



**ORDER OF EMERGENCY
EXPULSION FROM SCHOOL**

To the Parent(s)/ Guardian of:

(Student's Name)

1. Expulsion:

You are hereby notified that your above-named child is prohibited from attending school until you establish that he/she is in compliance with the Washington State Immunization Law and West Valley School District Policy 3413. **Your child's emergency expulsion from school is effective immediately.** The reason for this decision is one of the following:

- A Certificate of Immunization Status (CIS) form (copy attached) has not been submitted.
- Insufficient immunization information was provided. _____

The following additional immunization(s) is(are) needed:

- DTaP/Tdap
- Polio
- MMR
- Varicella
- Hepatitis B
- Hib

2. Admittance:

In order for your child to attend school, please complete this form and establish any one of the following:

- 2.1. Your child has received the required doses of vaccine;
- 2.2. Your child has initiated a schedule of immunization; or
- 2.3. You claim an exemption of your child from the immunization requirements for a medical, religious, or personal/philosophical reason. Students with exempt status will be excluded from school in the event of an outbreak and will remain excluded for at least two (2) weeks after the onset of the last case. A licensed physician must sign a medical exemption.

3. Appeal:

You are further advised that you have a right to appeal or contest the decision to exclude your child from school.

To appeal this decision, you must provide the school principal a written or oral request for a hearing no later than the 10th school business day following the date of your receipt of this notice. If you request a hearing, the issue to be decided is whether your child either meets the immunization requirements of the law or has been exempted at your request for one of the reasons stated above.

4. Summary of law:

The immunization and number of vaccines required by law (except for exempt children) are as follows:

- **DTaP/DT/Td** - For entry level students (preschool or K) at least five (5) doses. Grades 1-12 at least four (4) doses are required. **The last dose must have been received on or after the student's 4th birthday.**
- **Tdap** - For 6th-12th grade students, one (1) dose of **Tdap** is required **IF** the student is at least 11 yrs. old and **IF** it has been at least five (5) yrs. since the last DTaP, DT or Td has been given.
- **Polio** - At least four (4) doses. **The last dose must have been received on or after the student's 4th birthday.** Three (3) doses are acceptable if all four doses are given before the 4th birthday. The final dose given on or after August 7th, 2009, must be given on or after 4 years of age AND a minimum interval of 6 months from the previous dose.
- **Measles/Mumps/Rubella** - Two (2) doses of MMR vaccine are required on or after the student's first birthday and at least 28 days apart for students K-12. **One (1) dose only is required for preschool students.**
- **Hepatitis B** - A three (3) shot series of Hepatitis B vaccine is required for all children kindergarten through 12th grade, regardless of age.
- **Varicella (chickenpox)** - Two (2) doses of varicella given on or after the 1st birthday or a doctor's diagnosis/verification of disease is required for K- 8th grade students. Parent reported history of disease is **NOT** acceptable.
- **Hib - (Hemophilus Influenza)** - Doses vary depending on vaccine manufacturer. If a child has received one (1) dose on or after fifteen (15) months of age, the child can be admitted to a childcare center or preschool. This vaccination is not required after five (5) years of age or for kindergarten entry.

State regulations covering this action can be found in WAC 180-38-005 through 180-388-070 and 180-40-300 and 305 and are available by request from your school principal.

5. Availability of Vaccines:

Vaccines required to immunize your child may be obtained from your own doctor or neighborhood health clinic.

A list is attached which provides you with the names, addresses, and telephone numbers of local health clinics.

6. Contact with School:

Please call the school your child attends if you need additional information and assistance.

School Principal: _____ Date: _____

School: _____ Telephone No: _____

School Hours: _____

Enclosures: Certificate of Immunization (CIS), if needed
List of local health clinics