



TAYLOR HIGH SCHOOL

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Immunization Requirements for Incoming 11th grade Students 19/20 School Year

Dear Parent/Guardian of incoming 11th grade students,

Effective 2016-2017, 1 dose of Meningococcal shall be required at the entry of (7th) GRADE and the **Second Dose at the entry of (11th) Grade.**

All incoming 11th, grade students are required to show proof of having received the 2 doses of the Meningococcal vaccine by the beginning of the 2019-2020 school year.

Student Name: _____ DOB _____

Grade: _____ School: _____

Meningococcal:(Menactra and MCV4,Menveo) Dose #1 Date given _____

Dose #2 Date given _____ ***** This does not include Meningococcal B shot *****

Doctor's Signature or print out _____

Parent Signature: _____

Please call your doctor for further questions regarding the vaccines. Your child could have already received these immunizations and we just need the date and documentation.

Please schedule an appointment now if necessary!

These immunizations are required by Section 3313.671 and 3701.13 of the Ohio Revised Code. Proof of complete immunizations is required within 14 days after enrollment in school to prevent exclusion from attending.

Please return this form or an immunization copy from your child's doctor to the Three Rivers nurse's office before August 27th or sooner!

Thank You,

Amanda Witterstaetter RN

Amanda Witterstaetter



Holly Simms, Principal
Eric Fangman, Assistant Principal
Dave Henderson, Counselor

Immunization Requirements for Incoming 7th grade Students 2019/2020

Dear Parent/Guardian of incoming 7th grade students,

Effective 2012-2013, 1 dose of Tdap (Tetanus, diphtheria and acellular pertussis, adolescent vaccine) This dose is intended to be administered as a BOOSTER dose for students who have completed the required doses of the initial series of DTap/DT/Td vaccine.

Effective 2016-2017, 1 dose of Meningococcal (Menactra and MCV4, Menveo) shall be required at entry of (7TH) GRADE. This does not include Meningococcal B.

All incoming 7th, grade students are required to show proof of having received the Tdap and the Meningococcal vaccine by the beginning of the school year.

Student Name: _____ DOB _____

Grade: _____ School: _____

Tdap: date given _____ Meningococcal: date given _____

Doctor's Name: _____

Parent Signature: _____

Please call your doctor for further questions regarding the vaccines. Your child could have already received these immunizations and we just need the date and documentation. Please schedule an appointment now if necessary!

These immunizations are required by Section 3313.671 and 3701.13 of the Ohio Revised Code. Proof of complete immunizations is required within 14 days after enrollment in school.

Please return this form or an immunization copy from your child's doctor, to your child's school nurse's office by August 27th to avoid exclusion from attendance.

Thank You

Amanda Witterstaetter RN

Amanda Witterstaetter RN