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School Information

### SCHOOL INFORMATION

Facility Name: \_\_\_\_\_  
 CDE School Code: \_\_\_\_\_  
 Type: \_\_\_\_\_  
 County: \_\_\_\_\_

Administer/Principal: \_\_\_\_\_

Facility Email: \_\_\_\_\_

Physical Address: \_\_\_\_\_

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Contact Information

### DESIGNATED SCHOOL CONTACT

Name: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

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Summary Report

### STAFF MEMBER COMPLETING THIS FORM

Name: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Report Submitted Date: \_\_\_\_\_

Total number of Kindergarten Students:

Account for each student in one of the categories below.

### UNCONDITIONAL ADMISSION:

#### Requirements Met

All required immunizations A

#### Requirements Met, But Missing Doses

Personal Belief Exemption E  From TK  
 Permanent Medical Exemption C   
 IEP Services F1   
 Independent Study F2   
 Home-based Private School F3

#### Missing Doses By Vaccine

Students are missing doses.  
 Please indicate the total number of students  
 missing each vaccine:

Polio	<input type="text"/>	Hep B	<input type="text"/>
DTP	<input type="text"/>	Varicella	<input type="text"/>
MMR	<input type="text"/>		

### 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