

DIXON UNIFIED SCHOOL DISTRICT

Anderson Elementary
415 East C Street
Dixon CA 95620
Phone: 707-693-6360
FAX 707-678-2073

Tremont Elementary
355 Pheasant Run
Dixon CA 95620
Phone: 707-693-6320
FAX 707-678-0298

CA Jacobs Intermediate
200 North Lincoln
Dixon CA 95620
Phone: 707-693-6350
FAX 707-678-1245

Dixon High School
555 College Way
Dixon CA 95620
Phone: 707-693-6330
FAX 707-678-9318

Maine Prairie
305 East C Street
Dixon CA 95620
Phone: 707-678-4560
FAX 707-678-4890

Gretchen Higgins
1525 Pembroke
Dixon CA 95620
Phone: 707-678-6271
FAX: 707-693-1960

HEALTH REQUIREMENTS FOR SCHOOL

IMMUNIZATIONS: Students must present written verification of the following immunizations. The verification must include at least the month and year and be signed by the doctor or clinic:

1. Polio - 4 doses, but 3 doses are enough if at least one was given after the 4th birthday.
2. Diphtheria, Pertussis, Tetanus (DTP/DTaP/DT) - 5 doses, except that 4 doses are enough if at least one was given after the 4th birthday.
3. Measles, Mumps, Rubella (MMR) - 2 doses given after the age of 1 year.
4. Hepatitis B - at least 3 doses
5. Varicella (Chicken Pox) - 1 dose or written verification from your physician that your child has had the disease. 2 doses are required for students 13 and older.

NOTE: Your child will not be able to attend school, if he/she is due for any of the required immunizations.

PHYSICAL EXAMINATION

The Report of Health Check-up for School Entry must be completed by your physician or clinic before your child enters 1st grade. The school nurse recommend that you schedule your child for a health check at the same time he/she receives the immunizations required for school, thus fulfilling both requirements at the same time.

The required physical examinations are free for children on Medi-Cal and for children from low or moderate income families. You can get a free health check-up from the Solano County Health Department (707-435-2010); Dixon Family Practice (707-635-1600).

If you have any questions about the above requirements, feel free to contact the school nurse at (693-6330 Ext. 7104).

Student Name: _____ Birthdate: _____

Parent Signature: _____ Phone #: _____

To be completed by school staff only

Before the first day of school your child will need to receive the immunizations circled below:

Polio	#1	#2	#3	#4	DTP/DTaP/DT	#1	#2	#3	#4	#5
MMR	#1	#2			Hepatitis B	#1	#2	#3		
Varicella	#1									