



Welcome to the Oyster River School District!

It is common practice to register at the school that corresponds with your address and district bus routes, although you may register at either elementary school if it's more convenient. In order to establish equitable classroom placement and efficient transportation for all new students, **school placement** as well as classroom assignments will be announced in August.

When registering please bring in a copy of your child's birth certificate, proof of your residency in the Oyster River Cooperative School District such as a current utility bill, lease or mortgage bill with your name and address, as well as any custody/legal paperwork if applicable.

The first contact from the New Student Information Form will receive an email with login instructions and information for your PowerSchool (our student information system) parent account. **During late July / early August**, you will receive an email that ORCSD Registration Forms are now open. You must complete the rest of your child's registration using your online PowerSchool parent account. **Your student will NOT be considered fully registered until the online forms are completed.** The online registration information is vital for school and district communication with families leading up to the new school year.

Please feel free to contact us with any further questions. We are looking forward to welcoming your family here in ORCSD!

Helen Holmes  
Administrative Assistant to the Principal  
Moharimet Elementary School  
11 Lee Road  
Madbury, NH 03823  
Ph: 603-742-2900 x4302  
Fax: 603-742-7569  
[hholmes@orcscd.org](mailto:hholmes@orcscd.org)

[moh.orcscd.org](http://moh.orcscd.org)

Christine Nelson  
Administrative Assistant to the Principal  
Mast Way Elementary School  
23 Mast Road  
Lee, NH 03861  
Ph: 603-659-3001 x3300  
Fax: 603-659-8612  
[cnelson@orcscd.org](mailto:cnelson@orcscd.org)

[mw.orcscd.org](http://mw.orcscd.org)

# OYSTER RIVER COOPERATIVE SCHOOL DISTRICT ELEMENTARY ~ NEW STUDENT INFORMATION FORM

Today's Date: \_\_\_\_\_ Student's DOB: \_\_\_\_\_ (circle) Male Female

Student's Name: \_\_\_\_\_  
(as listed on birth certificate) Last First Middle

Student Entering Grade \_\_\_\_\_ Previously enrolled in ORCSD (circle) Y N If yes, what grade? \_\_\_\_\_

Place of Birth: \_\_\_\_\_  
Town State and Country If born out of US, list date of US school entrance

List services student is receiving (Speech, PT, OT, ESOL, IEP) and/or Health Concerns or indicate **NONE**:

Preferred Language for automated district and school emails (default is English): \_\_\_\_\_

Contact 1 (Parent/Guardian) Information	Contact 2 (Parent/Guardian) Information
Name: _____	Name: _____
Address: _____ _____	Address: _____ _____
Email: _____	Email: _____
Cell Phone: _____ Text? Y N	Cell Phone: _____ Text? Y N
Work Phone: _____	Work Phone: _____
Land Line: _____	Land Line: _____
Military Status (circle) N/A Active Inactive	Military Status (circle) N/A Active Inactive
Branch: _____	Branch: _____

**Student Lives with** (circle all that apply): Mother Father Stepmother Stepfather Guardian Other \_\_\_\_\_

Is there a court ordered Parenting Plan or custodial agreement associated with your child? Circle one Y N

Previous School Attended \_\_\_\_\_

Previous School Address \_\_\_\_\_

Name of Siblings Enrolled in ORCSD and Grades \_\_\_\_\_

**Please provide an additional Emergency Contact:**

Name & relationship: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Is this person allowed to pick up at school? Y N

Address: \_\_\_\_\_

\*\*\*\*\* OFFICE USE CHECKLIST\*\*\*\*\*

Forms Received:

Birth Certificate  Proof of Residence  Release of Records Form  Race/Ethnicity Form  Immunizations/Wellness  Court Documents

Start Date: \_\_\_\_\_ Classroom: \_\_\_\_\_ LASID: \_\_\_\_\_ SASID: \_\_\_\_\_ ASSID: \_\_\_\_\_

**Oyster River Cooperative School District**  
36 Coe Drive  
Durham, New Hampshire 03824  
Telephone (603) 868-5100 \* Fax (603) 868-6668

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**RESIDENCY AFFIDAVIT**

New Hampshire law requires that your child be a legal resident of one of the towns in the Oyster River Cooperative School District in order to attend its schools. The "legal residency of a minor child" is defined in RSA 193:12 as follows:

1. Parents live together. The legal residence of a minor student is where his or her parents reside.
2. Parents live apart but are not divorced. Legal residence is the residence of the parent with whom the child resides.
3. Parents are divorced with joint legal custody or joint decision-making authority. Residence is the residence of the parent with whom the child resides.
4. Parents are divorced and one parent has been given sole or primary physical custody or sole or primary residential responsibility by a court. Legal residence of a child is the residence of the parent with sole or primary physical custody or sole or primary residential responsibility.
5. Parents are divorced and court order is for equal or approximately equal period of residential responsibility. Residence is as stated in the order.
6. Guardian appointed by court. Legal residence is the residence of the guardian.

Student Name: \_\_\_\_\_  
(add name)

The student's home address is: \_\_\_\_\_  
(add actual street address)

The student lives with: \_\_\_\_\_  
(add name)

who is a \_\_\_\_\_ parent or \_\_\_\_\_ guardian appointed by a court. (Please check appropriate description)

If you have checked parent, please check the following as applies: \_\_\_ Married \_\_\_ Separated \_\_\_ Divorced

**PLEASE ATTACH COPIES OF DOCUMENTS ESTABLISHING RESIDENCE SUCH AS A COPY OF  
A LEASE, AN ELECTRIC BILL, A TELEPHONE BILL, and/or GUARDIANSHIP ORDER, CUSTODY ORDER.**

I (We) understand and acknowledge that the truth of the information contained in this Affidavit will be relied upon by the School District in determining the legal residence of the student and the student's right to be provided with a free education at the expense of the Oyster River Cooperative School District in accordance with the education laws of the State of New Hampshire. I (We) certify that the information contained herein is true, accurate, and complete under pains of penalties of New Hampshire law.

I (We) understand that providing misleading or false information about a student's residency is a criminal offense under RSA 641:3 and RSA 641:7. In addition, if this Affidavit is untrue, I (we) agree to pay tuition for my (our) child/children to the District.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



# ORCSD Home Language Survey

Mast Way and Moharimet School

Oyster River Middle School and Oyster River High School

*Dear Parent or Guardian:  
In order to provide your child with the best possible education, we need to determine how well he or she understands, speaks, reads and writes in English, as well as prior school and personal history. Please complete the sections below entitled Language Background and Educational History. Your assistance in answering these questions is greatly appreciated. Thank you.*

Please write clearly when completing this section.		
<b>STUDENT NAME:</b>		
First	Middle	Last
<b>DATE OF BIRTH:</b>		<b>GENDER :</b>
Month	Day	Year
		<input type="checkbox"/> Male
		<input type="checkbox"/> Female
<b>PARENT/PERSON IN PARENTAL RELATION INFO:</b>		
Last Name	First Name	Relation to Student

<b>Language Background</b> (Please check all that apply.)			
1. What language(s) is(are) spoken in the student's home or residence?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ specify
2. What was the first language your child learned?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ specify
3. What is the Home Language of each parent/guardian?	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	_____ specify
	<input type="checkbox"/> Guardian(s)		_____ specify
4. What language(s) does your child understand?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ specify
5. What language(s) does your child speak?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ <input type="checkbox"/> Does not speak specify
6. What language(s) does your child read?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ <input type="checkbox"/> Does not read specify
7. What language(s) does your child write?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ <input type="checkbox"/> Does not write specify

## Home Language Survey (HLS)—Page Two

### *Educational History*

8. Indicate the total number of years that your child has been enrolled in school in the U.S. \_\_\_\_\_

9. Do you think your child may have any difficulties or conditions that affect his or her ability to understand, speak, read or write in English or any other language? If yes, please describe them.

Yes\*    No    Not sure

           \*If yes, please explain: \_\_\_\_\_

How severe do you think these difficulties are?     Minor     Somewhat severe     Very severe

10a. Has your child ever been referred for a special education evaluation in the past?     No     Yes\* \*Please complete 10b below

10b. \*If referred for an evaluation, has your child ever received any special education services in the past?

No     Yes – Type of services received: \_\_\_\_\_

Age at which services received (Please check all that apply):

Birth to 3 years (Early Intervention)     3 to 5 years (Special Education)     6 years or older (Special Education)

10c. Does your child have an Individualized Education Program (IEP)?     No     Yes

11. Is there anything else you think is important for the school to know about your child? (e.g., special talents, health concerns, etc.)

12. In what language(s) would you like to receive information from the school? \_\_\_\_\_

Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Parent or Guardian*

\_\_\_\_\_  
*Date*

Relationship to student:     Mother     Father     Other: \_\_\_\_\_

# OYSTER RIVER COOPERATIVE SCHOOL DISTRICT

## RACE / ETHNICITY SURVEY

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Please answer BOTH Part A and Part B below.

### PART A - IS THIS STUDENT HISPANIC/LATINO? (Choose only one)

- No, student is not Hispanic/Latino
- Yes, student is Hispanic/Latino.  
(A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

*The above question is about ethnicity, not race. No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider your student's (or your) race to be.*

### PART B - WHAT IS THE STUDENT'S RACE? (Choose all that apply)

- American Indian or Alaska Native**  
(A person having origins in any of the original peoples of North and South American, including Central America, and who maintains tribal affiliation or community attachment)
- Asian**  
(A person having origins in any of the original peoples of the Far East, Southwest Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam)
- Black or African American**  
(A person having origins in any of the black racial groups of Africa)
- White**  
(A person having origins in any of the original peoples of Europe, the Middle East, or North Africa)
- Native Hawaiian or Other Pacific Islander**  
(A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands)

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Oyster River Cooperative School District Information for Your Child's New Teacher 2024-2025

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Child's Name: \_\_\_\_\_ (preferred name) \_\_\_\_\_

Name(s) of Sibling(s) and Age(s): \_\_\_\_\_

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Please list the names and dates of any pre-school or school your child has attended:

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Does your child have any specific issues with hearing, vision, speech or have serious allergies?  NO  YES

If yes, please explain: \_\_\_\_\_

Please take a moment to tell us about your child. This information is very important to us in planning your children's experience.

How do you see your child as a person, learner, and play companion?

What are your child's interests?

What kinds of learning environments are most successful for your child? (If known)

Do you have any behavior or learning concerns about your child?

Have there been any recent events in your child's life that would be helpful to know?

**OYSTER RIVER COOPERATIVE SCHOOL DISTRICT - SAU #5**  
**REQUEST FOR RELEASE AND/OR EXCHANGE OF STUDENT INFORMATION**

Parent:
Address:
Phone #:

Student:
DOB:
Entering Grade:
SASID #:

The purpose of this authorization is to (check one):

- Request information for a new student – first day at ORCSD was/will be \_\_\_\_\_
- Release information for a student leaving ORCSD – last day was/will be \_\_\_\_\_
- Exchange/Release information regarding a current student

I hereby authorize Oyster River Cooperative School district to disclose education records, and to orally disclose information from education records, concerning my child to:	
School/Agency:	
Address:	
Contact Name:	
Phone #:	Fax #:

Authorizing Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

For information requests, please send information/records to the school indicated below.

- Mast Way School, 23 Mast Rd., Lee, NH 03861 Ph: (603) 659-3001 Fax: (603) 659-8612
- Moharimet, 11 Lee Rd., Madbury, NH 03823 Email: hholmes@orcscd.org Ph: (603) 742-2900 Fax: (603) 742-7569
- Oyster River Middle School, 1 Coe Dr., Durham, NH 03824 Ph: (603) 868-2155
- Oyster River High School, 55 Coe Dr., Durham, NH 03824 Ph: (603) 868-2375

Date Request/Release Sent \_\_\_\_\_ Date Information Received \_\_\_\_\_

It is the practice of Oyster River Cooperative School District to obtain parental authorization for the release and exchange of information so that parents and/or guardians of our students are aware of the sharing of information regarding their child. However, as per FERPA (34 CFR § 99.31), schools are allowed to disclose educational records of a student without written consent of the parent, guardian, or student when the disclosure is to other schools and school officials within the educational institution or legal educational agency who have been determined by the agency or institution to have legitimate educational interest.

A copy of this authorization shall be as valid as the original.



# OYSTER RIVER COOPERATIVE SCHOOL DISTRICT

## 2024 – 2025 ELEMENTARY SCHOOL HEALTH REQUIREMENTS

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### 1. A PHYSICAL EXAM

We require a copy of your child's physical examination which has been conducted **after September 2, 2023, and before September 3, 2024**. A copy from your physician's office is fine. **If your child is not due for an annual exam until September or later in the Fall**, please notify the School Nurse of the date of your child's examination appointment. **We must have proof of the examination appointment date within 30 days of your child's start of school.**

### 2. Documentation of UP-TO-DATE IMMUNIZATIONS

*The following immunizations are State mandated and must be given for your child to attend school.*

- A) **DTaP:** 3 to 5 doses, with the last dose given on or after the 4<sup>th</sup> birthday.
- B) **Polio:** 3 to 4 doses, with the last dose given on or after the 4<sup>th</sup> birthday; the last 2 doses separated by 6 months.
- C) **Hepatitis B:** 3 doses at acceptable intervals; the last dose on or after 24 weeks.
- D) **Measles-Mumps-Rubella:** 2 doses required; the first dose on or after the 1<sup>st</sup> birthday.
- E) **Varicella (Chicken Pox):** 2 doses; the first dose on or after the 1<sup>st</sup> birthday, or laboratory confirmation of chicken pox disease.

Medical and religious exemptions have specific requirements, and information regarding these requirements is available at: [www.dhs.nh.gov/dphs/immunization/exemption.htm](http://www.dhs.nh.gov/dphs/immunization/exemption.htm). For more information on State vaccination requirements, please call the NH Immunization Program at 603-271-4482 or go <http://www.dhhs.nh.gov/dphs/immunization/index.htm>.

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If your child does not have a physician or should you have any questions regarding student health requirements, please contact:

#### Mast Way Elementary School

Kat Reilly, RN  
[kreilly@orcsd.org](mailto:kreilly@orcsd.org)  
603-659-3001

#### Moharimet Elementary School

Sheila Koutelis, RN  
[skoutelis@orcsd.org](mailto:skoutelis@orcsd.org)  
603-740-8585

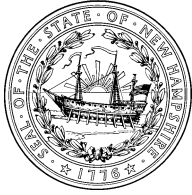
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~ Should your child(ren) need Health Insurance, please call 1-877-464-2447 or go to <https://nheasy.nh.gov/#/>

~ Well Child and Walk-In Clinic care is available at various locations, including these options:

* Avis Goodwin Community Health Center	603-332-4249	Somersworth
* Convenient MD Urgent Care	603-742-7900	Dover
* Convenient MD Urgent Care	603-772-3600	Exeter/Stratham
* Convenient MD Urgent Care	603-942-7900	Portsmouth
* Lamprey Health Care	603-659-3106	Newmarket
* Seacoast RediCare	603-692-6066	Somersworth

***Thank you for supporting your child's health and safety!***



**STATE OF NEW HAMPSHIRE**  
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
*DIVISION OF PUBLIC HEALTH SERVICES*  
**BUREAU OF INFECTIOUS DISEASE CONTROL**

Lori A. Weaver  
 Interim Commissioner

Patricia M. Tilley  
 Director

29 HAZEN DRIVE, CONCORD, NH 03301  
 603-271-4482 1-800-852-3345 Ext. 4482  
 Fax: 603-271-3850 TDD Access: 1-800-735-2964  
[www.dhhs.nh.gov](http://www.dhhs.nh.gov)

**New Hampshire**  
**School Immunization Requirements 2023-2024**

Refer to page 2 for minimum ages and intervals

<b>Diphtheria, Tetanus, and Pertussis DTaP DT/DTP Tdap/Td</b>	<b>6 years and under:</b> 4 or 5 doses with the last dose given on or after the 4 <sup>th</sup> birthday <b>7 years and older:</b> 3, 4, or 5 doses with the last dose given on or after the 4 <sup>th</sup> birthday <b>Grades 7-12:</b> 1 dose of Tdap is required for entry into 7 <sup>th</sup> grade
<b>Polio</b>	<b>Grades K-11:</b> 3 or 4 doses with the last dose given on or after the 4 <sup>th</sup> birthday and the last 2 doses separated by 6 months or more <b>Grade 12:</b> 3 doses, with the last dose given on or after the 4 <sup>th</sup> birthday OR 4 doses regardless of age at administration
<b>Hepatitis B</b>	<b>Grades K-12:</b> 3 doses at acceptable intervals
<b>Measles, Mumps, and Rubella MMR</b>	<b>Grades K-12:</b> 2 doses; the first dose must be administered on or after the 1 <sup>st</sup> birthday
<b>Varicella (Chicken Pox)</b>	<b>Grades K-12:</b> 2 doses with the first dose administered on or after the 1 <sup>st</sup> birthday OR laboratory confirmation of immunity. History of natural immunity without lab confirmation of immunity is NOT acceptable.

- Children must have proof of all required immunizations, documentation of immunity, or valid exemptions, in order to be admitted or enrolled in any school in New Hampshire. Documentation of immunity by confirming laboratory test is acceptable for Measles, Mumps, Rubella, Varicella, and Hepatitis B.
- A child may be “conditionally” enrolled when the parent or guardian provides:
  - 1) Documentation of at least one dose for **each required vaccine**; AND
  - 2) The appointment date for the next dose of required vaccine.
- All immunizations must meet minimum age and interval requirements for each vaccine. A 4-day grace period is allowed; however, live attenuated vaccines (MMR, Varicella, or nasal influenza vaccine) that are not administered on the same day must be administered at least 28 days apart.
- Medical and religious exemptions have specific requirements. Information is available at: [Immunization Exemptions for Children | New Hampshire Department of Health and Human Services \(dhhs.nh.gov\)](http://www.dhhs.nh.gov/immunization-exemptions)
- The 2022 Immunization Schedule from the CDC’s Advisory Committee on Immunization Practices can be found here: <https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html>

**Minimum Age & Interval Schedule for Valid Vaccine Doses - New Hampshire School Immunization Requirements 2023/2024**

Vaccine	Dose #	Minimum Age	Minimum Interval Between Doses	Notes
<b>Diphtheria, Tetanus, and Pertussis</b> <i>DTaP</i>	DTaP – Dose 1	6 weeks	4 weeks between Dose 1 & 2	<p>All children must have a valid dose on or after the 4<sup>th</sup> birthday.</p> <p>For children 6 years and under, the 5<sup>th</sup> dose is not necessary if the 4<sup>th</sup> dose was administered at age 4 years or older and is at least 6 months after the previous dose.</p> <p>* A 4<sup>th</sup> dose inadvertently administered as early as age 12 months may be counted if at least 4 months since dose 3.</p> <p>If dose 1 is given at age 7 or older, only 3 doses are needed (as long as there is 6 months between dose 2 and 3); can be Tdap or Td as long as one of the doses is Tdap.</p>
	DTaP – Dose 2	10 weeks	4 weeks between Dose 2 & 3	
	DTaP – Dose 3	14 weeks	6 months between Dose 3 & 4*	
	DTaP – Dose 4	12 months	6 months between Dose 4 & 5	
	DTaP – Dose 5	4 years	-----	
<b>Tetanus, Diphtheria, and Pertussis</b> <i>Tdap</i>	Tdap – Dose 1	7 years	<i>ACIP recommends that children age 7 through 9 years who receive Tdap or DTaP inadvertently or as part of a catch-up series should receive the routine Tdap dose at 11–12 years.*</i>	<p>Students are required to have a dose of Tdap prior to 7<sup>th</sup> grade.</p> <p>* Tdap given on or after the 7<sup>th</sup> birthday meets this requirement per NH Administrative Rule He-P 301.14.</p>
<b>Polio</b> <i>IPV</i>	IPV – Dose 1	6 weeks	4 weeks between Dose 1 & 2	<p>*Kindergarten through 11<sup>th</sup> Grade: 3 or 4 doses, with one dose on or after the 4<sup>th</sup> birthday and at least 6 months after the previous dose.</p> <p>If a combined IPV/OPV polio schedule was used, the total number of doses needed is the same as an all IPV schedule.</p> <p>Any OPV dose(s) given on or after April 1, 2016 does not count towards the polio vaccine requirement and the series must be completed with IPV.</p>
	IPV – Dose 2	10 weeks	4 weeks between Dose 2 & 3	
	IPV – Dose 3	14 weeks	4 weeks to 6 months between Dose 3 & 4*	
	IPV – Dose 4	4 years	-----	
<b>Hepatitis B</b> <i>HepB</i>	HepB – Dose 1	Birth	4 weeks between Dose 1 & 2	<p>Note: Minimum age for Dose 3 is at least 24 weeks of age.</p>
	HepB – Dose 2	4 weeks	8 weeks between Dose 2 & 3	
	HepB – Dose 3	24 weeks	16 weeks between Dose 1 & 3	
<b>Measles, Mumps, and Rubella</b> <i>MMR</i>	MMR – Dose 1	12 months	4 weeks between Dose 1 & 2	<p>Live attenuated vaccines not administered on the same day must be administered at least 28 days apart.</p>
	MMR – Dose 2	13 months	-----	
<b>Varicella (chickenpox)</b> <i>VAR</i>	VAR – Dose 1	12 months	12 weeks between Dose 1 & 2*	<p>Live attenuated vaccines not administered on the same day must be administered at least 28 days apart.</p> <p>*If first dose administered at age 13 or older, the minimum interval between Dose 1 and Dose 2 is 4 weeks.</p>
	VAR – Dose 2	15 months	-----	

# Pre-school Students 3-5 Years Old

## New Hampshire Immunization Requirements 2023-2024

Refer to page 2 for minimum ages and intervals

### DIPHTHERIA, TETANUS, PERTUSSIS (DTaP/DTP/DT)

<b>3-5 years</b>	Four doses. The 3 <sup>rd</sup> and 4 <sup>th</sup> dose must be separated by at least 6 months.
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### POLIO

<b>3-5 years</b>	Three doses. Any OPV dose(s) given on or after April 1, 2016 does not count toward the polio vaccine requirement and the series must be completed with IPV.
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### MEASLES, MUMPS, and RUBELLA (MMR)

<b>3-5 years</b>	One dose. This dose must be administered on or after age 12 months.
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### HAEMOPHILUS INFLUENZAE TYPE B (Hib)

<b>3-5 years</b>	One dose on or after 15 months of age OR Four doses with the last dose administered on or after 12 months of age OR <b>see catch-up schedule below*</b> Hib is not required for children $\geq$ 5 years of age.
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### HEPATITIS B

<b>3-5 years</b>	Three doses given at acceptable intervals. See attached schedule (page 2)
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### VARICELLA (CHICKEN POX)

<b>3-5 years</b>	One dose. This dose must be administered on or after age 12 months. OR laboratory confirmation of chicken pox disease.
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\*Hib catch-up vaccination schedule:

- If unvaccinated at 15-59 months: 1 dose needed.
- If dose 1 given before 12 months and dose 2 before 15 months, 3<sup>rd</sup> and final doses must be 8 weeks after dose 2.
- If dose 1 given at 7-11 months, dose 2 must be at least 4 weeks later and 3<sup>rd</sup> and final dose given at 12-15 months or 8 weeks after dose 2 (whichever is later).
- If dose 1 given at 12-14 months, 2<sup>nd</sup> and final dose must be at least 8 weeks after dose 1.
- If **PedvaxHIB** brand used, call NHIP for recommended schedule and requirements for dosing.

# Brand Names for Vaccines

## Alphabetical List

May be used as a reference when reviewing immunization records.  
This is a list of many vaccine brand names.

Not all are required for school, pre-school, or childcare admittance.

Brand Name	Vaccine(s)/Abbreviation
ActHIB®	Haemophilus influenzae type b (Hib)
Adacel®	Tetanus, Diphtheria, Pertussis (Tdap)
Boostrix®	Tetanus, Diphtheria, Pertussis (Tdap)
Daptacel®	Diphtheria, Tetanus, Pertussis (DTaP)
DT	Diphtheria, Tetanus (DT)
Engerix B®	Hepatitis B (HepB)
Hiberix®	Haemophilus influenzae type b (Hib)
Infanrix®	Diphtheria, Tetanus, Pertussis (DTaP)
Ipol®	Polio (IPV)
Kinrix®	Diphtheria, Tetanus, Pertussis (DTaP) & Polio (IPV)
M-M-R II	Measles, Mumps, Rubella (MMR)
Pediarix®	Diphtheria, Tetanus, Pertussis (DTaP), Polio (IPV), & Hepatitis B (HepB)
PedvaxHIB®	Haemophilus influenzae type b (Hib)
Pentacel®	Diphtheria, Tetanus, Pertussis (DTaP), Polio (IPV), & Haemophilus influenzae type b (Hib)
ProQuad®	Measles, Mumps, Rubella & Varicella (MMRV)
Quadracel®	Diphtheria, Tetanus, Pertussis (DTaP) & Polio (IPV)
RecombivaxHB®	Hepatitis B (HepB)
TDVAX™	Tetanus, Diphtheria (Td)
Tenivac®	Tetanus, Diphtheria (Td)
Varivax®	Varicella (Chicken Pox, VAR)
Vaxelis™	Diphtheria, Tetanus, Pertussis (DTaP), Polio (IPV), Haemophilus influenzae type b (Hib), & Hepatitis B (Hep B).

See <https://www.cdc.gov/vaccines/terms/usvaccines.html> for other vaccine brand names.

# OYSTER RIVER COOPERATIVE SCHOOL DISTRICT

## 2024-2025 SCHOOL CALENDAR

School Board Approved – January 3, 2024

Deliberative Session: February, 2025\*

Voting Day: March , 2025

\*Subject to Change

AUGUST/ SEPTEMBER 2024				
M	T	W	Th	F
			29	X
TW	TW	▲		
X	3	4	5	6
9	10	11	12	13
16	17	18	19	20
23	24	25	26	27
30				

S(22)  
T(24)

OCTOBER 2024				
M	T	W	Th	F
	1	2	3	4
7	8	9	10	TW
X	15	16	17	18
21	22	23	24	25
28	29	30	31	

S(21)  
T(22)

NOVEMBER 2024				
M	T	W	Th	F
				1
4	TW	6	7	8
X	12	13	14	15
18	19	20	21	22
25	26	X	X	X

S(16)  
T(17)

DECEMBER 2024				
M	T	W	Th	F
2	3	4	5	6
9	10	11	12	13
16	17	18	19	20
X	X	X	X	X
X	X			

S(15)  
T(15)

JANUARY 2025				
M	T	W	Th	F
		X	2	3
6	7	8	9	10
13	14	15	16	17
X	21	22	23	24
TW	28	29	*30	31

S(20)  
T(21)

8/26, 8/27..... Teacher Workshop Days

8/28 ..... 1st Day for All Students

8/29..... 1st Day Preschool

8/30 – 9/2..... Labor Day Observance

10/11..... Teacher Workshop

10/14..... Indigenous Peoples' Day

11/5 ..... Teacher Workshop -

(Parent/Teacher Conference Gr K-8)

11/11..... Veterans' Day Observed

11/27 - 11/29... Thanksgiving Break

12/23 - 1/1..... Winter Break

1/20..... Martin Luther King Day

1/27 ..... Teacher Workshop

2/24 - 2/28..... February Break

3/14..... Teacher Workshop

4/28 – 5/2..... April Break

5/23 ..... Teacher Workshop

5/26..... Memorial Day

TBD..... ORHS Graduation

6/19..... Juneteenth

6/25..... With 5 Built In - Snow Days

▲ First Day of School for Students

▲ Last Day of School - **Early Release**

(unless more than 5 make-up days are required)

TW Teacher District Workshop Days

(no school for students)

X School Closed – Holiday/Vacation

\* End of Semester One

SD Snow Days (5 Built in)

Anticipated last day for students is 6/25. The calendar allows for five school cancellation days. If less or more than five days are needed to cover cancellations, the schedule will be adjusted accordingly.

FEBRUARY 2025				
M	T	W	Th	F
3	4	5	6	7
10	11	12	13	14
17	18	19	20	21
X	X	X	X	X

S(15)  
T(15)

MARCH 2025				
M	T	W	Th	F
3	4	5	6	7
10	11	12	13	TW
17	18	19	20	21
24	25	26	27	28
31				

S(20)  
T(21)

APRIL 2025				
M	T	W	Th	F
	1	2	3	4
7	8	9	10	11
14	15	16	17	18
21	22	23	24	25
X	X	X		

S(19)  
T(19)

MAY 2025				
M	T	W	Th	F
			X	X
5	6	7	8	9
12	13	14	15	16
19	20	21	22	TW
X	27	28	29	30

S(18)  
T(19)

JUNE 2025				
M	T	W	Th	F
2	3	4	5	6
9	10	11	12	13
16	17	SD	X	SD
SD	SD	SD/▲		

S(12)  
T(12)

178 Student Days

185 Teacher Days

## OTHER RECOGNIZED 2024-25 HOLIDAY

Independence Day	July 4, 2024
Muharram [Al Hijrah New Year] (Islamic)	July 8
Janmashtami (Hindu)	August 26
Labor Day	September 2
Mawlid al-Nabi [birthday of Mahammad] (Islamic)	September 27#
Rosh Hashanah [New Year] (Jewish) <i>Designated non-workday for observers +</i>	October 2 -October 4*
Navaratri/Dussehra (Hindu)	October 3
Yom Kippur [Day of Atonement] (Jewish) <i>Designated non-workday for observers +</i>	October 11–October 12*
Sukkot [Feast of Tabernacles] (Jewish)10/17 & 10/18 <i>Designated non-workday for observers</i>	October 16-October 23*
Shemini Atzeret (Jewish) <i>Designated non-workday for observers +</i>	October 23- October 24*
Simchat Torah (Jewish) <i>Designated non-workday for observers +</i>	October 24 – October 25*
Indigenous Peoples Day	October 14
Diwali (Hindu)	October 31
Veterans Day	November 11
Thanksgiving Day	November 28
Native American Heritage Day	November 29
Hanukkah [Chanukah] (Jewish) +	December 25- January 2
Christmas	December 25
New Year's Day	January 1, 2025
Orthodox Christmas (Christian Orthodox)	January 7
Martin Luther King Day	January 20
Lunar New Year	January 29
President's Day	February 17
Maha Shivaratri (Hindu)	February 25
Beginning of Ramadan (Islamic)- <i>evening of February 28 – March 29 +</i>	March 1#
Ash Wednesday (Christian)	March 5
Beginning of Lent (Christian Orthodox)	March 5
Purim (Jewish) +	March 13 - March 14
Holi (Hindu)	March 14
Lailat al-Qadr (Islamic)	March 27#
Eid al-Fitr [End of Ramadan] (Islamic)	March 29#
Ramanavami (Hindu)	April 6
Passover [Pesach] (Jewish) <i>April 12 &amp; 13, 18 &amp; 19 Primary obligation days +</i>	April 12-20*
Good Friday (Christian)	April 18
Easter (Christian)	April 20
Memorial Day	May 26
Shavuot (Jewish) <i>Designated non-workday for observers +</i>	June 1-3*
Eid al-Adha (Islamic)	June 16#
Juneteenth	June 19

\* These holidays (or dates within holidays) are designated non-work (observance) days.

# Some of these dates are not fixed to a calendar but based on the actual sighting of the moon & therefore there may be some variance by day.

+ Begins at sunset of first date

<https://councilofpresidents.org/2022-2023-holiday-observance-calendar>