

SOUTHWEST LICKING LOCAL SCHOOLS

DEAR PARENT/GUARDIAN:

YOUR CHILD, _____, MUST HAVE THE FOLLOWING IMMUNIZATIONS AND/OR INFORMATION ON FILE IN THE OFFICE BEFORE HE/SHE IS ADMITTED TO SCHOOL.

DPT #1 _____ #2 _____ #3 _____ #4 _____ #5 _____
 SABIN ORAL POLIO #1 _____ #2 _____ #3 _____ #4 _____
 MMR #1 _____ #2 _____
 HEPATITIS #1 _____ #2 _____ B#3 _____
 VARICELLA* #1 _____ #2 _____
 SOCIAL SECURITY # _____
 PHYSICIAN'S REPORT _____
 BIRTH CERTIFICATE* _____

*NOT REQUIRED IF CHILD HAS HAD NATURAL CHICKEN POX AND A SIGNED FORM FROM THE PARENT, GUARDIAN OR PHYSICIAN TO THAT EFFECT IS FURNISHED.

PROOF OF RESIDENCY _____
 CUSTODY PAPERS _____

*If you do not have your child's birth certificate, you may contact the Bureau of Vital Statistics for information on how you may obtain it: Bureau of Vital Statistics (614) 466-2531
 P.O. Box 15098, Columbus, Ohio, 43215-0098

 Parent/Guardian Signature

 Date

White - School

Yellow - Parent