PARENTAL NOTICE OF STUDENT EXCLUSION FROM SCHOOL

SCHOOL______________________________________DATE________________

Dear ____________________________,

Your son/daughter will not be permitted to attend school as of _______________ because of one or more of the following reasons: expiration of exemption; failure to present a Florida Certificate of Immunization as required by Florida Statutes, Section 1003.22; or failure to present certification of a school-entry health (physical) examination as required by Florida Statutes, Section 1003.22.

Your child will not be temporarily excluded from school if the following document(s) indicated by a check mark (✓), or an exemption is presented to the school.

☐ Florida Certificate of Immunization (DH 680)

☐ Dtap/Tdap  ☐ Td/Hep B  ☐ Varicella/Polio  ☐ MMR/Hib  ☐ PCV

☐ Certification of a school-entry health examination administered the year prior to enrollment. (DH 3040, 6/02).

You may contact your private physician or the local health department for immunizations or school entry health examinations needed for your child. For information regarding clinic appointments and locations, call 253-1000. It is important that you present the required document to the school immediately so that your child’s education will not be interrupted.

Sincerely,

Principal