

**Alder Grove Charter School -2
Immunization Status Form
School Year 2018-2019**

Student Name: _____ **Grade:** _____ **Teacher Name:** _____

According to Health and Safety Code Section 120335(f): Non-immunized students are able to enroll in an independent study program as long as they **DO NOT** come to campus.

By signing below, I the parent/guardian of the above named student understand that the below information may be verified and I agree to provide the below referenced documents upon request:

Parent / Guardian Printed Name

Parent / Guardian Signature

Date

**IMMUNIZATION STATUS
Please Read Carefully - Select the Option that Applies to Your Student**

Up-to-Date Immunization Record:

My student, _____, is up-to-date on all required immunizations for his/her age and grade. See attached Parents Guide to Immunizations. I understand that I must provide the school with a copy of the immunization record upon enrollment and/or request.

Not Immunized or Incomplete with No Intent to Immunize:

My student, _____, is not immunized and/or has incomplete immunizations. I have no intent to have my child receive future immunizations.

I realize that he/she is not allowed to register for on-campus classes, field trips, or on-campus activities. Please Initial here: _____

Incomplete Immunizations with Intent to Meet the Immunization Requirements for School Entry:

My student, _____, has received one or more of the required immunizations for school entry. I understand that I must provide the school with a copy of his/her incomplete immunization record upon enrollment and/or additional requests. He/she has future appointment(s) scheduled with a medical provider to bring his/her immunizations up-to-date. I will also provide proof of scheduled appointments upon enrollment and/or additional requests. I understand that this is a **"CONDITIONAL ENROLLMENT"** that grants on-campus activity privileges. **Failure to follow through with future immunizations within 90 days will result in the Conditional Enrollment and on-campus privileges being revoked.**

Appointment Date / time: _____

Medical Provider Name: _____ Phone Number: _____

Medical Exemption:

My student, _____, is not fully immunized and I have provided official documentation of his/her medical exemption.

Medical Provider Name: _____ Phone Number: _____

Students Never Before Enrolled in CA Public School Grades TK – 12

I, _____, will provide the school with a copy of the student's birth certificate or other official proof of birth upon enrollment and/or request.

I, _____, have received the Health Exam for School Entry Form. It will be completed by a health care professional and returned to the school office within 90 days of the students 1st day of enrollment.

I, _____, have received the Oral Health Assessment Form. It will be completed by a dentist and returned to the school office no later than May 31st of my student's 1st year in public school.