

1
School
Information

SCHOOL INFORMATION

Facility Name: _____
CDE School Code: _____
Type: _____
County: _____

Administer/Principal: _____

School Email: _____

Physical Address: _____

2
Contact
Information

DESIGNATED SCHOOL CONTACT

Name: _____
Email: _____
Phone Number: _____

3
Summary
Report

STAFF MEMBER COMPLETING THIS FORM

Name: _____
Email: _____
Phone Number: _____
Report Submitted Date: _____

Total number of 7th Grade Students:

UNCONDITIONAL ADMISSION:

Requirements Met

Tdap A

Requirements Met, But Missing Doses

Personal Belief Exemption E

Permanent Medical Exemption C

IEP Services F1

Independent Study F2

Home-based Private School F3

CONDITIONAL ADMISSION, NEED FOLLOW-UP:

Conditional Entrant B
Not including Temporary Medical Exemptions

Temporary Medical Exemption D

REQUIREMENTS NOT MET, MISSING DOSES

Overdue G
Previously Known as Enrolled But Not Attending

TOTAL