

As the parent or guardian of _____, I understand that my child is allowed to attend school on a conditional basis and I agree to have my child vaccinated as required, meeting the deadlines stated above. I also understand it is my responsibility to provide the school with proof of the vaccines above and that failure to do so will result in exclusion of my child from school. I acknowledge that I have read this document in its entirety and I fully understand it.

_____/_____/_____
Name of Parent/Guardian (PRINT)

Signature of Parent/Guardian Date

Home Phone Number

Cell Phone Number