

[Date]

[Parent/Guardian Name]

[Address]

[City, State, Zip Code]

**Subject: Important: Immunization Requirements for the [Year] School Year**

Dear Parent or Guardian,

As we prepare for the upcoming school year, we want to ensure a healthy and safe environment for all students. To comply with [State/District] law, all students must provide proof of required immunizations before the first day of school.

Our records indicate that [Student Name] currently requires the following vaccines:

- [Vaccine Name 1]
- [Vaccine Name 2]
- [Vaccine Name 3]

Please submit one of the following to the school office by [Deadline Date]:

1. An updated official immunization record signed by a healthcare provider.
2. A valid medical exemption form signed by a licensed physician.
3. A valid religious or philosophical exemption form (if permitted by law).

Failure to provide this documentation by [Deadline Date] may result in your child being excluded from attending school until the requirements are met.

If you have questions or need assistance, please contact the school nurse at [Phone Number] or [Email Address].

Sincerely,

[Principal/School Nurse Name]

[School Name]