



PARENT REMINDER

Dear _____, Date _____

Your child's records are incomplete as indicated by the checked items below.

- Child's Enrollment Record (_____)
- Student Health Examination (current form expired _____)
- Certificate of Immunization (current form expired _____)
- Brochure sign-off
- Discipline policy sign-off
- Emergency Medical Release (current form expired _____)
- Physician's information (_____)
- Emergency person's Information (_____)
- Verification that enrollment information is complete and accurate
- Dentist information (_____)

Please return the designated information by _____ . Thank you.
Date

Signature

C-0101 Sample (Rev 08/11)



PARENT REMINDER

Dear _____, Date _____

Your child's records are incomplete as indicated by the checked items below.

- Child's Enrollment Record (_____)
- Student Health Examination (current form expired _____)
- Certificate of Immunization (current form expired _____)
- Brochure sign-off
- Discipline policy sign-off
- Emergency Medical Release (current form expired _____)
- Physician's information (_____)
- Emergency person's Information (_____)
- Verification that enrollment information is complete and accurate
- Dentist information (_____)

Please return the designated information by _____ . Thank you.
Date

Signature

C-0101 Sample (Rev 08/11)