

**SAMPLE LETTER A**

**[TO BE PLACED ON SCHOOL DISTRICT STATIONERY]**

[date]

[Parent(s)]

[Address]

Re: Immunizations

Dear Parent:

As you know, school begins on [date]. Before your child, [name of child], can be enrolled, however, we must receive proof that he/she has received immunization against a number of diseases as required by state law or is excepted therefrom. To date, we have no immunization records for your child nor a claim of exception.

Please complete the enclosed form verifying that [name of child] has received the required immunizations, consistent with medically acceptable standards and return the form to [name of school official], *before school begins*. By state law, we cannot allow [name of child] to stay in school longer than thirty days unless we have received proof that he/she has had the required immunizations or is excepted therefrom.

If you cannot submit a statement from a physician or public clinic regarding your elementary or secondary school child, you may submit your own statement on the enclosed form detailing the precise dosages given for each required immunization and the month and year each immunization was given. If you elect to submit your own statement in lieu of one from a health care provider, please contact the Principal at 218-867-2116 to determine the precise vaccinations required for your child, as the requirements vary according to the child's age.

If you are claiming an exception for medical reasons that an immunization is contraindicated or because of your conscientiously held beliefs, you must either submit a statement from a physician stating the immunization is contraindicated or you must submit a notarized statement, signed by you as the parent/guardian, or if the student is an emancipated person, by the emancipated person, stating that the student has not been immunized because of conscientiously held beliefs. The enclosed form may be used for this purpose.

If we do not receive proof of immunization or exception by [date], your child will be sent home from school and discharged from enrollment. It will then be necessary for you to re-enroll the child after immunization requirements have been met before the child can return to school. If you have any questions, please contact the Principal at 218-867-2116.

Thank you for your cooperation.

Very truly yours,

[School District Official]

# Sample Letter Requesting Immunization Records

**G Thomas**



**Sample Letter Requesting Immunization Records:**

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## **Table of Contents Sample Letter Requesting Immunization Records**

1. Understanding the eBook Sample Letter Requesting Immunization Records
  - The Rise of Digital Reading Sample Letter Requesting Immunization Records
  - Advantages of eBooks Over Traditional Books
2. Identifying Sample Letter Requesting Immunization Records
  - Exploring Different Genres
  - Considering Fiction vs. Non-Fiction
  - Determining Your Reading Goals
3. Choosing the Right eBook Platform
  - Popular eBook Platforms
  - Features to Look for in an Sample Letter Requesting Immunization Records
  - User-Friendly Interface
4. Exploring eBook Recommendations from Sample Letter Requesting Immunization Records
  - Personalized Recommendations
  - Sample Letter Requesting Immunization Records User Reviews and Ratings
  - Sample Letter Requesting Immunization Records and Bestseller Lists
5. Accessing Sample Letter Requesting Immunization Records Free and Paid eBooks
  - Sample Letter Requesting Immunization Records Public Domain eBooks
  - Sample Letter Requesting Immunization Records eBook Subscription Services
  - Sample Letter Requesting Immunization Records Budget-Friendly Options

6. Navigating Sample Letter Requesting Immunization Records eBook Formats
  - ePub, PDF, MOBI, and More
  - Sample Letter Requesting Immunization Records Compatibility with Devices
  - Sample Letter Requesting Immunization Records Enhanced eBook Features
7. Enhancing Your Reading Experience
  - Adjustable Fonts and Text Sizes of Sample Letter Requesting Immunization Records
  - Highlighting and Note-Taking Sample Letter Requesting Immunization Records
  - Interactive Elements Sample Letter Requesting Immunization Records
8. Staying Engaged with Sample Letter Requesting Immunization Records
  - Joining Online Reading Communities
  - Participating in Virtual Book Clubs
  - Following Authors and Publishers Sample Letter Requesting Immunization Records
9. Balancing eBooks and Physical Books Sample Letter Requesting Immunization Records
  - Benefits of a Digital Library
  - Creating a Diverse Reading Collection Sample Letter Requesting Immunization Records
10. Overcoming Reading Challenges
  - Dealing with Digital Eye Strain
  - Minimizing Distractions
  - Managing Screen Time
11. Cultivating a Reading Routine Sample Letter Requesting Immunization Records
  - Setting Reading Goals Sample Letter Requesting Immunization Records
  - Carving Out Dedicated Reading Time
12. Sourcing Reliable Information of Sample Letter Requesting Immunization Records
  - Fact-Checking eBook Content of Sample Letter Requesting Immunization Records
  - Distinguishing Credible Sources
13. Promoting Lifelong Learning
  - Utilizing eBooks for Skill Development
  - Exploring Educational eBooks
14. Embracing eBook Trends
  - Integration of Multimedia Elements

- Interactive and Gamified eBooks

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