

CONDITIONAL ATTENDANCE FORM

Section I. This section should be completed by the local school district.

Name of School: _____ Current Grade: _____

Student's Name: _____
Last First Middle

Student's Date of Birth: ____/____/____ Sex: M F

Student's Address: _____
City State Zip

Section II. This section should be completed by the physician or the person who administered the immunization(s).

By signing below, I certify that this student is in the process of receiving immunization required by the Wyoming Rules and Regulations for School Immunizations and that this student has a plan for the completion of his/her requirement.

Next immunizations are due on _____ and are scheduled to be completed on _____.

Signature of physician or person who administered immunization(s)

Date

Stamp or address of physician or person who administered immunization(s)

Date

Section III. This section must be signed by the parent or legal guardian.

By signing below, I attest that I understand that this student is allowed to attend school on a conditional basis and agree to have this student vaccinated with the required immunizations, as outlined in Chapter 2 of the Wyoming Rules and Regulations for School Immunizations. I also understand that if this student does not receive the required immunizations by the dates specified above, this student will be unable to attend school. In addition, I understand that it is my responsibility to provide proof of immunizations to the local school district by the dates specified in Section II.

Signature of parent or legal guardian

Date

Printed name of parent or legal guardian

Phone