

"Our mission is to provide students with personalized learning and support parental choice in education"

**2017-18 Non-Immunized Student
TK, Kindergarteners, 1st Grade or
1st Time Enrollment in CA Public Schools:**

____ My student, _____, is not fully immunized and I realize that he/she is not allowed to register for onsite classes, field trips, or any campus activities.

____ My student, _____, has a "conditional admission" enrollment: Student has received one or more of the required immunizations and the next doses are not yet due. The remaining doses are scheduled for _____.

ALSO:

____ I have a certified copy of my student's birth certificate to turn in with enrollment paperwork.

____ I have received the Health Exam Form, and it will be filled out and returned by a health professional within 90 days of 1st day of enrollment.

____ I have received the Oral Health Assessment Form, and will return it by May 31st of my student's 1st year in school.

Parent or guardian printed name

Signature of parent or guardian

Date

CT signature

Date