## Notification Letter Required Immunizations (shots) for Admission to Wisconsin Schools

To the Parent, Guardian, or Legal	Custodian of	G	rade		
The Wisconsin Student Immunizations number of required immunizations personal conviction reasons. According is needed (see reason below) and the required immunization(s) on the, and return the for required to stay home from school	to attend school ording to our reco there is no waiv the attached Stude orm to your child's	I. These require ords, your child i er on file. Pleas ent Immunizatio school. If this i	ments can be w s missing an im e provide the m n Record or sel nformation is no	raived only for he munization recore onth, day, and ye ect one of the wat provided for you	ealth, religious, or id or an immunization(s) ear your child received aiver options prior to ur child, he/she might be
Vaccinations are one of the most i can occur from these diseases. Vain close contact with others who m	accinations are e	specially import	ant for school-a		
Please make an appointment with a health care provider, please con vaccinations at the health departm does not have health insurance, the Local Health Department contact information about the Vaccines for	tact your local he nent. If your child ney may also qua nformation:				