

2022 - 2023 Student Registration Forms

Attached you will find the 2022-23 student registration forms that are required to be submitted to the administrative office for all 2022-23 Gregory School students.

This fillable PDF should be completed, printed, signed, and submitted to our staff at: forms@gregoryschool.org, or mailed to our office at 3231 N. Craycroft Road, Tucson, Arizona, 85712 **by June 1, 2022.**

Students will not be able to pick up their 2022-23 class schedules in August until these forms are returned to our office.

This packet includes:

- 2022-2023 onBoard Family Directory Form
- 2022-2023 Household Contact Information Form
- 2022-2023 Emergency Contact and Medical Treatment Consent Form
- 2022-2023 Student Permission Form
- Request for Final Transcript from Previous School(s) (*New students only*)
- Arizona Immunization Requirements

Please note that copies of the following documents must be on file for all TGS students:

- Copy of Birth Certificate or Passport (*New students only*)
- Copy of current and complete immunization records
 - *New students must submit immunization records.*
 - *Returning students must submit records if they have received any vaccinations within the last year.*
 - *Students 11 years and older are required by ADHS to receive 1 dose of Tdap and 1 dose of quadrivalent meningococcal vaccinations.*

2022 - 2023 OnBoard Family Directory

Parent Name			
Student Name		Student Grade	

- Do not include my name or any information about me in the 2022-2023 Family Directory found in onBoard.
- Include my name but do not include any other information about me in the 2022-2023 Family Directory found in onBoard.
- I authorize the following information to be published in the 2022-2023 Family Directory found in onBoard.

Check all that apply:

- Household 1: Parent/Guardian Name(s)
- Household 1: Parent/Guardian Home Phone Number
- Household 1: Parent/Guardian Mailing Address
- Household 1: Parent/Guardian Cell Phone(s)
- Household 1: Parent/Guardian Email(s)

If applicable, check all that apply:

- Household 2: Parent/Guardian Name(s)
- Household 2: Parent/Guardian Home Phone Number
- Household 2: Parent/Guardian Mailing Address
- Household 2: Parent/Guardian Cell Phone(s)
- Household 2: Parent/Guardian Email(s)

Parent/Guardian Signature	Date

<input type="checkbox"/> Current Student	<input type="checkbox"/> New Student	Grade	
2022 - 2023 Household Contact Information			
<i>All information on this form is confidential and for school purposes only.</i>			
Student's (Legal) Last Name	Student's (Legal) First Name	Middle Name	
Student's (Preferred) Name <i>(optional)</i>	Student's Preferred Pronouns <i>(optional)</i>		
Home Phone #		Student's Cell Phone #	
Student's Primary Address		City	State
Parent/Guardian Name:		Parent/Guardian Name:	
Title (Mr./Mrs./Ms./Dr.):		Title (Mr./Mrs./Ms./Dr.):	
Relationship to Student:		Relationship to Student:	
Cell Phone #:		Cell Phone #:	
Work Phone #:		Work Phone #:	
Email:		Email:	
Employer:		Employer:	
Occupation:		Occupation:	
Student resides with:			
Are there any legal custody issues we need to be aware of at your home? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please explain and provide documentation to our office. _____			
If you have additional information regarding a Parent or Guardian who does not reside in your home, please include that information below:			
Home Address	City	State	Zip
Parent/Guardian Name:		Parent/Guardian Name:	
Title (Mr./Mrs./Ms./Dr.):		Title (Mr./Mrs./Ms./Dr.):	
Relationship to Student:		Relationship to Student:	
Cell Phone #:		Cell Phone #:	
Work Phone #:		Work Phone #:	
Email:		Email:	
Employer:		Employer:	
Occupation:		Occupation:	
This parent/guardian may receive: <input type="checkbox"/> Grades <input type="checkbox"/> Newsletter <input type="checkbox"/> Development <input type="checkbox"/> Development			

2022 - 2023 Emergency Contact & Medical Treatment Consent Form

All information on this form is confidential and for school purposes only.

Student Name	Date of Birth	Grade

Parent/Guardian (Names)

Home Address	City	State	Zip	Best Phone Contact for Parents/Guardians

If parent cannot be reached in an EMERGENCY, contact:

Contact #1:		Contact #2:	
Relationship to student:		Relationship to student:	
Cell Phone #:		Cell Phone #:	
Home Phone #:		Home Phone #:	
Work Phone #:		Work Phone #:	

Medical Information

Family Physician:		Physician Phone #:	
Known Allergies to Medications or other Allergies:			
Current Medications:			
Relevant Medical Information: (e.g., history of family diabetes, heart condition, etc.)			

We are unable to distribute Ibuprofen or Tylenol without permission from parent or guardian. No other medication will be available for distribution. I give The Gregory School permission to distribute the following medications to my child as directed:

Ibuprofen (each tablet is 200mg / recommended every 6 hours)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Tylenol (each tablet is 500mg / recommended every 4 - 6 hours)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If your child needs to take a prescription medication while at school the following conditions must be met:

- The medication must be brought to the office in the original prescription bottle with labeled instructions.
- A medication form must be completed by a parent/guardian and submitted to the front office.
- The medication must be left in the office at the front desk.
- Students will be responsible for coming to the office to take their medication.

Insurance Information

Insurance Carrier:		Policy ID #	
Policy Holder:		Preferred Tucson Hospital:	

As a result of athletic, school, or trip participation, medical treatment on an emergency basis may be necessary. I further recognize that school personnel may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the existing circumstance.

Parent/Guardian Signature	Date

2022 - 2023 Student Permission Form

The Gregory School (or "School") takes all reasonable steps to provide safe educational and athletic experiences for its students. However, students must assume personal responsibility for their behavior. At no time will any student be allowed to attend a trip until this form has been completed and returned to school.

Student Name	Grade	
PARENT/GUARDIAN completes this section:	Yes	No
My son/daughter may travel in School-provided transportation.	<input type="checkbox"/>	<input type="checkbox"/>
My son/daughter may travel in a private car driven by an adult School volunteer.	<input type="checkbox"/>	<input type="checkbox"/>
My son/daughter may travel in a private car driven by him/her.	<input type="checkbox"/>	<input type="checkbox"/>
Home Phone #:	<input type="checkbox"/>	<input type="checkbox"/>
The STUDENT DRIVER completes this section:	Yes	No
I have a valid Arizona Driver's License.	<input type="checkbox"/>	<input type="checkbox"/>
I have a vehicle with a valid Arizona Registration.	<input type="checkbox"/>	<input type="checkbox"/>
I have a vehicle that is insured with at least the minimum required by the State of Arizona.	<input type="checkbox"/>	<input type="checkbox"/>
The ADULT DRIVER completes this section:	Yes	No
I have a valid Arizona Driver's License.	<input type="checkbox"/>	<input type="checkbox"/>
I have a vehicle with a valid Arizona Registration.	<input type="checkbox"/>	<input type="checkbox"/>
I have a vehicle that is insured with at least the minimum required by the State of Arizona.	<input type="checkbox"/>	<input type="checkbox"/>

I certify that the information given in this section is true. I understand that I must inform all occupants that wearing a seat belt is required and will comply with all traffic and safety laws and regulations.

I understand that there are significant risks, both known and unknown, inherent in the activities associated with transportation both to and from any destination. I further understand these risks could potentially result in property damage, bodily injury, or death and I knowingly accept and assume those risks. Being aware of these risks, I hereby voluntarily release and agree to defend, indemnify and hold harmless The Gregory School, and all its representatives, independent contractors, employees, and volunteers of any and all liability or claims relating to my son/daughter's participation in an off-campus activity including, but not limited to any claims for negligence. I further expressly waive any right to a trial by jury.

THE UNDERSIGNED HEREBY CERTIFIES THAT I/WE HAVE CAREFULLY READ, UNDERSTAND, AND VOLUNTARILY AND KNOWINGLY AGREE TO BE BOUND BY ALL TERMS AND CONDITIONS HEREIN. THE UNDERSIGNED HAS HAD THE OPPORTUNITY TO ASK THE SCHOOL QUESTIONS CONCERNING THE FOREGOING, AND FURTHER UNDERSTAND BY SIGNING BELOW, I/WE ARE KNOWINGLY AND INTENTIONALLY RELINQUISHING CERTAIN KNOWN LEGAL RIGHTS, INCLUDING THE RIGHT TO RECOVER DAMAGES.

Student Signature	Date
Parent/Guardian Signature	Date

Request for Final Transcript

Please complete and send to the school your child last attended:

I authorize the release of academic records, including withdrawal grades for the following student:

Student Name	Grade Level	School Year

Mail or Email to:

The Gregory School
Attention: Registrar
3231 N. Craycroft Road
Tucson, AZ 85712
(520 327-6395
purzua@gregoryschool.org

ARIZONA GUIDE TO IMMUNIZATIONS REQUIRED FOR ENTRY

Grades K-12 (School year 2021-2022)

- Requirements are shown below as stated in [Arizona Administrative Code, R9-6-702](#), Table 7.1 and Table 7.2
- Please review the [Arizona Immunization Handbook for Schools and Child Care Programs](#) along with the [Vaccine Catch-up Flowcharts & FAQs](#) for further information and details about immunization requirements and exemptions.
- Vaccines must follow ACIP minimum intervals and ages to be valid. See page 2 for minimum interval and catch-up schedule information.
- The 4-day grace period only applies to vaccine-administration minimum age and intervals. Refer to the Handbook for questions.



Vaccine	4-6 Years Old and attendance in Kindergarten or 1 st grade	7-10 Years Old	11 Years and Older
HepB Hepatitis B	3 doses The final dose of HepB must be given at 24 weeks of age or older. Only 3 doses are required if the 3 rd dose was received at or after the child was 24 weeks of age; otherwise 4 doses are required.		
Polio Poliomyelitis (IPV) For OPV see page 2	4 doses The final dose of polio must be received at/after 4 years of age and at least six months after the previous dose. Only 3 doses are required if the 3 rd dose was received on/after the child's 4 th birthday and at least six months after the 2 nd dose. Additional doses may be needed to meet requirements. See pg. 2 for retrospective history guidance.		
MMR Measles, Mumps and Rubella	2 doses Minimum recommended age for dose 1 is 12 months. A 3 rd dose will be required if dose 1 was given more than 4 days before 1 st birthday.		
VAR Varicella (chickenpox)	1 dose Minimum recommended age for dose 1 is 12 months. 2 doses, at least 4 weeks apart, are required if dose 1 was given at 13 years of age or older.		
DTaP, Tdap, Td Diphtheria, Tetanus, and Pertussis	5 doses of DTaP The final dose of tetanus-diphtheria containing vaccine must be received at/after 4 years of age and at least six months after the previous dose. Only 4 doses are required if the 4 th dose was received on/after 4 years of age; in certain situations an additional dose may be required, up to a maximum of 6 doses (before age 7).	4 doses of tetanus-diphtheria-containing vaccine (or combination of DTaP, Td or Tdap doses). At least one dose at/after 4 years of age and at least 6 months from previous dose. 3 doses (with one at/after 4 years) is acceptable if the first dose was given on/after 1 st birthday; otherwise refer for an additional dose.	1 dose of Tdap is required If the student does not have a Tdap but received a dose of tetanus-diphtheria-containing vaccine within the past 5 years, refer for the adolescent Tdap dose when 5 years has passed since that dose. If a student has received 1 valid dose of adolescent Tdap (age 10 years or older), no further doses are needed. Students must have minimum series of 4 doses of tetanus-diphtheria-containing vaccine; 3 doses acceptable if the 1 st dose was given on/after 1 st birthday.
MenACWY or MCV4 Quadrivalent Meningococcal	Retrospectively: Menomune (Meningococcal Polysaccharide) vaccine was a quadrivalent vaccine so is acceptable; however, production of this vaccine was discontinued in February 2017. Menomune doses are considered acceptable for school requirements.		1 dose of MenACWY is required A dose administered at 10 years of age will meet the requirement.

**ARIZONA GUIDE TO IMMUNIZATIONS REQUIRED FOR ENTRY – Minimum Interval/Catch-up Guidance
Grades K-12 (School year 2021-2022)**

Vaccine	Dose #	Minimum Age	Minimum Interval Between Doses	Notes
HepB Hepatitis B	dose 1	Birth	At least 4 weeks between dose 1 & 2	<ul style="list-style-type: none"> Some children may receive a birth dose and then a combination vaccine resulting in a total of 4 (or more) doses. At long as the interval between doses is met, 4+ doses meet requirement. 2 doses, at least 4 months apart, meet the requirement if the child received the adolescent series using the Merck Recombivax HB Adult Formulation when the child was 11-15 years of age.
	dose 2	4 weeks	At least 8 weeks between dose 2 & 3 (or final)	
	dose 3	24 weeks	At least 16 weeks between dose 1 & 3 (or final) AND at/after 24 weeks of age	
Polio IPV or OPV	dose 1	6 weeks	At least 4 weeks between dose 1 & 2	<ul style="list-style-type: none"> Retrospectively: 1) A final dose given on or after August 7, 2009, must be given at or after 4 years of age and a minimum interval of 6 months from the previous dose. 2) Students who received 4 doses (with at least 4 weeks minimum intervals between doses and/or before the age of 4 years) PRIOR to August 7, 2009 have met the requirement. OPV given prior to April 1, 2016 will be presumed to be trivalent and therefore acceptable, regardless of age, or country, of administration. Any OPV doses administered on or after April 1, 2016 are presumed to be bivalent and therefore unacceptable. Poliomyelitis vaccine is not recommended in the U.S. for individuals 18 years of age or older; however, a complete series is still required for school attendance.
	dose 2	10 weeks	At least 4 weeks between dose 2 & 3	
	dose 3	14 weeks	At least 4 weeks between dose 3 & 4	
	dose 4	4 years	At least 6 months between final dose and previous dose (could be final dose 3 or final dose 4)	
MMR Measles, Mumps and Rubella	dose 1	12 months	At least 4 weeks (28 days) between dose 1 & 2	<ul style="list-style-type: none"> If MMR dose 1 was given more than 4 days before the 1st birthday, another dose is required. MMR and varicella vaccines are live vaccines and must be given on the same day or at least 28 days apart (this rule also applies to live nasal influenza doses).
	dose 2	13 months	-	
VAR Varicella (chickenpox)	dose 1	12 months	At least 3 months between dose 1 & 2 4 weeks (28 days) between doses if administered at age 13 or older	<ul style="list-style-type: none"> If varicella dose 1 was given more than 4 days before the 1st birthday, another dose is required. MMR and varicella vaccines are live vaccines and must be given on the same day or at least 28 days apart (this rule also applies to live nasal influenza doses).
DTaP, Tdap, Td Tetanus, Diphtheria, and Pertussis	dose 1	6 weeks	At least 4 weeks between dose 1 & 2	<ul style="list-style-type: none"> DTaP is licensed for children through age 6. If catch-up doses are needed at age 7 or older, Tdap or Td should be used to start/complete the series. A Tdap given at age 7-9 years of age does not count for the 11- year old Tdap requirement; a Tdap should be given once 5 years has passed since last dose of tetanus-diphtheria containing vaccines was given. Retrospectively, if a child received a Tdap at age 10 as part of a catch-up series, or inadvertently earlier than the recommended age of 11-12, the dose may be counted as the adolescent dose and is acceptable to meet school requirements. Once a valid adolescent Tdap dose has been received, a tetanus booster is recommended when 10 years has passed since last dose of tetanus-containing vaccine.
	dose 2	10 weeks	At least 4 weeks between dose 2 & 3	
	dose 3	14 weeks	At least 6 months between dose 3 & 4	
	dose 4	12 months	At least 6 months between dose 4 & 5	
	dose 5	4 years	In general, a child should not receive more than 4 doses prior to the 4 th birthday or a total of 6 doses prior to the 7th birthday; however, the child should still receive a dose at/after 4 years of age and at least 6 months from previous dose	
MenACWY, MCV4 Meningococcal	dose 1	10 years		<ul style="list-style-type: none"> Only quadrivalent meningococcal ACWY vaccine doses will be accepted. The vaccines given currently in the U.S. are Menactra, Menveo, and MenQuadfi. No monovalent or bivalent meningococcal vaccinations will be accepted (MenA, MenB, MenC, or MenC/Y).