

1 SCHOOL INFORMATION		Calcad Foreille		
School Name:		School Email:Physical Address:		
Information CDE School Code:		Status:		
Type: private public		Status.		
County:				
2 DESIGNATED SCHOOL CONTACT				
Name:				
Information Email:				
Phone Number:				
STAFF MEMBER COMPLETING THIS F	ORM			
Name:				
Summary Report Email:				
Phone Number:				
Report Submitted Date:				
Total number of 1st Grade Students:				
Account for each student in one of the categories by	below.			
INCONDITIONAL ADMISSION:				
Requirements Met				
All Required Vaccine Doses	A			
·				
Requirements Met, But Missing Doses		Missing Doses By Vac	cine	
Permanent Medical Exemption		Students are i	missing doses.	
Includes MD/DO verification of varicella disease	С	Total number of students	missing each vacci	ne:
		Polio	Нер В	
Other:				
IEP Services	F1	DTaP	Varicella	
Independent Study	F2	MMR		
Home-based Private School	F3			
Home based i fivate school	13			
CONDITIONAL ADMISSION, NEED FOLLOW-U	JP:			
Conditional- Missing Doses Not Currently Due	В			
Temporary Medical Exemption	D			
Temporary medical Exemption				
REQUIREMENTS NOT MET, MISSING DOSES				
Overdue- Needs Doses Now	G			
Includes homeless or foster care students in process of				
locating records TOTAL				