1	SCHOOL INFORMATION School Name:			
School Information	CDF Cabaal Cada			
	Type: private public	<del></del>	Physical Address:	
<b>2</b> Contact Information	DESIGNATED SCHOOL CONTACT  Name: Email:			
Summary Report	Phone Number:  STAFF MEMBER COMPLETING THIS F Name: Email: Phone Number: Report Submitted Date:	ORM		
Total number of Pre-Kindergarten Students:				
Account for each student in one of the categories below.				
UNCONDITIO	NAL ADMISSION:			
Requirements Met				
All Requ	uired Vaccine Doses	Α		
Requirements Met, But Missing Doses			Missing Doses By Vaccine	
Personal Belief Exemption		E pre-2016		missing doses.
Permanent Medical Exemption Includes MD/DO verification of varicella disease		C	Total number of student	Hep B
Other: IEP Services		F1	DTaP	Varicella
CONDITIONAL ADMISSION, NEED FOLLOW-UP:		P:	MMR	Hib
Conditional- Missing Doses Not Currently Due		В		
Temporary Medical Exemption		D		
REQUIREMENTS NOT MET, MISSING DOSES				
	eeds Doses Now ess or foster care students in process of s	G		