



PARENT REMINDER

Date _____

Dear _____,

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 Optional Form (8/09)



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