[Date]

[Parent/Guardian Name]
[Street Address]
[City, State, Zip Code]

Subject: Immunization Requirements for the [Year] School Year

Dear Parent or Guardian,

As we prepare for the upcoming school year, we want to remind you of the state immunization requirements for all students. To ensure a healthy environment and to comply with local laws, your child must have updated vaccination records on file before the first day of school.

According to our records, [Student Name] requires the following documentation:

- [Required Vaccine 1]
- [Required Vaccine 2]
- [Proof of updated physical exam]

Please submit an official immunization record from your healthcare provider to the school office by [Deadline Date]. Students who do not meet these requirements by the deadline may be excluded from attending school until the records are provided.

If your child has already received these vaccinations, please send a copy of the record to [Email Address] or drop it off at the front office.

If you have questions or need information regarding medical or religious exemptions, please contact the school nurse at [Phone Number].

Thank you for helping us keep our students and staff safe.

Sincerely,

[Principal/Nurse Name]
[School Name]