterias producen una toxina (veneno) que hace que los músculos se contraigan, lo cual es muy doloroso. Esto puede hacer que se "trabe" la mandíbula de modo tal que la persona no pueda abrir la boca, tragar o respirar. Las bacterias que causan el tétanos se encuentran en la tierra, el polvo y el estiércol. Entran al cuerpo a través de una herida causada por un objeto punzante, una cortadura o una llaga en la piel. Recuperarse totalmente de esta enfermedad puede tomar meses. Alrededor de dos de cada 10 personas que contraen el tétanos mueren a causa de la enfermedad.

La varicela (Se puede prevenir con la vacuna contra la varicela)

La varicela es una enfermedad causada por el virus de la varicela-zóster. La varicela es altamente contagiosa y se transmite con mucha facilidad a través de las personas infectadas. El virus se puede propagar a través de la tos o los estornudos. También se puede transmitir a través de las ampollas en la piel, ya sea al tocarlas o al inhalar estas partículas virales. Los síntomas típicos de la varicela incluyen sarpullido con ampollas y picazón, cansancio, dolor de cabeza y fiebre. Normalmente, la varicela es una enfermedad leve, pero puede conllevar a infecciones de la piel graves, neumonía, encefalitis (inflamación del cerebro) o incluso, la muerte.

Si tiene preguntas sobre las vacunas de su hijo, consulte al médico o personal de enfermería que atiende a su hijo.

2019 - 2020 Texas Minimum State Vaccine Requirements for Students Grades K - 12

This chart summarizes the vaccine requirements incorporated in the Texas Administrative Code (TAC), Title 25 Health Services, §§97.61-97.72. This document is not intended as a substitute for the TAC, which has other provisions and details. The Department of State Health Services (DSHS) is granted authority to set immunization requirements by the Texas Education Code, Chapter 38.

IMMUNIZATION REQUIREMENTS

A student shall show acceptable evidence of vaccination prior to entry, attendance, or transfer to a public or private elementary or secondary school in Texas.

Vaccine Required (Attention to notes and footnotes)	Minimum Number of Doses Required by Grade Level													Notes
	Grades K - 6th							Grade 7th	Grades 8th - 12th					
	K	1	2	3	4	5	6	7	8	9	10	11	12	
Diphtheria/Tetanus/Pertussis[1] (DTaP/DTP/DT/Td/Tdap)	5 doses or 4 doses							3 dose primary series and 1 booster dose of Tdap / Td *within the last 5 years*	3 dose primary series and 1 booster dose of Tdap / Td *within the last 10 years*					**For K – 6th grade:** 5 doses of diphtheria-tetanus-pertussis vaccine; 1 dose must have been received on or after the 4th birthday. However, 4 doses meet the requirement if the 4th dose was received on or after the 4th birthday. For students aged 7 years and older, 3 doses meet the requirement if 1 dose was received on or after the 4th birthday. **For 7th grade:** 1 dose of Tdap is required if at least 5 years have passed since the last dose of tetanus-containing vaccine.* **For 8th – 12th grade:** 1 dose of Tdap is required when 10 years have passed since the last dose of tetanus-containing vaccine.* *Td is acceptable in place of Tdap if a medical contraindication to pertussis exists.
Polio[1]	4 doses or 3 doses													**For K – 12th grade:** 4 doses of polio; 1 dose must be received on or after the 4th birthday. However, 3 doses meet the requirement if the 3rd dose was received on or after the 4th birthday.
Measles, Mumps, and Rubella[1, 2] (MMR)	2 doses													**For K – 12th grade:** 2 doses are required, with the 1st dose received on or after the 1st birthday. Students vaccinated prior to 2009 with 2 doses of measles and one dose each of rubella and mumps satisfy this requirement.
Hepatitis B[2]	3 doses													For students aged 11 – 15 years, 2 doses meet the requirement if adult hepatitis B vaccine (Recombivax®) was received. Dosage (10 mcg /1.0 mL) and type of vaccine (Recombivax®) must be clearly documented. If Recombivax® was not the vaccine received, a 3-dose series is required.
Varicella[1, 2, 3]	2 doses													**For K – 12th grade:** 2 doses are required with the 1st dose of received on or after the 1st birthday.
Meningococcal[1] (MCV4)								1 dose						**For 7th – 12th grade**, 1 dose of quadrivalent meningococcal conjugate vaccine is required on or after the student's 11th birthday. **Note:** If a student received the vaccine at 10 years of age, this will satisfy the requirement.
Hepatitis A[1, 2]	2 doses													**For K – 10th grade:** 2 doses are required, with the 1st dose received on or after the 1st birthday.

NOTE: Shaded area indicates that the vaccine is not required for the respective grade.

↓ Notes on the back page, please turn over.↓

[1] Receipt of the dose up to (and including) 4 days before the birthday will satisfy the school entry immunization requirement.
[2] Serologic evidence of infection or serologic confirmation of immunity to measles, mumps, rubella, hepatitis B, hepatitis A, or varicella is acceptable in place of vaccine.
[3] Previous illness may be documented with a written statement from a physician, school nurse, or the child's parent or guardian containing wording such as: "This is to verify that (name of student) had varicella disease (chickenpox) on or about (date) and does not need varicella vaccine." This written statement will be acceptable in place of any and all varicella vaccine doses required.

Exemptions

Texas law allows (a) physicians to write medical exemption statements that the vaccine(s) required would be medically harmful or injurious to the health and well-being of the child or household member, and (b) parents/guardians to choose an exemption from immunization requirements for reasons of conscience, including a religious belief. The law does not allow parents/guardians to elect an exemption simply because of inconvenience (for example, a record is lost or incomplete and it is too much trouble to go to a physician or clinic to correct the problem). Schools should maintain an up-to-date list of students with exemptions, so they may be excluded in times of emergency or epidemic declared by the commissioner of public health.

Instructions for requesting the official exemption affidavit that must be signed by parents/guardians choosing the exemption for reasons of conscience, including a religious belief, can be found at www.ImmunizeTexas.com under "School & Child-Care." The original Exemption Affidavit must be completed and submitted to the school.

For children claiming medical exemptions, a written statement by the physician must be submitted to the school. Unless it is written in the statement that a lifelong condition exists, the exemption statement is valid for only one year from the date signed by the physician.

Provisional Enrollment

All immunizations must be completed by the first date of attendance. The law requires that students be fully vaccinated against the specified diseases. A student may be enrolled provisionally if the student has an immunization record that indicates the student has received at least one dose of each specified age-appropriate vaccine required by this rule. To remain enrolled, the student must complete the required subsequent doses in each vaccine series on schedule and as rapidly as is medically feasible and provide acceptable evidence of vaccination to the school. A school nurse or school administrator shall review the immunization status of a provisionally enrolled student every 30 days to ensure continued compliance in completing the required doses of vaccination. If, at the end of the 30-day period, a student has not received a subsequent dose of vaccine, the student is not in compliance and the school shall exclude the student from school attendance until the required dose is administered.

Additional guidelines for provisional enrollment of students transferring from one Texas public or private school to another, students who are dependents of active duty military, students in foster care, and students who are homeless can be found in the TAC, Title 25 Health Services, Sections 97.66 and 97.69.

Documentation

Since many types of personal immunization records are in use, any document will be acceptable provided a physician or public health personnel has validated it. The month, day, and year that the vaccination was received must be recorded on all school immunization records created or updated after September 1 ,1991.

TEXAS Health and Human Services | Texas Department of State Health Services

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Stock No. 6-14 Rev. 03/2019

Requisitos mínimos de vacunación en el estado de Texas de 2019 a 2020 para estudiantes de K - 12º grado

Esta gráfica resume los requisitos de vacunación incorporados en las secciones 97.61 a 97.72 del título 25 (Servicios de salud) del Código Administrativo de Texas (TAC). La gráfica no pretende sustituir lo estipulado en el TAC, el cual contiene otras disposiciones y detalles. Según lo dispuesto en el capítulo 38 del Código de Educación de Texas, se confiere al Departamento Estatal de Servicios de Salud (DSHS) la facultad de establecer los requisitos en materia de inmunización.

REQUISITOS DE INMUNIZACIÓN

Los estudiantes deberán mostrar comprobantes de vacunación aceptables antes de inscribirse, asistir o ser transferidos a una guardería o una escuela primaria o secundaria pública o privada de Texas.

Vacuna necesaria (vea las notas y notas de pie de página)	Número mínimo de dosis necesarias por grado escolar													Notas
	De kinder - 6º grado							7º grado	De 8º a 12º grado					
	K	1	2	3	4	5	6	7	8	9	10	11	12	
Difteria, tétanos, tos ferina[1] (DTaP, DTP, DT, Td, Tdap)	5 dosis o 4 dosis							Una serie primaria de 3 dosis y 1 dosis de refuerzo de la vacuna Tdap / Td *en los últimos 5 años.*	Una serie primaria de 3 dosis y 1 dosis de refuerzo de la vacuna Tdap / Td *dentro de los últimos 10 años.*					**Para los grados kínder - 6º:** 5 dosis de la vacuna contra la difteria, el tétanos y la tosferina; debe haberse recibido 1 dosis en o después del 4º cumpleaños. Sin embargo, con 4 dosis se cubre el requisito si la 4ª dosis se recibió en o después del 4º cumpleaños. Para los estudiantes mayores de 7 años de edad, con 3 dosis se cumple el requisito si recibieron 1 de las dosis en o después del 4º cumpleaños. **Para el 7º grado:** Se requiere 1 dosis de la vacuna Tdap si han pasado al menos 5 años desde la última dosis de una vacuna que contenga tétanos. **Para los grados 8º - 12º:** Se requiere 1 dosis de la vacuna Tdap cuando hayan pasado 10 años desde la última dosis de una vacuna que contenga tétanos. *La vacuna Td es aceptable en lugar de la vacuna Tdap si existe una contraindicación médica para la vacuna contra la tos ferina.
Polio[1]	4 dosis o 3 dosis													**Para los grados kínder - 12º:** 4 dosis de la vacuna contra la polio; debe haberse recibido 1 dosis en o después del 4º cumpleaños. Sin embargo, con 3 dosis se cubre el requisito si la 3ª dosis se recibió en o después del 4º cumpleaños.
Sarampión, paperas y rubeola[1, 2] (MMR)	2 dosis													**Para los grados kínder - 12º:** Son necesarias 2 dosis de la vacuna, la 1ª de las cuales debe recibirse en o después del 1er cumpleaños. Los estudiantes que fueron vacunados antes de 2009 cumplen con este requisito si recibieron 2 dosis contra el sarampión, una dosis contra la rubeola y una dosis contra las paperas.
Hepatitis B[2]	3 dosis													Para los estudiantes de 11 a 15 años de edad, con 2 dosis cumplen con el requisito si recibieron la vacuna contra la hepatitis B para adultos (Recombivax®). Tanto la dosis (10 mcg/1.0 mL) como el tipo de vacuna (Recombivax®) deben estar claramente documentados. Si la vacuna recibida no fue Recombivax®, es necesaria una serie de 3 dosis.
Varicela[1, 2, 3]	2 dosis													**Para los grados kínder - 12º:** Son necesarias 2 dosis, la 1ª de las cuales debe recibirse en o después del 1er cumpleaños.
Vacuna antimeningocócica[1] (MCV4)								1 dosis						**Para los grados 7º - 12º:** Es necesaria 1 dosis de la vacuna antimeningocócica tetravalente conjugada en o después del 11º cumpleaños del estudiante. **Nota:** Si el estudiante recibió la vacuna a los 10 años de edad, esto satisface el requisito.
Hepatitis A[1, 2]	2 dosis													**Para los grados kínder - 10º:** Son necesarias 2 dosis, la 1ª de las cuales debe recibirse en o después del 1er cumpleaños.

NOTA: Las casillas sombreadas indican que no se requiere la vacuna para el grado escolar correspondiente.

↓ Notas al reverso, por favor dé la vuelta. ↓

[1] Para cumplir con el requisito de vacunación de ingreso a la escuela, es aceptable recibir la dosis hasta 4 días antes de la fecha de cumpleaños.

[2] Una prueba serológica de infección o la confirmación serológica de inmunidad al sarampión, paperas, rubeola, hepatitis B, hepatitis A o varicela son aceptables en lugar de la vacuna.

[3] Si se ha padecido anteriormente la enfermedad, esto puede documentarse con una declaración por escrito de un médico, del personal de enfermería de la escuela, o del padre o tutor del niño, y debe contener una afirmación como la siguiente: "Mediante este documento confirmo que (nombre del estudiante) tuvo varicela el día (fecha), o alrededor de esta fecha, y no necesita la vacuna contra la varicela". Esta declaración por escrito será aceptable en lugar de cualquiera de las dosis requeridas de la vacuna contra la varicela.

Exenciones

La ley en Texas permite: (a) que los médicos declaren por escrito la exención médica de una vacuna cuando esta sea médicamente dañina o perjudicial para la salud y el bienestar del niño o miembro de la familia, y (b) que los padres o tutores opten por la exención de los requisitos de inmunización por motivos de conciencia, incluida una creencia religiosa. La ley no autoriza, sin embargo, a que los padres o tutores elijan la exención simplemente para evitarse molestias (por ejemplo, que se hubiera extraviado un registro o este estuviera incompleto, y para ellos fuera demasiado difícil acudir con un médico o a una clínica para corregir el problema). Las escuelas deben mantener una lista actualizada de los estudiantes con exenciones, con el fin de que puedan ser excluidos en el caso de una emergencia o una epidemia declarada por el comisionado de salud pública.

Podrá encontrar las instrucciones para solicitar la declaración jurada de exención oficial, que debe ser firmada por los padres o tutores que opten por la exención por motivos de conciencia, incluida una creencia religiosa, en www.ImmunizeTexas.com, en el apartado "School & Child-Care". La declaración jurada de exención debe llenarse y enviarse a la escuela en su versión original.

En el caso de los niños sujetos a exenciones médicas, es necesario presentar a la escuela una declaración por escrito del médico. A menos que en la declaración conste por escrito que existe un padecimiento médico de por vida, la declaración de exención es válida por solo un año a partir de la fecha en que la firmó el médico.

Inscripción provisional

Todas las inmunizaciones deben haberse completado antes del primer día de asistencia a clases. La ley exige que los estudiantes estén totalmente vacunados contra las enfermedades indicadas. Un estudiante puede inscribirse de manera provisional si cuenta con un registro de inmunización que indique que ha recibido al menos una dosis de cada vacuna indicada y apropiada para su edad, según lo exige esta regla. Para seguir inscrito, el estudiante deberá completar las dosis posteriores necesarias de cada serie de vacunas, a tiempo según el calendario y tan pronto como sea médicamente posible, y debe proporcionar a la escuela un comprobante aceptable de que ha sido vacunado. Un administrador u enfermero de la escuela revisará cada 30 días el estado de inmunización de los estudiantes inscritos de manera provisional con el fin de asegurarse de que las dosis de las vacunas necesarias se reciban de manera ininterrumpida hasta completar la serie. Si, al final del periodo de 30 días, un estudiante no ha recibido la dosis siguiente de la vacuna, el estudiante estará incumpliendo las normas y la escuela lo excluirá de asistir a clases hasta que la dosis requerida le haya sido administrada.

En las secciones 97.66 y 97.69 del título 25 (Servicios de salud) del TAC se encuentran normas adicionales para la inscripción provisional de estudiantes transferidos de una escuela pública o privada de Texas a otra, estudiantes que dependen de militares en servicio activo, estudiantes que viven en un hogar de acogida y estudiantes en situación sin hogar.

Documentación

Dado que se usan muchos tipos de registros de inmunización personales, cualquier documento es aceptable si un médico o el personal de salud pública lo ha validado. Debe registrarse el mes, día y año en que se recibió la vacuna en todos los registros de inmunización escolares creados o actualizados después del 1 de septiembre de 1991.

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TEXAS CENTER FOR ARTS + ACADEMICS | Texas Boys Choir, Fort Worth Academy of Fine Arts, Texas School of the Arts

PARENT/PHYSICIAN REQUEST FOR ADMINISTRATION OF MEDICATION BY SCHOOL PERSONNEL

Requests for the administration of medications by school personnel may be made as follows:

1. A separate request form is to be completed for each medication.
2. Only those medications that cannot be given outside school hours will be administered. (Prescriptions can be written so that doses are not necessary during school hours.)
3. A written request from a student's physician will be required when non-prescription medication must be given longer than 10 consecutive school days.
4. Medication must be in the original, properly labeled container accompanied by this completed form (Texas Education Code 22.052). Please request the pharmacist to dispense two labeled bottles of medication: one for home and one for school.
5. It is the student's *responsibility* to come to the clinic or office to take his/her medication.
6. _____Please write *yes or no* if you give permission for your child to take home his/her medication at the completion of this request. Unused medication will be discarded after two weeks.

I hereby represent and attest that I am the legal guardian of the below-named student. I hereby request that the medication specified below be administered to the below-named student beginning on the following date:_____and ending on the following date_____. As long as a physician authorizes a refill of any prescription set forth above, this authorization shall apply to any such refills. On behalf of the above-named student, myself, and our personal representatives, family members, heirs, assigns, and successors, I also agree and do hereby waive and release all claims for loss damage, or injury against Texas Center for Arts + Academics and any teachers, employee, volunteer, agent or other person arising directly or indirectly out of any act or omission relating to the receipt, administration, or execution of this request.

Date of Request:_____ Student's Name:_____ Grade Level:_____

Condition for which medication is required:_____

Medication:_____ Time:_____

Date(s) to be administered:_____ Dosage:_____

Precautions/side effects of medications for your student:_____

_____

Physician's Name:_____ Phone Number:_____

I, the undersigned, the parent/guardian of _____ request that the above medication be administered to my child.

Signature _____
(Parent/Guardian) *(Home Phone)* *(Work Phone)*

Signature_____
(Physician, See #3 above) (Date) (Office Phone)

Parent/Guardian		Disposition	
Medication		Prescription Depleted	
Dosage		Medication Discontinued	
Prescription Stop Date		Medication Returned to Parent/Guardian	
		Medication Destroyed	

Week of	July M	T	W	TH	F
1					
2					
3					
4					
5					

Week of	August M	T	W	TH	F
1					
2					
3					
4					
5					

Week of	September M	T	W	TH	F
1					
2					
3					
4					
5					

Week of	October M	T	W	TH	F
1					
2					
3					
4					
5					

Week of	November M	T	W	TH	F
1					
2					
3					
4					
5					

Week of	December M	T	W	TH	F
1					
2					
3					
4					
5					

Week of	January M	T	W	TH	F
1					
2					
3					
4					
5					

Week of	February M	T	W	TH	F
1					
2					
3					
4					
5					

Week of	March M	T	W	TH	F
1					
2					
3					
4					
5					

Week of	April M	T	W	TH	F
1					
2					
3					
4					
5					

Week of	May M	T	W	TH	F
1					
2					
3					
4					
5					

Week of	June M	T	W	TH	F
1					
2					
3					
4					
5					

TEXAS CENTER FOR ARTS + ACADEMICS
MEDICAL CERTIFICATE (REQUIRED ANNUALLY)

This Section to be completed by Parent/Guardian

Student Name_____ Date of Birth_____ Grade in Fall _____
Last First Middle Month / Day / Year

Address_____ Home Telephone (_____)_____
Street City Zip Please include area code with all phone numbers

Parent/Guardian_____ Work Phone (_____)_____ Cell Phone (_____) _____

Parent/Guardian _____ Work Phone (_____)_____ Cell Phone (_____) _____

1. Immunization: A Copy of Immunization Record is required each year. Must indicate the Month, Day & Year of Series and Boosters as required by Texas Department of Health. All immunizations must be current or attendance will be denied.

2. Health History: Today's Date _____

Food Allergies_____ Drug Allergies _____
Environmental Allergies_____ Asthma _____
Heart Conditions_____ Seizure Disorder _____
Orthopedic Conditions_____ Diabetes _____
Emotional/Psychological/Behavioral Concerns _____
Attention Deficit_____ Bed Wetting _____
Other Previous Injuries, Illnesses, Surgeries _____
List all medications taken for the above conditions:_____
_____

This is to verify that _____ had varicella disease (chickenpox) on or about _____
and does not need the varicella vaccine. Month/day/year

This student may be administered the following medications (or their generic equivalent) during the school day:
___Ibuprofen ___Acetaminophen ___Antibiotic Cream ___Diphenhydramine Cream **Parent Signature:**_____

This section to be completed by Physician

3. Physical Examination: Date_____(Must be within 3 months prior to start of new school year)

Height_____Weight _____ Blood Pressure _____ Vision: Right_____Left _____

	Negative	Positive		Negative	Positive
Skin	_____	_____	Abdomen	_____	_____
Head	_____	_____	Genitalia	_____	_____
Eyes, Ears, Nose	_____	_____	Extremities	_____	_____
Mouth, Throat	_____	_____	Joint Function	_____	_____
Neck	_____	_____	Spine-Scoliosis	_____	_____
Lungs and Chest	_____	_____	Kyphosis	_____	_____
Heart	_____	_____	Lordosis	_____	_____
Hearing	_____	_____	Vision	_____	_____

Date of first menstrual period _____ Date of last menstrual period_____

Explain any abnormal findings:_____
I certify that on this date I have examined the above student as indicated by items checked, and I recommend him/her as being physically able to participate in those supervised activities checked below:
_____Trips _____ Campouts _____All Sports _____Swimming _____Exceptions (List) _____

(_____)_____
Area Code Phone

_____ _____
Printed Name of Physician Signature of Examining Physician

TRAVEL/MEDICAL RELEASE/PARENTAL AUTHORIZATION FORM: RETURN AT OPEN HOUSE

Student Name_____ **Grade**_____

A. Authorization to Consent to Medical Treatment: In the event my child becomes ill or injured at school related events and I cannot be reached, Texas Center for Arts + Academics (TCAA) is authorized to take one or more of the following actions: a) release my child to either of the people listed below: b) take my child to the physician chosen by choir / school staff; or c) take my child to a hospital and give consent for emergency care.

Local emergency telephone numbers if parents cannot be reached at above numbers:

Name_____ Telephone (_____)_____ Relationship _____

Name_____ Telephone (_____)_____ Relationship _____

Doctor's Name_____ Office Phone (_____) _____

Preferred Hospital_____ Telephone (_____)_____

Student is covered by:

Insurance Company_____ Certificate Number_____

Name of Insured_____ Insured's Employer_____

TCAA is not financially responsible for emergency care or transportation.

B. <u>Release and Authorization to Participate in Physical Education and Approved Travel</u>:

I give my consent for my child to participate in TCAA approved sports as listed on the Medical Certificate, extra-curricular activities, and approved travel with transportation being provided by the staff, paid carriers, other representatives of the school, or any parent. I understand that by participating in physical education and athletics at TCAA my child will be exposed to the risk of serious injury, including but not limited to injuries such as sprains and fractures, and injuries that could result in brain damage, paralysis or even death. I understand that contact sports have a higher risk factor than other sports. I understand that TCAA does not assume any responsibility in case an accident occurs. In consideration for my child being permitted to take part in such activities and to make such trips, I HEREBY WAIVE ALL CLAIMS, AND I RELEASE, INDEMNIFY, DEFEND AND HOLD HARMLESS TCAA, their Board of Directors, Officers, President & CEO, Directors, Administrators, faculty, staff, employees, agents, and invitees together with all persons, including parents of students of TCAA assisting with any phase of such activities and trips (excluding paid certified carriers), from any and all liability claims, suits, demands or causes of action, including all expenses of litigation and/or settlement, which may arise in connection with such activities and trips, including any accident or injury suffered by my child while involved in such activities and trips.

C. <u>This section applies to off campus extended overnight travel ONLY</u>.

Authorization of Administration of Medication in the event of extended sponsored activities: I give my consent for my child to be administered (per packaging directions) the following non-prescription medications(s) or its generic equivalent by the school staff, athletic director, or President& CEO designee(s):

YES NO

____ ____ Acetaminophen 500mg tabs, 1 or 2 tabs PO Q4h PRN headache or fever X 1 year
____ ____ Ibuprofen 200 mg tabs, PO Q4h PRN strain, sprain, muscle aches or pains, menstrual cramps, or dental pain X 1 year
____ ____ Hydrogen Peroxide, followed by triple antibiotic ointment and a Band-Aid daily until healed PRN minor cuts and abrasions X 1 year
____ ____ Diphenhydramine 25 mg cap, 1 PO Q4-6h PRN allergic reaction X 1 year
____ ____ Aluminum Hydroxide Magnesium Hydroxide & Simethicone, 2 teaspoons QID PRN upset stomach, indigestion, or nausea X 1 year
____ ____ Dextromethorphan cough syrup, 2 teaspoons Q4h PRN cough X 1 year
____ ____ Pseudoephedrine 30 mg tabs, 2 tabs PO QID PRN nasal congestion X 1 year
____ ____ Calamine lotion applied to affected areas PRN heat rash or insect bites X 1 year
____ ____ Sunscreen SPF 25-30 PRN applied to exposed skin for prolonged exposure to sun X 1 year
____ ____ Cough Drops PRN sore throat X 1 year
____ ____ Aloe Vera Gel PRN sunburn or other minor skin irritations X 1 year
____ ____ Anti-Diarrheal – Loperamide HCl 2 mg. Softgel Cap X 1 year
____ ____ Anti-gas - Gas-X, Simethicone 125 mg. X 1 year
____ ____ Calcium Carbonate USP 750 mg. X 1 year
____ ____ Stool Softener – Docusate Sodium 100 mg. X 1 year
____ ____ Loratadine (Claritin) 10 mg. X 1 year
____ ____ Swimmer's Ear – Drops X 1 year

Other medications or prescription medication which may be required by the student during school related or extended travel must be supplied by the parents and turned it in the original container, properly labeled, with the name of the student and identification of the medication, the dosage, and the time to be administered by the school staff or the President & CEO's designee.

<u>(Separate form required –please see Request for Administration of Medication)</u>

<u>NOTARIZATION REQUIRED</u>

Subscribed and sworn before me, on this

_____day of _____, 202_____.

_____

Signature of Parent

_____ _____

Signature of Notary Date Commission Expires

Wellness Policy

The Fort Worth Academy of Fine Arts shall support the general wellness of all students by implementing measureable goals to promote sound nutrition, student health, and to reduce childhood obesity.

The local School Health Advisory Council (SHAC), on behalf of the school board, shall review and consider evidence-based strategies, techniques, and shall develop nutrition guidelines for wellness goals as required by law. In the development, implementation, and review of these guidelines, and goals, the SHAC shall permit participation by parents, students, representatives of the school's food service management, physical education teachers, school health professionals, and school administrators.

WELLNESS PLAN

The SHAC develops a wellness plan to implement the school's nutrition guidelines and wellness goals. The wellness plan shall, at a minimum, address:

1. Strategies for soliciting involvement by and input from persons interested in the wellness plan and policy;
2. Objectives, benchmarks, and activities for implementing the wellness goals;
3. Methods for measuring implementation of the wellness goals; and
4. The manner of communicating to the public applicable information about the school's wellness policy and plan.

NUTRITION GUIDELINES

The school's nutrition guidelines for reimbursable school meals, all other foods and beverages sold/made available, or marketed to students during the school day shall be designed to promote student health and reduce childhood obesity. The guidelines shall be at least as restrictive as federal regulations and guidance, except when the school allows an exemption for fundraising activities as authorized by state and federal rules.

WELLNESS GOALS: NUTRITION PROMOTION AND EDUCATION

The school shall implement, in accordance with law, a coordinated school health program with a nutrition education component. The school's nutrition promotion activities shall encourage participation in the National School Lunch Program, the School Breakfast Program, and any other supplemental food and nutrition programs offered by the school.

The school establishes the following goals for nutrition promotion:

1. The School's food service staff, teachers, and other school personnel shall consistently promote healthy nutrition messages in cafeterias, classrooms, and other appropriate settings;
2. The School shall share educational nutrition information with families and the general public to promote healthy nutrition choices and positively influence the health of students; and

3. The School shall ensure that food and beverage advertisements accessible to students during the school day contain only products that meet the federal guidelines for meals and competitive foods.

The school establishes the following goals for nutrition education:

1. The School shall deliver nutrition education that fosters the adoption and maintenance of healthy eating behaviors;
2. The School shall make nutrition education a school-wide priority and shall integrate nutrition education into other areas of the curriculum, as appropriate; and
3. The School shall provide professional development so that teachers and other staff responsible for the nutrition education program are adequately prepared to effectively deliver the program.

WELLNESS GOALS: PHYSICAL ACTIVITY

The School shall implement, in accordance with law, a coordinated health program with physical education and activity components and shall offer at least the required amount of physical activity for all grades.

The school establishes the following goals for physical activity:

1. The School provides an environment that fosters safe, enjoyable, and developmentally appropriate fitness activities for all students, including those who are not participating in physical education classes or competitive sports;
2. The School provides appropriate staff development and encourage teachers to integrate physical activity into the curriculum where appropriate;
3. The School provides appropriate training and other activities available to school employees in order to promote enjoyable, lifelong, physical activity for school employees and students; and
4. The School encourages parents to support their children's participation, to be active role models, and to include physical activity in family events.

SCHOOL-BASED ACTIVITIES

The school establishes the following goals to create an environment conducive to healthful eating and physical activity and to promote and express a consistent wellness message through other school-based activities:

1. The School allows sufficient time for students to eat meals in cafeteria facilities that are clean, safe, and comfortable;
2. The School promotes wellness for students and their families at suitable school and campus activities; and
3. The School promotes employee wellness activities and involvement at suitable school and campus activities.

IMPLEMENTATION

The elementary/middle and high school principals shall oversee the implementation of this policy and the development and implementation of the wellness plan and appropriate administrative procedures.

EVALUATION

The school shall comply with federal requirements for evaluating this policy and the wellness plan, as well as the school's level of compliance with the policy and plan. Annually, the SHAC shall assess and prepare a report of the school's progress toward meeting the goals listed in this policy and in the wellness plan, including a summary of the school's major activities and events tied to the wellness program.

Directions for Applying for Free and Reduced-Price School Meals 2020-2021

Please use these instructions to complete the free or reduced-price school meals application. Submit one application per household, even if the children in the household attend more than one school in Fort Worth Academy of Fine Arts. Please use a **pen** (not a pencil) when completing the application. The application must be filled out completely in order for the school to make a determination if the children in your household qualify for free or reduced-price school meals. **An incomplete application cannot be approved**. Please contact cheryl.demeyere@fwafa.org with your questions.

Step 1: List All Household Members Who Are Infants, Children, And Students Up to and Including Grade 12.

- List each child's name.

  Print first name, middle initial, and last name for each child in the household in the spaces. If there are more children than lines, use the back of the application to record additional names.

  Include all household members who are age 18 or under and are supported with the household's income including children who are not enrolled in the district. Children do NOT have to be related to anyone in the household to be a part of the household.
- Mark the box following the child's name to show if the child is a student in the Fort Worth Academy of Fine Arts.
- Record the child's grade if the child is in school.
- Check the appropriate box if a child qualifies for free meals as participant in the foster care system, Head Start (including Early Head Start) or if a child meets the criteria for homeless, migrant, or runaway.

  Checking Foster indicates that a foster care agency or court has placed the child in your home. If the application is being submitted for foster children only, complete Step 1, skip Step 2, and complete Step 3.

Participation in a Categorical Program

If all children in the household are participants in one of the following programs—*Foster, Head Start, Homeless, Migrant, or Runaway*, skip Step 2 and complete Step 3.

SNAP, TANF, and FDPIR: Do any household members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR?

If a child or adult in the household participates in Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance to Needed Families (TANF), record the Eligibility Determination Group (EDG) number in the space.

If a child or adult in the household is a participant in Food Distribution Program for Households on Indian Reservations (FDPIR), check the box to indicate participation. The Fort Worth Academy of Fine Arts will contact you to obtain documentation of FDPIR participation.

If the students in the household are eligible based on SNAP, TANF, or FDPIR, skip Step 2 and complete Step 3.

Step 2: Report Income for All Household Members.

Part A. Last Four Digits of Social Security Number (SSN) of an Adult Household Member

- Provide the last four digits of the Social Security number (SSN) of an adult in the household or check the box for no SSN.

  A social security number is not required to apply for these programs.

Part B. Income for All Adult Household Members (Including Yourself, But Not Children)

- Record the first and last name of each adult in the household in the space provided.

  If there are more adults in the household than available spaces, use the back of the application. **Children's income is reported in Part C**.

  Include all adults living in the household that share income and expenses, even if the adult is not related to anyone in the household and does not receive any income. Do not include adults that are not supported by the household's income and do not contribute income to the household.
- Record the amount of income the adult receives under the type of income: Working Earnings; Public Assistance/Child Support/Alimony; Pensions/ Retirement/Social Security/Supplemental Security Income (SSI); and All Other.

  Report all amounts in gross income only and in whole dollars. Gross income is the total income received before taxes or deductions. Ensure that the income reported has not been reduced by the amounts deducted for taxes, insurance premiums, or any other purpose. The Adult Income Information Box provides additional information on the types of income that need to be reported. Foster children may be included as a member of the household or may be included on a separate application.

Reduced-Price Meal Income Eligibility Guidelines

Family Size	Annually	Monthly	Twice per Month	Every Two Weeks	Weekly
1	$23,606	$1,968	$984	$908	$454
2	$31,894	$2,658	$1,329	$1,227	$614
3	$40,182	$3,349	$1,675	$1,546	$773
4	$48,470	$4,040	$2,020	$1,865	$933
5	$56,758	$4,730	$2,365	$2,183	$1,092
6	$65,046	$5,421	$2,711	$2,502	$1,251
7	$73,334	$6,112	$3,056	$2,821	$1,411
8	$ 81,622	$6,802	$3,401	$3,140	$1,570
For each additional family member add:					
	+ $8,288	+ $691	+ $346	+ $319	+ $160

Write a 0 in any field where there is no income to report. If you write 0 or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials have known or available information that the household income was reported incorrectly, the application will be verified for cause.

- Circle how often each type of income is received (frequency).
  - W = Weekly
  - E = Every 2 Weeks
  - T = Twice per Month
  - M = Monthly
  - A = Annually

Part C. Income for Children in the Household

- Record total income **for each child in the household who receives regular income** by how often income is received (frequency).

  Record adult income in Part B.

  Record the income of each child who receives regular income under the frequency indicating how often the income is received.

  The Child Income Information Box (on the right) provides additional information on the types of income that needs to be reported for children in the household.

Part D. Total Household Members

- Record the total number of children and adults in the household in the appropriate box.

  This number MUST be equal to the number of household members listed in Step 1 and Step 2. It is very important to list all household members as the size of the household determines the household eligibility.

Step 3: Provide Contact Information and Adult Signature.

- Read the certification statement.
- Write your current address and contact information in the space provided. Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.

  If you have no permanent address, this does not make your children ineligible for free or reduced-price school meals.
- Print the name of the adult signing the form, sign the form, and record today's date in the appropriate spaces.

  All applications must be signed by an adult household member. By signing the application, the household member is promising that all information has been truthfully and completely reported. Before completing this section, please read the privacy and civil rights statements on the back of the application.

Step 4: Return the Application.

- Return the application to Fort Worth Academy of Fine Arts.

Adult Income Information Box

Earnings from Work

General Types of Income
- Salary, wages, cash bonuses
- Strike benefits

U.S. Military
- Allowances for off-base housing, food, and clothing
- Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances)

Self-Employed Worker
- Net income from self-employment (farm or business)—calculated by subtracting the total operating expenses of the business from its gross receipts or revenue.

Public Assistance/ Child Support/Alimony

(Do not report the value of any cash value public assistance benefits NOT listed on the chart.)
- Alimony payments
- Cash assistance from State or local government
- Child support payments from court-ordered child support or alimony decree should be reported here. Informal but regular payments should be reported as *other* income in the next part.
- Unemployment benefits
- Worker's compensation

Pensions/Retirement/ Supplemental Security Income (SSI)
- Annuities
- Income from trusts or estates
- Private Pensions or disability
- Social Security (including railroad retirement and black lung benefits)
- Supplemental Security Income (SSI)
- Veteran's benefits

All Other Income
- Earned interest
- Investment income
- Regular cash payments from outside household
- Rental income

Child's Income Information

Earnings from Work

For Example: A child has a job where she or he earns a salary or wages.

Social Security, Disability Payments

For Example: A child is blind or disabled and receives Social Security benefits.

Social Security, Survivor's Benefits

For Example: A parent is disabled, retired, or deceased, and their child receives social security benefits.

Income from any other source

For Example: A child receives income from a private pension fund, annuity, or trust

Fort Worth Academy of Fine Arts, 2020-2021 Multi-Use Application for Free and Reduced-Price School Meals

Complete one application per household. Please use a pen (not a pencil). **Apply online at *artsacademics.org*.**

This Box for School Use Only.
Date Withdrawn:

Step 1: Definition of Household Member: *anyone who is living with you and shares income and expenses, even if not related.* Children in Foster care; children who meet the definition of Homeless, Migrant, or Runaway or who participate in Head Start are eligible for free meals. Please read the directions for more information.

A. List ALL Household Members Who Are Infants, Children, and Students up to and Including Grade 12. If more spaces are needed, use the Additional Names section on the back.

List each child's name. First Name	MI	Last Name	Student Attends School in District? Yes	No	Grade	Optional: Student ID Number	Check all that apply. Foster	Head Start	Homeless	Migrant	Runaway
1.			☐	☐			☐	☐	☐	☐	☐
2.			☐	☐			☐	☐	☐	☐	☐
3.			☐	☐			☐	☐	☐	☐	☐
4.			☐	☐			☐	☐	☐	☐	☐

B. Participation in a Categorical Program

- **If every child** listed in Step 1 is a participant any one of the following programs—Foster, Head Start, Homeless, Migrant, or Runaway, **skip** Step 2 and **complete** Step 3.
- **SNAP, TANF, or FDPIR:** Do any Household Members (including you) currently participate in SNAP, TANF, and/or FDPIR?

If **No, complete** Steps 2 and 3. If **Yes to SNAP/TANF** > **Write** the Eligibility Determination Group (EDG) number in this space _____, **skip** Step 2, and **complete** Step 3.
If **Yes** to **FDPIR**, check this box ☐, **skip** Step 2, and **complete** Step 3.

Step 2: Please read the directions for more information for the following questions.

Report Income for ALL Household Members (Skip this step if you entered an EDG number or checked the box to indicate participation in FDPIR in Step 1).

A. Last Four Digits of Social Security Number (SSN) of an Adult Household Member: XXX-XX __ __ __ __ ☐ Check if no SSN

B. Income for Adult Household Members (Include Yourself, But Not Children. If more spaces are needed, use the Additional Names section on the back.)

List all Household Members **not** listed in STEP 1 (including yourself) **even if they do not receive income**. For each Household Member listed, if they do receive income, report total income (without deductions) for each source in whole dollars only. Indicate the frequency of income: W=Weekly, E=Every 2 Weeks, T=Twice per Month, M=Monthly, A=Annually. If they do not receive income from any source, write '0.' If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Adult's First/Last Name (Do not include the income of children in this section. The income of children goes in 2C.)	**Work Earnings** (Enter Amount)	**Frequency** (Circle One)	**Public Assistance/ Child Support/ Alimony** (Enter Amount)	**Frequency** (Circle One)	**Pensions/Retirement/ Social Security/Supplemental Security Income** (Enter Amount)	**Frequency** (Circle One)	**All Other** (Enter Amount)	**Frequency** (Circle One)
1.	$	W–E–T–M–A	$	W–E–T–M–A	$	W–E–T–M–A	$	W–E–T–M–A
2.	$	W–E–T–M–A	$	W–E–T–M–A	$	W–E–T–M–A	$	W–E–T–M–A
3.	$	W–E–T–M–A	$	W–E–T–M–A	$	W–E–T–M–A	$	W–E–T–M–A

C. Income for Children in the Household (Do not include adult income. Do report any type of regular income for children in the household. If more spaces are needed, use the Additional Names section on the back.)

Record total income by frequency for each child who receives regular income listed in Step 1.	**Weekly**	**Every 2 Weeks**	**Twice per Month**	**Monthly**	**Annually**
1.	$	$	$	$	$
2.	$	$	$	$	$
3.	$	$	$	$	$

D. Total Household Members (Count all children & adults living in the household) _____

Step 3: Please read the directions for more information on signing this form.

Provide Contact Information and Adult Signature. Return this application to Fort Worth Academy of Fine Arts..

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

Street Address/Apt #	City	State	Zip	Daytime Phone and Email (Optional)

Printed Name of Adult Household Member Signing the Form	Signature of Adult Household Member Signing the Form	Today's Date

Step 1: Additional Names

A. List ALL Household Members Who Are Infants, Children, and Students up to and Including Grade 12.

List each child's name. First Name	MI	Last Name	Student Attends School in District? Yes	No	Grade	Optional: Student ID Number	Check all that apply. Foster	Head Start	Homeless	Migrant	Runaway
5.			☐	☐			☐	☐	☐	☐	☐
6.			☐	☐			☐	☐	☐	☐	☐
7.			☐	☐			☐	☐	☐	☐	☐

Step 2: Additional Names

B. Income for Adult Household Members (Include Yourself, But Not Children)

Adult's First/Last Name (Do not include the income of children in this section. The income of children goes in 2D.)	**Work Earnings** (Enter Amount)	**Frequency** (Circle One)	**Public Assistance/ Child Support/ Alimony** (Enter Amount)	**Frequency** (Circle One)	**Pensions/Retirement/ Social Security/Supplemental Security Income** (Enter Amount)	**Frequency** (Circle One)	**All Other** (Enter Amount)	**Frequency** (Circle One)
4.	$	W–E–T–M–A	$	W–E–T–M–A	$	W–E–T–M–A	$	W–E–T–M–A
5.	$	W–E–T–M–A	$	W–E–T–M–A	$	W–E–T–M–A	$	W–E–T–M–A

C. Income for Children in the Household (Do not include adult income. Do report any type of regular income for children in the household.)

Record total income by frequency for each child who receives regular income listed in Step 1.	**Weekly**	**Every 2 Weeks**	**Twice per Month**	**Monthly**	**Annually**
1.	$	$	$	$	$
2.	$	$	$	$	$

Step 4 (Optional), Sharing Information with Other Programs

For the following programs, we must have your permission to share your information. Please circle any program or benefit from the list below that you want to receive information from this application. Completing this section will not change whether your children are eligibility for free or reduced-price meals.

Programs:

The **Richard B. Russell National School Lunch Act** requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced-price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced-price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

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

To file a program complaint of discrimination, complete the , (AD-3027) found online at: *http://www.ascr.usda.gov/complaint_filing_cust.html*, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: *program.intake@usda.gov*.

This institution is an equal opportunity provider.

Do Not Fill Out This Part. This Is for School Use Only.		
Income Determination: *Multiple income frequencies must be converted to annual amounts and combined to determine household income. Do not convert if only one income frequency is provided by the household. If converting income to annual, round only the final number—Annual Income Conversion: Weekly x 52 | Every 2 Weeks x 26 | Twice a Month x 24 | Monthly x 12* Household Size: _____ Total Income: _____ Weekly ☐ Every 2 Weeks ☐ Twice a Month ☐ Monthly ☐ Annually ☐		**Date Received:** **Categorical Determination:** ☐ **Eligibility:** Free ☐ Reduced ☐ Denied ☐
Reviewing/Determining Official's Signature/Date	Confirming Official's Signature/Date	

Instrucciones para Llenar la Solicitud de Comida Escolar Gratuita y de Precio Reducido 2020-2021

Por favor, siga las instrucciones para llenar la solicitud para recibir comidas escolares gratuitas o a precio reducido. Entregue sola una solicitud por hogar, aún si los niños en el hogar asisten a más de una escuela en Fort Worth Academy of Fine Arts. Use un bolígrafo (no un lápiz) para llenar la solicitud.

Debe llenar la solicitud completamente para que la escuela pueda determinar si los niños en su hogar califican para recibir comidas escolares gratuitas o a precio reducido. **Una solicitud incompleta no puede ser aprobada**. Póngase en contacto con cheryl.demeyere@fwafa.org con sus preguntas.

PARTE 1: Liste a TODOS los Miembros del Hogar, Infantes, Niños y Estudiantes Hasta el Grado 12.

- Liste el nombre de cada niño.

  Escriba en letra de imprenta el primer nombre, la inicial del segundo nombre, y el apellido para cada niño del hogar en los espacios. Si hay más niños en el hogar que líneas en la solicitud, use el reverso de la solicitud para escribir los nombres adicionales.

  Incluya todos los miembros del hogar de 18 años de edad o menores que están apoyados por los ingresos del hogar. Los niños no tienen que ser parientes para ser un miembro del hogar.
- Marque la casilla a lado del nombre del niño, si el niño es un estudiante de Fort Worth Academy of Fine Arts.
- Incluya el grado del niño si está en la escuela.
- Marque la casilla correspondiente si el niño califica para recibir comida escolar gratuita como: un niño adoptivo temporal (foster child); un participante en los programas Head Start (incluso Early Head Start) o como un niño identificado sin hogar, ser migrante, o ser fugitivo.

  La casilla marcada "Adoptivo Temporal (Foster)" significa que una agencia de cuidado temporal o una corte ha colocado el niño en su hogar. Los niños adoptivos temporales (foster children) que viven en el hogar pueden ser considerados como miembros del hogar y puede incluirlos en la solicitud. Si va a entregar la solicitud sola para los niños adoptivos temporales, llene la Parte 1, ignore las Partes 2, y llene la Parte 3.

Participación en Programa de Elegibilidad

Si todos los miembros del hogar participan en los siguientes programas —Adoptivo Temporal (*Foster)*, Head Start, sin hogar (Homeless), Migrante (Migrant), o Fugitivo (Runaway) ignore la Parte 2 y llene la Parte 3.

SNAP, TANF, and FDPIR: ¿Si algunos miembros del hogar (incluya a usted mismo) recibe beneficios bajo el Programa de Asistencia de Nutrición Suplementaria (SNAP), Asistencia Temporal para Familias Necesitadas (TANF), o del Programa de Distribución de Alimentos en Reservaciones Indígenas (FDPIR)?

Si algún miembro del hogar recibe beneficios de SNAP o TANF, reporte el número de Determinación de Elegibilidad (EDG, por sus siglas en inglés) en el espacio.

Si algún miembro del hogar recibe beneficios bajo el Programa de Distribución de Alimentos en Reservaciones Indígenas (FDPIR), marque la casilla que indica su participación. El Fort Worth Academy of Fine Arts estará en contacto con usted para obtener documentación de su participación en este programa (FDPIR).

Si algún miembro del hogar recibe beneficios de SNAP, TANF, o de FDPIR ignore la parte 2, y llene la parte 3.

Pautas Federales de Elegibilidad por Ingresos para Comida a Precio Reducido

Miembros en el Hogar	Anual	Mensual	Dos veces por mes	Cada dos Semanas	Semanal
1	$23,606	$1,968	$984	$908	$454
2	$31,894	$2,658	$1,329	$1,227	$614
3	$40,182	$3,349	$1,675	$1,546	$773
4	$48,470	$4,040	$2,020	$1,865	$933
5	$56,758	$4,730	$2,365	$2,183	$1,092
6	$65,046	$5,421	$2,711	$2,502	$1,251
7	$73,334	$6,112	$3,056	$2,821	$1,411
8	$ 81,622	$6,802	$3,401	$3,140	$1,570
Para cada miembro adicional de la familia, aumente:					
	+ $8,288	+ $691	+ $346	+ $319	+ $160

PARTE 2 Declare el Ingreso de Todos los Miembros del Hogar.

Sección A. Los Últimos Cuatro Dígitos del Número de Seguro Social (SSN) del Adulto en el Hogar.

- Escriba los últimos cuatro dígitos del número de Seguro Social (SSN) de la persona llenando la solicitud, o marque la casilla para indicar que no tiene un SSN.

  No se requiere un número de Seguro Social para solicitar los programas.

Sección *B. Ingresos de los Adultos en el Hogar, (Incluya a Usted Mismo, pero no a los Menores)*

- Escriba el primer nombre y apellido de cada adulto del hogar en los espacios.

  Si hay más adultos en el hogar que líneas en la solicitud, use el reverso de la solicitud para poner los nombres adicionales. No incluya los ingresos de los niños del hogar en esta sección. Ponga los ingresos de los niños en la Sección D.

  Incluya todos los adultos que viven en el hogar y comparten ingresos y gastos, aun si el adulto no es pariente o no recibe su ingreso propio. No incluya las personas que vivan con usted pero que son económicamente independientes, es decir, alguien que no está siendo apoyado por los ingresos del hogar, ni contribuye una parte de sus ingresos propios al hogar.

- Reporte el monto de los ingresos que el adulto recibe en la columna apropiada (que indica el tipo del ingreso): Sueldo de trabajo, Asistencia pública/Manutención de niños/Pensión alimenticia, Pensiones/Jubilación/Seguro social/SSI, Otros ingresos.

  Reporte solo el ingreso bruto total y escríbalo en dólares totales (redondeados sin incluir centavos). El ingreso bruto es el monto que usted gana antes de que le descuenten los impuestos y las deducciones. No es el dinero que lleva a casa. Asegúrese que el ingreso bruto reportado en la solicitud no se ha reducido por los impuestos, la prima de seguros, u otras deducciones. La tabla "Fuentes de Ingresos para Adultos" incluya información adicional y describa los ingresos que usted necesita poner en esta parte de la solicitud. Puede incluir los niños adoptivos temporales (foster children) como miembros del hogar, pero no se requiere.

  Escriba "0" Si no hay ingresos que reporta. Si deja los espacios de ingresos en blanco, se considerarán como "0." Si pone un "0" o deja un espacio en blanco, está certificando (declarando) que no hay ingresos que reportar. Si se enteran los oficiales de la escuela que los ingresos del hogar se han reportado incorrectamente, la solicitud será verificada por causa.
- Marque con un círculo la frecuencia en que se recibe el ingreso.
  - W = Semanal
  - E = Cada 2 Semanas
  - T = Dos Veces por Mes
  - M = Mensual
  - A = Anual

Sección C. Ingresos Combinados de los Niños del Hogar

- Reporte todos los ingresos regular por la frecuencia para cado niño que recibe ingreso que listado en el Part 1.

  Ponga los Ingresos de los Adultos en la Parte B.

  Reporte los ingresos regular para cado niño.

  La tabla "Fuentes de Ingresos para Niños" (a la derecho) incluye información adicional y describa los ingresos que usted necesita poner en esta parte de la solicitud.

Sección D. Total de Miembros del Hogar

- Reporte todos los niños y adultos que viven en el hogar.

  Este número TIENE que ser igual a el total de miembros del hogar que puso en la Parte 1 y Parte 2. Es muy importante que ponga a todos los miembros del hogar ya que el número de miembros en el hogar determina su elegibilidad.

PARTE 3 Ponga la Información de Contacto y Firma (de Adulto).

- Lea la declaración de certificación.
- Escriba su dirección actual y la información de contacto en los espacios. No se requiere el número de teléfono y/o un correo electrónico (son opcionales), pero nos ayudarían a ponernos en contacto con usted más rápidamente.

  Si no tiene una dirección permanente, esto no quiere decir que sus hijos no son elegibles para recibir comida escolar gratuita o de precio reducido.
- Escriba en letra de imprenta en el espacio el nombre del adulto que ha llenado la solicitud, firme la solicitud, y ponga la fecha de hoy en el espacio apropiado.

  Todas las solicitudes tienen que estar firmadas por el adulto del hogar quien ha llenado la solicitud. Al firmar la solicitud, el miembro del hogar certifica (declara) que toda la información ha sido reportada de una manera completa y verdadera. Antes de que llene esta sección, lea la declaración de privacidad y la declaración de derechos civiles al reverso de la solicitud.

PARTE 4 Devolución de Solicitud

- Regrese la solicitud a: Fort Worth Academy of Fine Arts.

Fuentes de Ingresos Para Adultos

Ingresos del Trabajo

Tipos generales de ingresos
- Sueldo, pago, bonos en efectivo
- Pagos por huelga

Fuerzas Armadas de EE. UU
- Subsidios de vivienda/ ropa/ comida fuera de la base militar
- Pago (sueldo) básico y bonos en efectivo (no incluya el sueldo de combate, ni el FSSA, ni los subsidios privados de vivienda.)

Trabajador Independiente
- Ingreso neto de trabajo por cuenta propia (granja o negocio)— se calcula restando los costos de su negocio de las entradas totales o ingreso bruto

Asistencia pública/ Manutención de niños / Pensión alimenticia

(No ponga algún valor de beneficios en efectivo de cualquier asistencia pública que no está indicado en la tabla.)
- La pensión alimenticia
- Asistencia en efectivo del gobierno local o del estado
- Pagos de manutención de niños – Si recibe ingreso de manutención de niños o de la pensión alimenticia, solo reporte los pagos recibidos por órdenes judiciales. Los pagos informales y regulares deben ser reportados como "Otros Ingresos" en la siguiente sección.
- Pago por desempleo
- Compensación laboral

Pensiones/Jubilación/Seguro Social (SSI)
- Anualidades
- Ingreso de fideicomiso o de herencia
- Pensión privada o por discapacidad
- Seguro Social (incluya la jubilación de ferrocarriles y los pagos de la enfermedad pulmonar del minero)
- Seguro Social (SSI)
- Beneficios para Veteranos

Otros Ingresos
- Ingreso de Intereses
- Ingreso de Inversiones
- Pagos regulares en efectivo fuera del hogar
- Ingresos de Alquiler

Fuentes de Ingresos Para Niños

Sueldo de Trabajo
- Por ejemplo: Un niño tiene un trabajo y gana un sueldo o pago.

Seguro Social, Beneficios por Discapacidad
- Por ejemplo: El niño es ciego o discapacitado y recibe beneficios de Seguro Social.

Seguro Social, Beneficios para Sobrevivientes
- Por ejemplo: El padre o madre tiene una discapacidad, está jubilado, o fallecido, y su niño recibe beneficios del Seguro Social.

Ingresos de Otras Fuentes
- Por ejemplo: Un niño recibe un ingreso de fondos de jubilación privados, de la anualidad, o un de un fideicomiso.

Fort Worth Academy of Fine Arts, Solicitud (para Varios Niños) para para Comidas Escolares Gratuitas y a Precio Reducido del 2020-2021

Llene una solicitud para cada hogar. Favor de usar un bolígrafo (no un lápiz). Llene su solicitud por internet al artsacademics.org.

This Box for School Use Only.
Date Withdrawn:

Parte 1: Definición de Miembro del hogar: Una persona que vive con usted y comparte los ingresos y los gastos, aunque no estén relacionados. Los niños temporalmente adoptados (foster), niños que satisfacen la definición de migrantes, sin hogar, (homeless), fugitivo, (runaway), o que participan en Head Start son elegibles para alimentos gratis. Por favor, lea las instrucciones para obtener más información.

A. Liste a TODOS los Miembros del Hogar, Infantes, Niños y Estudiantes hasta el Grado 12. *Si necesita más espacio, usen la sección de nombre adicional en parte de atrás de la página*.

Liste el nombre de cada niño. Primer Nombre	Inicial del Segundo Nombre	Apellido	¿Asiste a la escuela en el distrito? Sí	No	Grado	Opcional: Número de Identificación del Estudiante	**Marque todo lo que aplique.** Niño Adoptivo Temporal (Foster)	Head Start	Sin Hogar	Migrante	Fugitivo
1.			☐	☐			☐	☐	☐	☐	☐
2.			☐	☐			☐	☐	☐	☐	☐
3.			☐	☐			☐	☐	☐	☐	☐
4.			☐	☐			☐	☐	☐	☐	☐

B. Participación en las Diferentes Categorías de Elegibilidad

- **Si todos los niños** indicados en la Parte 1 participan en un programa de la lista arriba, ignore las Partes 2, y pase directamente a la Parte 3.
- **¿Recibe algún miembro del hogar (incluya a usted mismo) beneficios de los programas de asistencia: SNAP, TANF, o FDPIR?**

No> Complenté 2 y 3. **Si** > Escriba el número de Determinación de Elegibilidad (**EDG**, por sus siglas en inglés) en este espacio _____, y pase directamente a la Parte 3.
SI > **FDPIR**, marque en la casilla ☐, **ignore** las Partes 2, y pase directamente a la Parte 3.

Parte 2: Lea las instrucciones para obtener más información para las siguientes preguntas.

Report Income for ALL Household Members (Skip this step if you entered an EDG number or checked the box to indicate participation in FDPIR in Step 1).

A. Los últimos cuatro números del Seguro Social (SSN) del miembro del hogar que llenó lasolicitud: XXX-XX __ __ __ __ ☐ **Marque aquí si no tiene un SSN**

B. Ingresos (Brutos) de los Adultos del Hogar (incluya a usted mismo, pero no los menores). *Si necesita más espacio, usen la sección de nombre adicional en parte de atrás de la página*.

Liste a todos los Miembros del Hogar que no son listados en la Parte 1 (incluya a usted mismo) **incluso si no reciben ingresos**. Para cada Miembro del Hogar indicado que recibe ingresos, anote el ingreso (sin deducciones) total de cada fuente en dólares redondeados. Ponga la frecuencia en que recibe su ingreso: W=Semanal, E=Cada 2 semanas, T=2 veces por mes, M=Mensual, A=Anualmente. Si la persona no recibe ingreso, escriba '0.' Si escribe '0' o deja algún espacio en blanco, está certificando (prometiendo) que no hay ingreso para reportar.

Primer Nombre del Adulto/ Apellido (No incluya los ingresos de los niños en esta sección. Los ingresos de los menores se anota en 2C)	**Sueldo de Trabajo** (Ponga el monto)	**Frecuencia** (Marque la frecuencia con un círculo)	**Asistencia Social/ Manutención de niños / Pensión alimenticia** (Ponga el monto)	**Frecuencia** (Marque la frecuencia con un círculo)	**Pensiones/Jubilación/ Seguro social/ SSI** (Ponga el monto)	**Frecuencia** (Marque la frecuencia con un círculo)	**Otros Ingresos** (Ponga el monto)	**Frecuencia** (Marque la frecuencia con un círculo)
1.	$	W–E–T–M–A	$	W–E–T–M–A	$	W–E–T–M–A	$	W–E–T–M–A
2.	$	W–E–T–M–A	$	W–E–T–M–A	$	W–E–T–M–A	$	W–E–T–M–A
3.	$	W–E–T–M–A	$	W–E–T–M–A	$	W–E–T–M–A	$	W–E–T–M–A

C. Ingresos (Brutos) de los Niños del Hogar (No incluya los ingresos de los adultos.) *Si necesita más espacio, usen la sección de nombre adicional en parte de atrás de la página*.

Liste el ingreso regular por la frecuencia para cada niño que recibe ingreso que listado en el Parte 1.	Semanal	Cada dos semanas	Dos veces por me	Mensual	Anualmente
1.	$	$	$	$	$
2.	$	$	$	$	$
3.	$	$	$	$	$

D. Total de los miembros del hogar (Cuente todos los niños y adultos que viven en el hogar.) _____

Parte 3: Lea las instrucciones para obtener más información sobre cómo firmar este formulario.

Proporcione Su Información de Contacto y Firma de Adulto. Regrese esta solicitud a:Fort Worth Academy of Fine Arts.

Certifico (juro) que toda la información en esta solicitud es cierta y que he reportado todos los ingresos. Entiendo que esta información se da con el propósito de recibir fondos federales y que los funcionarios de la escuela pueden verificar tal información. Entiendo que si falsifico información a propósito, mis hijos pueden perder los beneficios de comida y que puedo ser procesado de acuerdo con las leyes estatales y federales que aplican.

Dirección/Apt. Ciudad Estado Código Postal Número de teléfono y correo electrónico (opcional)

Miembro (Adulto) del hogar que lleno solicitud	Firma del adulto que llenó la solicitud	Fecha de hoy

Parte 1: Nombres Adicional

Liste a TODOS los Miembros del Hogar, Infantes, Niños y Estudiantes Hasta el Grado 12.

Liste el nombre de cada niño.

	Primer Nombre	Inicial del Segundo Nombre	Apellido	¿Asiste a la escuela en el distrito? Sí	No	Grado	Opcional: Número de Identificación del Estudiante	Marque todo lo que aplique. Niño Adoptivo Temporal (Foster)	Head Start	Sin Hogar	Migrante	Fugitivo
4.				☐	☐			☐	☐	☐	☐	☐
5.				☐	☐			☐	☐	☐	☐	☐
6.				☐	☐			☐	☐	☐	☐	☐

Parte 2: Nombres Adicional

B. Ingresos (Brutos) de los Adultos del Hogar (incluya a usted mismo, pero no los menores).

	Primer Nombre del Adulto/ Apellido (No incluya los ingresos de los niños en esta sección. Los ingresos de los menores se anota en 2D)	**Sueldo de Trabajo** (Ponga el monto)	**Frecuencia** (Marque la frecuencia con un círculo)	**Asistencia Social/ Manutención de niños / Pensión alimenticia** (Ponga el monto)	**Frecuencia** (Marque la frecuencia con un círculo)	**Pensiones/Jubilación/ Seguro social/ SSI** (Ponga el monto)	**Frecuencia** (Marque la frecuencia con un círculo)	**Otros Ingresos** (Ponga el monto)	**Frecuencia** (Marque la frecuencia con un círculo)
4.		$	W–E–T–M–A	$	W–E–T–M–A	$	W–E–T–M–A	$	W–E–T–M–A
5.		$	W–E–T–M–A	$	W–E–T–M–A	$	W–E–T–M–A	$	W–E–T–M–A
6.		$	W–E–T–M–A	$	W–E–T–M–A	$	W–E–T–M–A	$	W–E–T–M–A

C. Ingresos (Brutos) de los Niños del Hogar (No incluya los ingresos de los adultos.) *Si necesita más espacio, usen la sección de nombre adicional en parte de atrás de la página*.

Liste el ingreso regular por la frecuencia para cada niño que recibe ingreso que listado en el Parte 1.

	Semanal	**Cada dos semanas**	**Dos veces por mes**	**Mensual**	**Anualmente**
4.	$	$	$	$	$
5.	$	$	$	$	$
6.	$	$	$	$	$

Step 4 (Optional), Permiso para Compartir Información con Otros Programas

Para los siguientes programas, necesitamos su permiso para compartir su información. Por favor, marque con un círculo cualquier programa o beneficio de la lista siguiente del que usted desee recibir la información en esta solicitud. El hecho de llenar esta sección no cambiará si sus niños pueden recibir o no comida gratuita o a precio reducido.

La Ley Nacional de Alimentos Escolares Richard B. Russell pide la información arriba en esta solicitud. No tiene que dar la información, pero si usted no la provee, no podemos aprobar comida gratuita o de precio reducido para sus niños. Usted debe incluir los últimos cuatro números del Seguro Social (SSN) del adulto que firma la solicitud. Los últimos cuatro números del SSN no se requieren cuando usted solicita de parte de un niño adoptivo temporal o usted incluye un número de caso del Programa de Asistencia Nutricional Suplementaria (SNAP, por sus siglas en inglés), el Programa de Asistencia Temporal Para Familias Necesitadas (TANF, por sus siglas en inglés) o el Programa de Distribución de Comida en Reservaciones Indígenas (FDPIR, por sus siglas en inglés) u otra identificación FDPIR de su niño. Tampoco necesita indicar el número del SSN si el adulto del hogar que firma la solicitud no tiene. Utilizamos su información para determinar si su niño es elegible para la comida gratuita o de precio reducido, y para administrar y hacer respetar los programas de almuerzo y desayuno. Podemos compartir la información sobre su elegibilidad con los programas de educación, salud, y nutrición para ayudarles a evaluar, financiar, o determinar los beneficios de sus programas, así como con los auditores de revisión de programas, y los oficiales encargados de investigar violaciones del reglamento programático.

De conformidad con la Ley Federal de Derechos Civiles y los reglamentos y políticas de derechos civiles del Departamento de Agricultura de los EE. UU. (USDA, por sus siglas en inglés), se prohíbe que el USDA, sus agencias, oficinas, empleados e instituciones que participan o administran programas del USDA discriminen sobre la base de raza, color, nacionalidad, sexo, discapacidad, edad, o en represalia o venganza por actividades previas de derechos civiles en algún programa o actividad realizados o financiados por el USDA. Las personas con discapacidades que necesiten medios alternativos para la comunicación de la información del programa (por ejemplo, sistema Braille, letras grandes, cintas de audio, lenguaje de señas americano, etc.), deben ponerse en contacto con la agencia (estatal o local) en la que solicitaron los beneficios. Las personas sordas, con dificultades de audición o discapacidades del habla pueden comunicarse con el USDA por medio del Federal Relay Service [Servicio Federal de Retransmisión] al (800) 877-8339. Además, la información del programa se puede proporcionar en otros idiomas. Para presentar una denuncia de discriminación, complete el , (AD-3027) que está disponible en línea en: *http://www.ascr.usda.gov/complaint_filing_cust.html* y en cualquier oficina del USDA, o bien escriba una carta dirigida al USDA e incluya en la carta toda la información solicitada en el formulario. Para solicitar una copia del formulario de denuncia, llame al (866) 632-9992. Haga llegar su formulario lleno o carta al USDA por: (1) correo: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; o (3) correo electrónico: *program.intake@usda.gov*. Esta institución es un proveedor que ofrece igualdad de oportunidades.

Do Not Fill Out This Part. This Is For School Use Only.

Income Determination: *Multiple income frequencies must be converted to annual amounts and combined to determine household income. Do not convert if only one income frequency is provided by the household. If converting income to annual, round only the final number—Annual Income Conversion: Weekly x 52 | Every 2 Weeks x 26 | Twice a Month x 24 | Monthly x 12*

Household Size: _____ Total Income: _____

Weekly ☐ Every 2 Weeks ☐ Twice a Month ☐ Monthly ☐ Annually ☐

Date Received:

Categorical Determination: ☐

Eligibility: Free ☐ Reduced ☐ Denied ☐

Reviewing/Determining Official's Signature/Date	Confirming Official's Signature/Date	

FORT WORTH ACADEMY OF FINE ARTS

TRANSCRIPT REQUEST FORM

Requested by:

First:_____ Last: _____MI:_____

DOB: ____/____ / _____ Year of Graduation:_____

Address:_____

City, State, Zip:_____

Current Phone:_____

____I wish to pick up my transcripts: May be picked up in person Monday - Friday 8:30 a.m. to 3:30 p.m.

____I would like my transcripts to be mailed to the above address.

____I wish my transcripts to be sent / faxed.

I, _____ , give Fort Worth Academy of Fine Arts permission to send copies of my official transcript to the name and address identified below.

WHERE TRANSCRIPTS SHOULD BE SENT / FAXED:

Name of Institution:_____

Address:_____

City: State: Zip:_____

Phone:_____

FAX:_____

Attention:_____

Please allow 5 full business days for your request to be processed

_____ _____

Signature Date

Wondering what items the FWAFA teachers need donated to their classroom?

Check out these **Amazon Wish List** Links:

- 3rd Grade Team (Carden & Wiggins):
https://www.amazon.com/hz/wishlist/ls/3D45468S91ZL1?ref_=wl_share

- 4th Grade Team (Austin, O'Con, & Ward):
https://www.amazon.com/hz/wishlist/ls/3CL6FYTKPSAO8?ref_=wl_share

- 5th Grade Team (Brown, Umholtz, & Wardlaw):
https://www.amazon.com/hz/wishlist/ls/1LIUVVJ6VI21?ref_=wl_share

- 6th Grade Team (Davis, Herrera, & Kilpatrick):
https://www.amazon.com/hz/wishlist/ls/61A10AQJ3YWS?ref_=wl_share

- Secondary Language Arts (Cook, Davis, & Walterscheid):
https://www.amazon.com/hz/wishlist/ls/2PNEWRRIRYPOI?ref_=wl_share

- Secondary Math (Clay, Hammond, & McArthur):
https://www.amazon.com/hz/wishlist/ls/1BG7LDCDO4BUI?ref_=wl_share

- Secondary Science (Baierlipp, Polman, & Ross):
https://www.amazon.com/hz/wishlist/ls/27SEA0GEY3DKC?ref_=wl_share

- Secondary Social Studies (Curtiss, Jones, & Mueller):
https://www.amazon.com/hz/wishlist/ls/1E1PQ46HD8Z7R?ref_=wl_share

- Art Teachers (Brents-Sheldon, Ervin, & McCartney):
https://www.amazon.com/hz/wishlist/ls/1RT6X9ZXBFGBM?ref_=wl_share

- Choir/Music Teachers (Hill, Kim, & Simmons):
https://www.amazon.com/hz/wishlist/ls/T4NZGDBLT9D2?ref_=wl_share

- Foreign Language Teachers (Mitchell & Valderas):
https://www.amazon.com/hz/wishlist/ls/1AJ8CJN1ICR17?ref_=wl_share

- Technology, Humanities, & Counselors (Kirby, B. Phillips, Sisk, L. Smith, & Van Dyck):
https://www.amazon.com/hz/wishlist/ls/2SD8Z62IJ8YB4?ref_=wl_share

- Theatre Teachers (Carter, L. Davis, Haas, D. Jones, Kruse, & Magnus):
https://www.amazon.com/hz/wishlist/ls/1W6ZUMO19M7P?ref_=wl_share

- Dance Teachers (Langford, Rodriguez, & Torres):
https://www.amazon.com/hz/wishlist/ls/VPQGZRG07SNQ?ref_=wl_share

#ClearTheLists