

	SCHOOL INFORMATION			
School Name:			Administer/Principal:	
School Information	School Information CDE School Code:		School Email:	
	Type: private public		Physical Address:	
	County:			
	DESIGNATED SCHOOL CONTACT			
Name:				
Contact Information	Email:			
	Phone Number:			
	STAFF MEMBER COMPLETING THIS I	FORM		
Name:				
Summary Report	Email:			
Keport	Phone Number:			
	Report Submitted Date:			
Total numbe	r of Kindergarten Students:			
Account for ea	ch student in one of the categories	below.		
UNCONDITIO	NAL ADMISSION:			
Requirem	ents Met			
All Require	d Vaccine Doses	Α		
Requirem	ents Met, But Missing Doses		Missing Doses By Vaccii	ne
Permanent Medical Exemption Includes MD/DO verification of varicella disease			Students are mi	•
		С	Total number of students m	nissing each vaccine:
Other:			Polio	Нер В
			DTaP	Varicella
IEP Services		F1	Diar	varicella
Independent Study		F2	MMR	
Home-based Private School		F3		
CONDITIONA	L ADMISSION, NEED FOLLOW-U	JP:		
Conditional- Missing Doses Not Currently Due		В		
Temporary Medical Exemption		D		
Temporary	medical Exemption			
REQUIREMEN	TS NOT MET, MISSING DOSES			
Overdue- Needs Doses Now		G		
	ess or foster care students in process of	-		
locating records	TOTAL			