School Name: CDE School Code: Type: private pu County: DESIGNATED SCHOOL CONT Name: Email: Phone Number: STAFF MEMBER COMPLETIN Name: Email: Phone Number: Report Report Submitted Date:	ACT IG THIS FORM	School Email: Physical Address:	
Total number of Kindergarten Studen Account for each student in one of the cate UNCONDITIONAL ADMISSION: Requirements Met	egories below.		
All required immunizations	Α		
Permanent Medical Exemption Other IEP Services	C	Missing Doses By Vac Students are Please indicate the total missing each vaccine:	missing doses.
Independent Study Home-based Private School	F2	DTP MMR	Varicella
CONDITIONAL ADMISSION, NEED FO Conditional Entrant Not including Temporary Medical Exemptions Temporary Medical Exemption	B D		
REQUIREMENTS NOT MET, MISSING D	DOSES		
Previously Known as Enrolled Rut Not Attending	5		

TOTAL