



OFFICIAL TRANSCRIPT REQUEST

Student Name_____ Applying for Grade_____

I authorize (current school) _____ to release transcripts and other requested records to the school listed below:

Parent Signature_____

Records may be mailed or emailed:

Memorial Lutheran School, Admissions
5800 Westheimer Rd.
Houston, TX 77057
tboyd@mlchouston.org

Please send student records to include:

- Report Cards (include most recent)
- Achievement Test Scores
- Special Evaluations/Testing
- Immunization Record

Name of Applicant: _____

Applying for Grade: _____

Name of school completing recommendation: _____

Teacher - Please complete this confidential form electronically or by hand. This Teacher Recommendation form will be treated confidentially and will not be shared with parents. You may wish to retain the original copy for your files to send to additional schools. Thank you for your cooperation and honesty. The student's application cannot be processed until the form is received in the Admissions Office, so please complete the process as soon as possible. Deadlines are determined by individual schools.

Please place an "x" in the appropriate box below and comment. Thank you.

Academic Skills Ratings	Truly Outstanding Top 5%	Excellent	Above Average	Average	Below Average	Please Comment
Listens to and follows teacher's directions						
Is attentive to group discussions /activities						
Contributes appropriately to group discussions/activities						
Demonstrates ability to work independently						
Perseveres in spite of difficulty						
Works cooperatively						
Displays willingness to take risks						
Demonstrates appropriate energy level						
Demonstrates ability to stay on task						
Exhibits appropriate work ethic						
Completes assignments on time						
Critical thinking skills						

Social Skills Ratings	Truly Outstanding Top 5%	Excellent	Above Average	Average	Below Average	Please Comment
Responds positively to constructive criticism						
Establishes friendships easily						
Is comfortable in a group						
Is respectful of faculty						
Is respected by peers						
Demonstrates self-control						
Takes responsibility for belongings						
Is cooperative						
Demonstrates appropriate behavior						
Exhibits emotional maturity						
Demonstrates appropriate energy level						
Takes pride in appearance						
Is respectful to peers						
Demonstrates ability to resolve conflicts						

Communication Skills Ratings	Truly Outstanding Top 5%	Excellent	Above Average	Average	Below Average	Please Comment
Ability to express ideas verbally						
Clarity of writing style						
Grammar/Mechanics skills						
Reading comprehension						
Knowledge and usage of vocabulary						
Imagination and creativity						
Participate in physical group activity						

HAIS Common Teacher Recommendation
Grades 6 -12 English (Page 2)

Name of Applicant: _____ **Applying for Grade:** _____

Check the box next to the words that best describe this applicant:

Aggressive	Conscientious	Honest	Motivated	Perfectionist	Shy
Anxious	Disobedient	Immature	Negative leader	Positive leader	Social
Articulate	Easily discouraged	Irritable	Oppositional	Responsible	Vivacious
Cheerful	Follower	Manipulative	Organized	Self-centered	Well-liked
Confident	Helpful	Mature	Over-protected	Self-disciplined	Witty

Please describe the student's academic/social strengths, assets and gifts: _____

Please describe the student's academic/social challenge and areas of support: _____

Please add any additional information that would provide a more complete picture of the student and family:

Applicant is habitually tardy or late: ☐ Yes ☐ No If yes, please explain: _____

Applicant is:

☐ Highly Recommended (Top 5%) ☐ Strongly Recommended ☐ Recommended ☐ Recommended with Reservation ☐ Not Recommended

If you checked "Recommended with Reservation" or "Not Recommended," please explain: _____

Parent Information

	Consistently	Usually	Seldom	Not Observed
Parent(s) participate in school activities				
Parent(s) support school policies and procedures				

I would: ☐ like to ☐ be willing to discuss this applicant by telephone.

Teacher Verification: The electronic signature below and its related fields are treated like a handwritten signature. By completing the form, I certify that the information provided is honestly presented.

Teacher Signature:	Date:
Teacher Name:	Course Name:
Teacher Email:	School Name:
Teacher Phone:	School Phone:

Name of Applicant: _____ Applying for Grade: _____

Name of school completing recommendation _____

Teacher - Please complete this confidential form electronically or by hand. This Teacher Recommendation form will be treated confidentially and will not be shared with parents. You may wish to retain the original copy for your files to send to additional schools. Thank you for your cooperation and honesty. The student's application cannot be processed until the form is received in the Admissions Office, so please complete the process as soon as possible. Deadlines are determined by individual schools.

Please place an "x" in the appropriate box below and comment. Thank you.

Academic Skills Ratings	Truly Outstanding Top 5%	Excellent	Above Average	Average	Below Average	Please Comment
Listens to and follows teacher's directions						
Is attentive to group discussions /activities						
Contributes appropriately to group discussions/activities						
Demonstrates ability to work independently						
Perseveres in spite of difficulty						
Works cooperatively						
Displays willingness to take risks						
Demonstrates appropriate energy level						
Demonstrates ability to stay on task						
Exhibits appropriate work ethic						
Completes assignments on time						
Critical thinking skills						

Social Skills Ratings	Truly Outstanding Top 5%	Excellent	Above Average	Average	Below Average	Please Comment
Responds positively to constructive criticism						
Establishes friendships easily						
Is comfortable in a group						
Is respectful of faculty						
Is respected by peers						
Demonstrates self-control						
Takes responsibility for belongings						
Is cooperative						
Demonstrates appropriate behavior						
Exhibits emotional maturity						
Demonstrates appropriate energy level						
Takes pride in appearance						
Is respectful to peers						
Demonstrates ability to resolve conflicts						

Computation Skills Ratings	Truly Outstanding Top 5%	Excellent	Above Average	Average	Below Average	Please Comment
Computation skills						
Problem-solving skills						
Mathematical reasoning						
Mathematical applications						
Embraces challenges						

Check the box next to the words that best describe this applicant:

Aggressive	Conscientious	Honest	Motivated	Perfectionist	Shy
Anxious	Disobedient	Immature	Negative leader	Positive leader	Social
Articulate	Easily discouraged	Irritable	Oppositional	Responsible	Vivacious
Cheerful	Follower	Manipulative	Organized	Self-centered	Well-liked
Confident	Helpful	Mature	Over-protected	Self-disciplined	Witty

HAIS Common Teacher Recommendation
Grades 6 -12 Math (Page 2)

Name of Applicant: _____Applying for Grade: _____

Please describe the student's academic/social strengths, assets and gifts:

Please describe the student's academic/social challenge and areas of support:

Please add any additional information that would provide a more complete picture of the student and family:

Applicant is habitually tardy or late: ☐ Yes ☐ No If yes, please explain:

Applicant is:

☐ Highly Recommended (Top 5%) ☐ Strongly Recommended ☐ Recommended ☐ Recommended with Reservation ☐ Not Recommended

If you checked "Recommended with Reservation" or "Not Recommended," please explain: _____

Parent Information

	Consistently	Usually	Seldom	Not Observed
Parent(s) participate in school activities				
Parent(s) support school policies and procedures				

I would: ☐ like to ☐ be willing to discuss this applicant by telephone.

Teacher Verification: The electronic signature below and its related fields are treated like a handwritten signature. By completing the form, I certify that the information provided is honestly presented.

Teacher Signature:	Date:
Teacher Name:	Course Name:
Teacher Email:	School Name:
Teacher Phone:	School Phone:

2021 - 2022 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 (DTaP/DTP/DT/Td/Tdap)	5 doses or 4 doses						3 dose primary series and 1 booster dose of Tdap / Td <i>within the last 5 years</i>	3 dose primary series and 1 booster dose of Tdap / Td <i>within the last 10 years</i>						For K – 6th grade: 5 doses of diphtheria-tetanus-pertussis vaccine; 1 dose must have been received on or after the 4 th birthday. However, 4 doses meet the requirement if the 4th dose was received on or after the 4 th birthday. ¹ For students aged 7 years and older, 3 doses meet the requirement if 1 dose was received on or after the 4 th birthday. ¹ 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	4 doses or 3 doses												For K – 12th grade: 4 doses of polio; 1 dose must be received on or after the 4 th birthday. ¹ However, 3 doses meet the requirement if the 3 rd dose was received on or after the 4 th birthday. ¹	
Measles, Mumps, and Rubella ² (MMR)	2 doses												For K – 12th grade: 2 doses are required, with the 1st dose received on or after the 1 st birthday. ¹ 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 ^{2,3}	2 doses												For K – 12th grade: 2 doses are required, with the 1st dose received on or after the 1 st birthday. ¹	
Meningococcal (MCV4)							1 dose						For 7th – 12th grade, 1 dose of quadrivalent meningococcal conjugate vaccine is required on or after the student’s 11 th birthday. NOTE: If a student received the vaccine at 10 years of age, this will satisfy the requirement.	
Hepatitis A ²	2 doses												For K – 12th grade: 2 doses are required, with the 1st dose received on or after the 1 st birthday. ¹	

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.

Information on exclusions from immunization requirements, provisional enrollment, and acceptable documentation of immunizations may be found in §97.62, §97.66, and §97.68 of the Texas Administrative Code, respectively and online at <https://www.dshs.texas.gov/immunize/school/default.shtm>.

Exemptions

Texas law allows (a) physicians to write medical exemption statements which clearly state a medical reason exists that the person cannot receive specific vaccines, 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.dshs.texas.gov/immunize/school/exemptions.aspx. 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. Student must not be overdue for the next dose in a series to be considered provisional. 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. Validation includes a signature, initials, or stamp. An immunization record generated from an electronic health record must include clinic contact information and the provider's signature/stamp, along with the vaccine name and vaccination date (month, day, and year). An official record generated from a health authority is acceptable. An official record received from school officials, including a record from another state is acceptable.



Requisitos mínimos de vacunas en el estado de Texas de 2021 - 2022 para estudiantes de kínder a 12.o grado

Esta gráfica resume los requisitos de vacunación incorporados al Código Administrativo de Texas (TAC), título 25, Servicios de salud, secciones 97.61 a 97.72. Este documento no tiene como propósito sustituir al TAC, el cual contempla otras disposiciones y detalles. El Código de Educación de Texas, capítulo 38, confiere al Departamento Estatal de Servicios de Salud (DSHS) la autoridad para establecer los requisitos 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 requerida (Vea las notas y notas de pie de página)	Número mínimo de dosis requeridas por nivel de grado												Notas	
	De kínder a 6.o grado						7.o grado	De 8.o a 12.o grado						
	K	1	2	3	4	5	6	7	8	9	10	11		12
Difteria, tétanos, tos ferina (DTaP, DTP, DT, Td, Tdap)	5 dosis o 4 dosis						Una serie primaria de 3 dosis y 1 refuerzo de la vacuna Tdap / Td dentro de los últimos 5 años	Una serie primaria de 3 dosis y 1 refuerzo de la vacuna Tdap / Td dentro de los últimos 10 años						Para los grados kínder a 6.o: 5 dosis de la vacuna contra la difteria, el tétanos y la tosferina; debe haberse recibido 1 dosis en o después del 4.o cumpleaños. Sin embargo, con 4 dosis se cubre el requisito si la 4.a dosis se recibió en o después del 4.o cumpleaños.¹ Para los estudiantes de 7 años de edad o más, con 3 dosis cumplen con el requisito si recibieron 1 de las dosis en o después del 4.o cumpleaños.¹ Para el 7.o 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 8.o a 12.o: 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 tosferina.
Polio	4 dosis o 3 dosis												Para los grados kínder a 12.o: 4 dosis de la vacuna contra la polio; debe recibirse 1 dosis en o después del 4.o cumpleaños.¹ Sin embargo, con 3 dosis se cumple con el requisito si la 3.a dosis se recibió en o después del 4.o cumpleaños.¹	
Sarampión, paperas y rubeola ² (MMR)	2 dosis												Para los grados kínder a 12.o: Se requieren 2 dosis de la vacuna, la 1.a de las cuales debe recibirse en o después del 1.er cumpleaños.¹ Los estudiantes que fueron vacunados antes de 2009 con 2 dosis contra el sarampión y una dosis contra la rubeola y una dosis contra las paperas cumplen con este requisito.	
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 documentarse claramente. Si la vacuna recibida no fue Recombivax®, se requiere una serie de 3 dosis.	
Varicela ^{2,3}	2 dosis												Para los grados kínder a 12.o: Se requieren 2 dosis, de las cuales la 1.a dosis debe recibirse en o después del 1.er cumpleaños.¹	
Vacuna antimeningocócica (MCV4)							1 dosis						Para los grados 7.o a 12.o, se requiere 1 dosis de la vacuna antimeningocócica tetravalente conjugada en o después del 11.o cumpleaños del estudiante.	
Hepatitis A ²	2 dosis												Para los grados kínder a 12.o: Son necesarias 2 dosis, la 1a de las cuales debe recibirse en o después del 1er cumpleaños.¹	

NOTA: Las casillas sombreadas indican que no se requiere la vacuna para el grupo de edad correspondiente.

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

- ¹ Recibir la dosis hasta (e inclusive) 4 días antes del cumpleaños satisfará el requisito de inmunización para inscribirse en la escuela.
- ² Son aceptables en lugar de la vacuna una prueba serológica de infección o la confirmación serológica de inmunidad al sarampión, las paperas, la rubeola, la hepatitis B, la hepatitis A o la varicela.
- ³ Si se ha tenido la enfermedad previamente, puede documentarse con una declaración escrita de un médico, un enfermero escolar o uno de los padres o tutor del niño, la cual diga algo como:
“Esto es para comprobar que (nombre del estudiante) tuvo la enfermedad de la varicela (*varicella* o *chickenpox*) el (fecha) o alrededor de esa fecha y no necesita la vacuna contra la varicela”.
Dicha declaración escrita será aceptable en lugar de alguna o todas las dosis requeridas de la vacuna contra la varicela.

Podrá encontrar información sobre las exclusiones de requisitos de vacunas, la inscripción provisional y la documentación aceptada de las vacunas en las secciones 97.62, 97.66 y 97.68 del Código Administrativo de Texas, respectivamente, y en línea en <https://www.dshs.texas.gov/immunize/school/default.shtm> (en inglés).

Exenciones

La ley de Texas autoriza a que (a) los médicos redacten declaraciones de exención médica, las cuales deben indicar claramente que existe una razón médica que le impide a la persona recibir determinadas vacunas específicas, y (b) los padres o tutores opten por una exención de los requisitos de inmunización por razones de conciencia, incluidas las creencias religiosas. La ley no permite que los padres o tutores opten por una exención simplemente para evitarse inconvenientes (por ejemplo, cuando un registro se haya perdido o esté incompleto y sea mucha molestia ir con un médico o a una clínica para corregir el problema). Las escuelas deben mantener una lista actualizada de los estudiantes con exenciones, de forma que se les pueda excluir en casos de emergencias o epidemias declaradas por el comisionado de salud pública.

Encontrará las instrucciones para solicitar la declaración jurada de exención oficial, la cual debe ser firmada por los padres o tutores que elijan la exención por razones de conciencia, incluidas las creencias religiosas, en www.dshs.texas.gov/immunize/school/exemptions.aspx (en inglés). El original de la declaración jurada de exención debe llenarse y entregarse en la escuela.

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

Inscripción provisional

Todas las inmunizaciones deben haberse completado antes del primer día de asistencia. La ley exige que los estudiantes estén completamente vacunados contra las enfermedades específicas. Un estudiante puede inscribirse de manera provisional si cuenta con un registro de inmunización que indique que el estudiante ha recibido al menos una dosis de cada vacuna específica apropiada para su edad según lo exige esta regla. Para que el estudiante se considere como inscrito de manera provisional, no debe estar atrasado en su calendario para recibir la siguiente dosis que le corresponda en la serie de dosis de la vacuna. Para seguir inscrito, el estudiante debe completar las dosis posteriores requeridas de cada serie de vacunas a tiempo según el calendario y tan rápidamente como sea médicamente posible, y debe proporcionar a la escuela un comprobante aceptable de que ha sido vacunado.

Un enfermero escolar o administrador escolar revisará cada 30 días el estado de inmunización de los estudiantes inscritos de manera provisional para garantizar el cumplimiento ininterrumpido de la aplicación de las dosis de vacunas requeridas. Si, al final del periodo de 30 días, un estudiante no ha recibido una dosis posterior de la vacuna, el estudiante no está cumpliendo con las normas, y la escuela excluirá al estudiante de su asistencia a la escuela hasta que se le administre la dosis requerida.

Las 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 hogar de acogida y estudiantes en situación sin hogar, se encuentran en el TAC, título 25, Servicios de salud, secciones 97.66 y 97.69.

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. La validación debe incluir una firma del responsable, sus iniciales o el sello. Un registro de vacunas generado a partir de un registro de salud electrónico debe incluir la información de contacto de la clínica y la firma o sello del proveedor, junto con el nombre de la vacuna y la fecha de vacunación (mes, día y año). Se acepta un registro oficial elaborado por una autoridad sanitaria. Se acepta un registro oficial recibido de parte de los funcionarios de la escuela, incluido un registro procedente de otro estado.



TEXAS
Health and Human
Services

**Texas Department of State
Health Services**