| 1   | SCHOOL INFORMATION School Name:  |            |                             |                            |  |
|---|--|------------|-----------------------------|----------------------------|--|
| School<br>Information   | CDE Calcast Carlos   |            | School Email:               |                            |  |
|   | Type: private public   | headstart  | Physical Address:           |                            |  |
| DESIGNATED SCHOOL CONTACT  Name:  Email:  Designated school contact  Name:                        |  |            |                             |                            |  |
| Summary<br>Report   | Phone Number:  STAFF MEMBER COMPLETING THIS F Name:  Email:  Phone Number:  Report Submitted Date: | ORM        |                             |                            |  |
| Total number of Pre-Kindergarten Students:  |  |            |                             |                            |  |
| Account for ea  | ch student in one of the categories b  | pelow.     |                             |                            |  |
| UNCONDITIO  | NAL ADMISSION:   |            |                             |                            |  |
| Requirem  | ents Met   |            |                             |                            |  |
| All Required Vaccine Doses  |  | Α          |                             |                            |  |
| Requirements Met, But Missing Doses   |  |            | Missing Doses By Vaccine    |                            |  |
| Personal Belief Exemption   |  | E pre-2016 | Students are missing doses. |                            |  |
| Permanent Medical Exemption Includes MD/DO verification of varicella disease                      |  | С          | Total number of stude       | ents missing each vaccine: |  |
|   |  |            | Polio                       | Нер В                      |  |
| 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          |                             |                            |  |
| REQUIREMEN  | TS NOT MET, MISSING DOSES  |            |                             |                            |  |
| Overdue- Needs Doses Now Includes homeless or foster care students in process of locating records |  | G          |                             |                            |  |
|   | TOTAL  |            |                             |                            |  |