



(Date)

[Parent(s)]

[Address]

Re: Non-Enrollment for Lack of Immunization Proof

Dear Parent:

We are sending your child, [name of child], home today because we have not yet received proof that he or she has received appropriate immunizations or is exempted. Minnesota law does not allow us to enroll an elementary or secondary school student without proof that the student has received the required immunizations or is exempted. [Name of child] may re-enroll as soon as we have received appropriate proof of immunizations. If you have any questions about the proof or the immunizations required, please contact [name of school official] at [telephone number] as soon as possible. We look forward to having [name of child] back in school soon.

Thank you,
 Brainerd Public Schools Health Services
 Phone: 218-454-6945
 Fax: 218-454-6325
 E-mail: 181healthservices@isd181.org

DISTRICT NOTES:

Previous notices sent on: _____ by _____
 Phone contacts on: _____ by _____
 _____ by _____
 _____ by _____