

**NOTICE OF EXCLUSION**

To the Parent, Guardian or Legal Custodian of [FIRST NAME, LAST NAME], Grade [X].

The attached Legal Notice indicates that your child is currently not in compliance with Idaho's School Immunization Law (IDAPA 16.02.15) and therefore will be excluded from school on **mm/dd/yyyy**.

**For your child to re-enter school, please do one of the following immediately:**

1. Take this form along with your child's immunization record to your medical provider or the local health department to get the needed immunization(s). Then bring us your child's updated immunization record.
2. If your copy of your child's immunization record shows he or she already received these immunizations, bring us the record so we can update our files. Your child's record must include a date for the immunizations and the medical provider's signature or stamp.
3. If your child needs more than one dose of any one vaccine, the series must be started by the date above and a Schedule of Intended Immunizations (Conditional Admission) form must be completed. Your child will be permitted to attend school on the condition that they will receive the still-needed doses as they become due.

If your child is not immunized due to medical, religious, or other reasons, a valid state exemption form may serve as the child's record for school entry.

Your immediate cooperation is appreciated.

\_\_\_\_\_  
School

\_\_\_\_\_  
School Phone

\_\_\_\_\_  
School Official

\_\_\_\_\_  
Date Sent