



Garden Grove Unified School District
Office of Elementary Education
Clinton Corner Family Campus
State Preschool Program
13581 Clinton Street, Garden Grove, CA 92843
Tel: (714) 663-6298 • Fax: (714) 663-6149



State Preschool Registration Process 2020-2021 Next Steps

- ❖ Fill out the Pre-Certification Interest Form legibly and completely
- ❖ Complete **ALL Documents** (that are applicable to you) in this packet.
- ❖ As soon as **ALL** forms in this packet are complete, bring it to Clinton Corner Family Campus along with the following documents:
 - Original **proof of birth** for all of your children living at home under the age of 18
 - **Immunization records** for the child you are enrolling in preschool
- ❖ Once the CCFC office staff has received a **completed packet** you will be called to set up an appointment to finish registration. Appointments will begin in May. **At your appointment, you will need to bring in current documentation of your household gross income for the 30 days prior to your appointment and address verification.**
- ❖ At your appointment you will be given information about what school and classroom your child will be assigned to in the fall.
- ❖ **If you are unable to keep your appointment, please call Clinton Corner Family Campus at 714-663-6298 so that we may reschedule an appointment for you and offer that appointment to another family.**

Thank you for your interest in the GGUSD preschool program!



GARDEN GROVE UNIFIED SCHOOL DISTRICT
Office of Elementary Education
Clinton Corner Family Campus
State Preschool Program
13581 Clinton St. Garden Grove, CA 92843
Tel: (714) 663-6298 Fax: (714) 663-6149

Office Use Only

Pre-Certification Interest Form 2020-2021

Note: This is a preliminary application. It does not guarantee your child's placement in the program.
Please fill out sections A, B and C

Section A

Student Name _____ Student D.O.B. _____ M ☐ F ☐
Last Name First Name Middle Name

Home Address _____ City _____ Zip _____ - _____
+ 4 digits

Child lives with : ☐ Both Parents ☐ Mother Only ☐ Father Only ☐ Legal Guardian ☐ Foster Parent

Mother/ Guardian : _____
Last Name First Name Middle Name

Cell Phone () _____ Home Phone () _____ Email _____

Father/ Guardian: _____
Last Name First Name Middle Name

Cell Phone () _____ Home Phone () _____ Email _____

Section B List all YOUR children under 18 years of age living in your home:

	Last Name	First Name	Birth Date	Current School
1				
2				
3				
4				
5				

Section C Current source of *GROSS INCOME*: (Monthly income before taxes & deductions)

Mother's Gross Income:

Total monthly wages (gross) : _____

How often are you paid? _____ Paycheck ☐ Cash ☐

Do you receive other financial assistance? ☐ Yes ☐ No

Father's Gross Income:

Total monthly wages (gross): _____

How often are you paid? _____ Paycheck ☐ Cash ☐

Do you receive other financial assistance? ☐ Yes ☐ No

Parent/ Guardian Signature _____ Date: _____ Total Gross Amount: \$ _____

Office Use Only:

☐ 3 yr Old Prog. ☐ 4 Yr. Old Prog.

Fam. Size: _____ Fam. ID #: _____

Rank: _____ Over Income: _____ %

Home School: _____ ☐ Out of Dist.

Reg. Packet Given on: _____ / _____ / _____

☐ SharePoint _____ ☐ IEP

Notes:

Student Name: _____ DOB: _____ NOHO ID#: _____

Program Classification:

- ☐ 3 year old Program
☐ Young 4 year olds
☐ 4 year old Program
☐ Returning 3 year old

Garden Grove Unified School District
Office of Elementary Education
Clinton Corner Family Campus
State Preschool Program
13581 Clinton Street, Garden Grove, CA 92843
Tel: (714) 663-6298 • Fax: (714) 663-6149

Date Received Stamp:

Required Documents for Preschool Registration

Parent's Checklist

Parents MUST bring the following documents with them when turning in this Registration Packet:

☐ **Picture ID**

California ID,
California Driver's License,
U.S issued identification
Card, Military ID, Passport,
or Consulate ID.

☐ **Original Proof of Birth for ALL**

Minor Children (birth certificate, child custody
order, school or medical records, hospital birth letter,
adoption records, foster care placement records, county
welfare records, other reliable documentation indicating
relationship)

☐ **Immunization Record
for Preschool Student**

ONLY (Yellow card or doctor/clinic
records. Records should be up-to-date
according to child's age)

*Forms 1-9 must be completed to obtain a registration appointment. In addition, you will need to provide the State Preschool Program office with *income* and *address verification* at the time of your registration appointment.

1.	Physician's Report (Doctor's office <u>MUST</u> complete this form)
2.	Preschool Locations and Preferences
3.	Language and Ethnic Information
4.	Employment Status Employment Authorization (for the working parent(s)) and/or No Income Statement (for non-working parent(s))
5.	Residency Verification
6.	Photo Media/Website Release
7.	Parent Consent for Health Screening
8.	Student Health History- Parent's Report (to be completed by parent(s)/guardian(s))
9.	Parent Participation (all families <u>MUST</u> fill out this form, regardless of whether or not there will be a volunteer)
10.	Volunteer Information Form
11.	Volunteer Requirements and Guidelines

Registration Appointment

Date: _____ Time: _____ Specialist: _____

Date: _____ Time: _____ Specialist: _____

Garden Grove Unified School District reserves the right to ask for additional information to verify eligibility.



PHYSICIAN'S REPORT—CHILD CARE CENTERS

(CHILD'S PRE-ADMISSION HEALTH EVALUATION)

PART A – PARENT'S CONSENT (TO BE COMPLETED BY PARENT)

_____, born _____ is being studied for readiness to enter
(NAME OF CHILD) (BIRTH DATE)

Garden Grove Unified School District
(NAME OF CHILD CARE CENTER/SCHOOL) . This Child Care Center/School provides a program which extends from _____ : _____

a.m./p.m. to 3 HR a.m./p.m. , 5 days a week.

Please provide a report on above-named child using the form below. I hereby authorize release of medical information contained in this report to the above-named Child Care Center.

(SIGNATURE OF PARENT, GUARDIAN, OR CHILD'S AUTHORIZED REPRESENTATIVE)

(TODAY'S DATE)

PART B – PHYSICIAN'S REPORT (TO BE COMPLETED BY PHYSICIAN)

Problems of which you should be aware:

Hearing: _____ Allergies: medicine: _____

Vision: _____ Insect stings: _____

Developmental: _____ Food: _____

Language/Speech: _____ Asthma: _____

Dental: _____

Other (Include behavioral concerns): _____

Comments/Explanations: _____

MEDICATION PRESCRIBED/SPECIAL ROUTINES/RESTRICTIONS FOR THIS CHILD: _____

IMMUNIZATION HISTORY: (Fill out or enclose California Immunization Record, PM-298.)

VACCINE		DATE EACH DOSE WAS GIVEN				
		1st	2nd	3rd	4th	5th
POLIO (OPV OR IPV)		/ /	/ /	/ /	/ /	/ /
DTP/DTaP/ DT/Td	(DIPHTHERIA, TETANUS AND [ACELLULAR] PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)	/ /	/ /	/ /	/ /	/ /
MMR	(MEASLES, MUMPS, AND RUBELLA)	/ /	/ /			
(REQUIRED FOR CHILD CARE ONLY)		/ /	/ /	/ /	/ /	
HIB MENINGITIS	(HAEMOPHILUS B)	/ /	/ /	/ /	/ /	
HEPATITIS B		/ /	/ /	/ /		
VARICELLA	(CHICKENPOX)	/ /	/ /			

SCREENING OF TB RISK FACTORS (listing on reverse side)

- ☐ Risk factors not present; TB skin test not required.
- ☐ Risk factors present; Mantoux TB skin test performed (unless previous positive skin test documented).
_____ Communicable TB disease not present.

I have ☐ have not ☐ reviewed the above information with the parent/guardian.

Physician: _____

Address: _____

Telephone: _____

Date of Physical Exam: _____

Date This Form Completed: _____

Signature _____

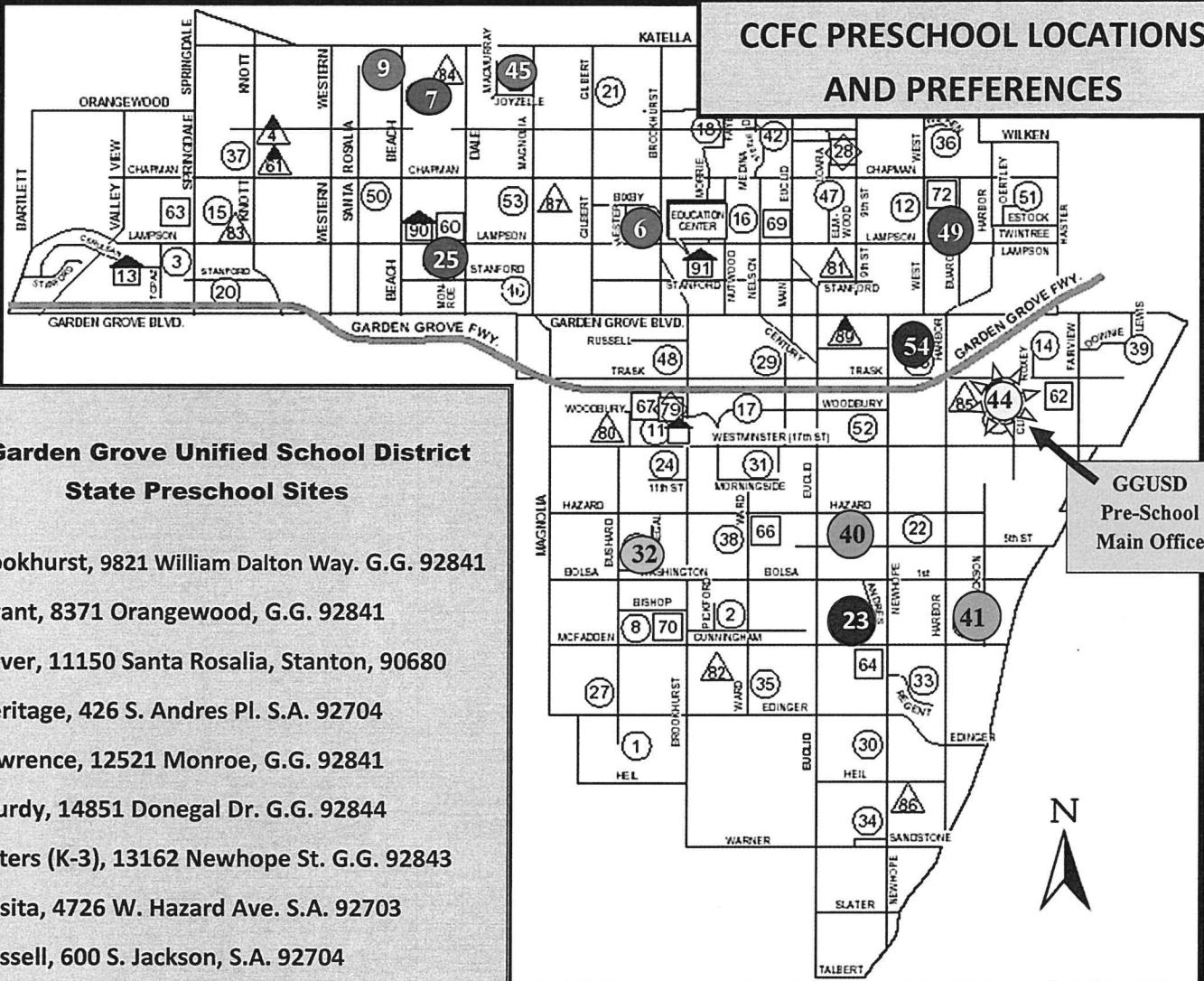
☒ Physician ☒ Physician's Assistant ☒ Nurse Practitioner

RISK FACTORS FOR TB IN CHILDREN:

- * Have a family member or contacts with a history of confirmed or suspected TB.
 - * Are in foreign-born families and from high-prevalence countries (Asia, Africa, Central and South America).
 - * Live in out-of-home placements.
 - * Have, or are suspected to have, HIV infection.
 - * Live with an adult with HIV seropositivity.
 - * Live with an adult who has been incarcerated in the last five years.
 - * Live among, or are frequently exposed to, individuals who are homeless, migrant farm workers, users of street drugs, or residents in nursing homes.
 - * Have abnormalities on chest X-ray suggestive of TB.
 - * Have clinical evidence of TB.
-

Consult with your local health department's TB control program on any aspects of TB prevention and treatment.

CCFC PRESCHOOL LOCATIONS AND PREFERENCES



Garden Grove Unified School District State Preschool Sites

- #6 Brookhurst, 9821 William Dalton Way. G.G. 92841
- #7 Bryant, 8371 Orangewood, G.G. 92841
- #9 Carver, 11150 Santa Rosalia, Stanton, 90680
- #23 Heritage, 426 S. Andres Pl. S.A. 92704
- #25 Lawrence, 12521 Monroe, G.G. 92841
- #32 Murdy, 14851 Donegal Dr. G.G. 92844
- #54 Peters (K-3), 13162 Newhope St. G.G. 92843
- #40 Rosita, 4726 W. Hazard Ave. S.A. 92703
- #41 Russell, 600 S. Jackson, S.A. 92704
- #45 Skylark 11250 Mac Murray. G.G. 92841
- #49 Violette, 12091 Lampson Ave. G.G. 92840
- #44 Clinton Corner Family Campus (CCFC)
13581 Clinton St., G.G. 92843

Please indicate below the Preschool sites for which you are interested, in order of preference:

Por favor indiquen los sitios preescolares que están dispuestos aceptar en la Orden de su preferencia:

Vui lòng cho biết 3 trường theo thứ tự ưu tiên mà quý vị muốn chọn:

1st _____ 2nd _____ 3rd _____

4 yr. old program (12/3/15 – 12/2/16) is tentatively available at:

Brookhurst, Clinton Corner, Carver, Murdy & Skylark from 8:00-11:00 am **OR** 11:45 am-2:45 pm

Bryant, Heritage, Lawrence, Peters, Rosita, Russell, Violette from 8:15-11:15 am **OR** 12:00 pm-3:00 pm

3 yr. old program (12/3/16 - 12/1/17) is tentatively available at:

Brookhurst, Carver, Clinton Corner & Skylark from 11:45 am - 2:45 pm

Peters, Heritage, Rosita, Russell & Violette from 12:00 pm - 3:00 pm



Garden Grove Unified School District
Office of Elementary Education
Clinton Corner Family Campus
State Preschool Program
13581 Clinton Street, Garden Grove, CA 92843
Tel: (714) 663-6298 • Fax: (714) 663-6149



Language and Ethnicity Information

Student Name: _____

Date of Birth: _____

What language does your child most frequently use at home? _____

What language do you most frequently use to speak to your child? _____

Place an X on the best descriptor(s) that indicates your child's ethnicity:

American Indian, Alaskan Native, and North, South, or Central American Indian			
Chinese		Cambodian	
Japanese		Hmong	
Korean		Other Asian	
Vietnamese		Hawaiian	
Asian Indian		Guamanian	
Laotian		Samoan	
		Tahitian	
		Other Pacific Islander	
		Filipino	
		Hispanic/Latino	
		Black or African American	
		White	

PARENT'S PREFERRED LANGUAGE

The method of communication between school administration, teachers and parents can include telephone calls, automated school messages, text messaging, information flyers, surveys, questionnaires, etc.

Who should receive this information? Name: _____

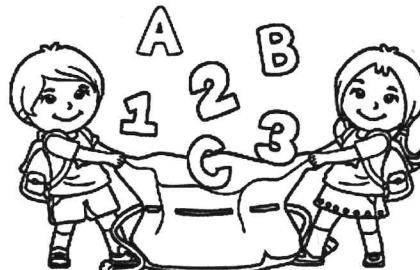
Name of primary contact: _____

Best day time phone number: _____

Preferred language: (circle one) English Spanish Vietnamese

Other: _____

Do you want to be added to our text messaging system? (circle one) YES NO





Garden Grove Unified School District
Office of Elementary Education
Clinton Corner Family Campus
State Preschool Program
13581 Clinton Street, Garden Grove, CA 92843
Tel: (714) 663-6298 • Fax: (714) 663-6149



Employment Status

Parent/Guardian Name: _____ Phone Number: () _____

Last Name, First Name Middle Name

Student's Name: _____ Student's Date of Birth: _____

Last Name, First Name Middle Name

Preschool Site: _____ Room: _____ AM / PM

If parent is **currently employed**, please complete the section below:

Employment Authorization

Employer Name: _____ Employer Telephone: () _____

Employer Street Address: _____ City: _____ Zip code: _____

I, _____, give my consent for the Garden Grove Unified District preschool staff to contact my employer to document my income. I also give my consent for my employer to release income/employment information to the Garden Grove Unified District preschool staff including, but not limited to, date of hire, days and hours of employment and rate of pay.

or

I, _____, do not give my consent to contact my employer because

Signature of Parent/Guardian

Date

If parent has **NO income from any source**, please complete the section below:

Declaration of Unemployment and NO Income statement

I, _____
Full Name of Parent/Guardian

CERTIFY UNDER PENALTY OF PERJURY THAT I AM UNEMPLOYED AND HAVE NO INCOME FROM ANY SOURCE
I certify under penalty of perjury that the income information I have provided is accurate. I understand that any fraudulent, incomplete, deceitful, or misleading information provided to Garden Grove Unified School District regarding status of income, family size, employment, seeking employment, initial or ongoing eligibility for preschool enrollment may be grounds for termination of my child in your preschool program.

Signature of Parent/Guardian

Date



Garden Grove Unified School District
Office of Elementary Education
Clinton Corner Family Campus
State Preschool Program
13581 Clinton Street, Garden Grove, CA 92843
Tel: (714) 663-6298 • Fax: (714) 663-6149

☐ Denied ☐ Approved

Admin: _____

Residency Verification

☐ Home Owner ☐ Renter ☐ Co-Residency ☐ Other: _____

Parent(s)/Guardian(s) Name: _____
Last Name, First Name Middle Name

Home Phone: (____) _____ Cell Phone: (____) _____

Address: _____
Number Street Apt. City Zip Code

Please provide the following documents under your name to establish residency.

One (1) of the following

or

Two (2) of the following

<ul style="list-style-type: none"> ○ Correspondence from government Agency. (E.g. Social Security, DMV, Cal Works Letter, Cal Fresh Letter, Medical Letter, EDD, WIC Letter, etc.) ○ Deed to Home ○ Mortgage Escrow Paperwork ○ Rental Lease Agreement ○ Property Tax Bill ○ Tax Return 	<ul style="list-style-type: none"> ○ Drivers' License / California Identification Card ○ Current Automobile Insurance Policy ○ Current Payroll Stub ○ Current Electric Bill ○ Current Gas Bill ○ Current Water Bill ○ Current Waste Management Bill ○ Current Cable Bill
---	--

If you cannot provide proof of residency under your name, please have the primary resident/owner of the shared home provide the documents listed above in addition to completing the section below.

Co-Resident

I, _____ declare that I am the primary resident/Owner of
Full Name of Primary Resident /Owner
the address listed above and that the person(s) claiming the address reside(s) with me at least five (5) days per week. I further declare that all of the information provided in this Residency Verification Affidavit, including information provided by the parent(s)/ guardian(s), is true and correct. I will submit the required documents to verify my residency. I agree to notify Clinton Corner Family Campus if there are any changes in the status of the residency of the person(s) claiming the address or myself.

I swear (or certify) under penalty of perjury that the foregoing is true and correct.

Signature of Primary Resident / Owner

Date



Garden Grove Unified School District
Office of Elementary Education
Clinton Corner Family Campus
State Preschool Program
13581 Clinton Street, Garden Grove, CA 92843
Tel: (714) 663-6298 • Fax: (714) 663-6149



Photo / Media / Website Release

The Garden Grove Unified School District is known for its outstanding and talented students and, from time to time, the district receives requests from the news media to photograph students for positive public relations. Because such photo requests often require an immediate response, we are asking your permission for the entire school year rather than on an individual basis.

Students who have achieved success in school should be acknowledged, and news media coverage is one means available for that purpose. This district may also want to use student photos, identified by their name and school, for publications - including press releases, district and school newsletters, and district and school websites.

Please complete and sign in the section below.

- ☐ I grant permission for the Garden Grove Unified School District and the school to have my child's photograph taken for use by the media, in district and school publications (yearbooks included), and in district and school websites.
- ☐ I deny permission for the Garden Grove Unified School District and the school to have my child's photograph taken for use by the media, in district and school publications (yearbooks excluded), and in the district and school websites.

Student's Name: _____
Last Name, First Name Middle Name

School Site: _____ Room #: _____

Signature of Parent/Guardian

Date



Garden Grove Unified School District
Office of Elementary Education
Clinton Corner Family Campus
State Preschool Program
13581 Clinton Street, Garden Grove, CA 92843
Tel: (714) 663-6298 • Fax: (714) 663-6149



Parent Consent for Health Screening

Dear Parents/Guardians of Preschool Children:

Garden Grove Unified School District is providing free services through the School Readiness Program. The screenings provided enable the School Readiness nurse to identify children who are in need of special medical intervention. Your written consent is required for any of these available screenings.

The following screenings and services will be provided throughout the school year:

- Hearing
- Vision
- Dental
- Health and Nutrition
- Developmental
- Height, Weight, and Body Mass Index

With my signature below, I give my consent for the screenings listed above. I understand that I will be provided with a written result from any screening that requires a medical referral. I also give my permission for the nurse to share with the teacher any screening results that may have an impact on my child's safety and/or learning.

Student's Name: _____
Last Name, First Name Middle Name

School Site: _____ Room #: _____

Signature of Parent/Guardian

Date

The School Readiness nurses are available to assist you in obtaining health insurance and/or community services. For further information, please contact:

Clinton Corner Family Campus
School Readiness Nurses
Tel: (714) 663-6298





Garden Grove Unified School District
Office of Elementary Education
Clinton Corner Family Campus
State Preschool Program
13581 Clinton Street • Garden Grove, CA 92843
Tel: (714) 663-6298 • Fax: (714) 663-6149

Parent Participation

ALL FAMILIES MUST FILL OUT THIS FORM, REGARDLESS OF WHETHER OR NOT THERE WILL BE A VOLUNTEER

The preschool program in the Garden Grove Unified School District is required to maintain a ratio of one adult to eight children. Each classroom is staffed with a teacher and a instructional aide. Parents and/or volunteers, as allowed by state and licensing regulations, are necessary to meet the adult to child ratio requirements.

There are many positive outcomes of volunteering in the preschool classroom. Parents are able to practice and extend literacy activities at home by being involved in the instructional program. Parents learn strategies for behavior management and they are able to see their child interact with other children and adults. Parents are able to connect with other parents and form relationships that are supportive.

Volunteers can be parents, grandparents, aunts, uncles, relatives or friends. A volunteer must be at least 18 years old, must complete a district *Volunteer Form*, and have a current *TB test, proof of TDAP, MMR and influenza vaccines* on file at the preschool office.

Please indicate below who might volunteer in your child's preschool classroom.

☐ Yes, I am interested and willing to volunteer in my child's preschool classroom.

☐ I cannot volunteer, but the following relative or friend will be able to volunteering in my child's classroom.

Volunteer's Name: _____
Last Name, First Name Middle Name

Student's Name: _____
Last Name, First Name Middle Name

Preschool Site: _____ Room #: _____ AM / PM

Signature of Parent/Guardian

Date

The Value of Being a Volunteer in the Classroom

El Valor de Ser un Voluntario en el Salón

Giá trị của việc làm tình nguyện trong lớp học



Children are proud to have their parent in the classroom
Los niños están orgullosos de tener a sus padres en el salón
Em nhỏ rất hánh diện khi có Cha Mẹ trong lớp của mình



Parents learn new ways to teach and manage behavior
Los padres aprenden nuevas formas de enseñar y manejar el comportamiento
Phụ huynh sẽ học hỏi được những phương cách mới trong việc dạy dỗ và chăm sóc em nhỏ



Parent volunteers mean so much to teachers
Los padres voluntarios significan tanto a las maestras
Cô giáo rất cần phụ huynh đến lớp giúp



Parents can connect with other parents
Los padres pueden conectarse con otros padres
Phụ huynh có dịp giao tiếp với những phụ huynh khác



Parents help children learn
Los padres ayudan a los niños aprender
Phụ huynh giúp con em mình học tập tốt hơn



Parents help monitor children
Los padres ayudan a vigilar a los niños
Phụ huynh giúp trông chừng các học sinh trong lớp



Parents help their children at home with what they learn at school
Padres ayudan a sus hijos en casa con lo que han aprendido en la escuela
Tại nhà, phụ huynh giúp con em ôn tập những gì chúng đã học ở trường



It's Fun!
¡Es divertido!
Rất vui!



Parent shows child that school is important
Los padres muestran a los niños que la escuela es importante
Phụ huynh chứng tỏ cho con em thấy rằng việc học rất quan trọng

GARDEN GROVE UNIFIED SCHOOL DISTRICT
Office of Personnel Services
Volunteer Information Form

☐ ML ☐ TB ☐ TDAP ☐ MMR ☐ FLU

Admin: _____

Student's Name: _____ School: _____ Room#: _____ AM / PM
Last Name, First Name Middle Name

Volunteer's Name: _____ Volunteer Date of Birth: _____ DL/ ID #: _____
Last Name, First Name Middle Name

Address: _____ Apt/ Spc: _____ City: _____ Zip Code: _____

Phone () _____ () _____ () _____
Home Cell Work Ext.

Examples of Volunteer Duties: Interact with students during meal times and small groups, assist teachers with a variety of activities, and supervise children throughout the day.

Have you ever been convicted of: A felony? Yes: _____ No: _____
Any sex or drug offense? Yes: _____ No: _____

If yes briefly describe including date(s) _____

In the event of an emergency, do you have any health problems we should be aware of? _____
Please list names and telephone number of an individual to be contacted in the event of an emergency while you are rendering volunteer services:

Full Name Relationship Phone

Doctor Phone

Please list names and telephone numbers of your current and previous employer:

Full Name Phone Dates of employment

Full Name Phone Dates of employment

Please list two individuals who can serve as character references:

Full Name Relationship Phone

Full Name Relationship Phone

I understand that volunteers are not compensated and that my volunteer services are at the discretion of the Board of Education through its designee, the site principal, and that my services may be terminated at any time.

I understand that the district reserves the right to check my record with the Department of Criminal Justice, pursuant to Penal Code, Section 290.

Please excuse yourself from volunteering if you are not free from any communicable diseases which could readily be transmitted in a school environment, such as, but not limited to tuberculosis, hepatitis, etc.

I certify that all statements and information provided here in are true and complete to the best of my knowledge and belief.

Signature _____ Date _____



Garden Grove Unified School District
Office of Elementary Education
Clinton Corner Family Campus
State Preschool Program
13581 Clinton Street, Garden Grove, CA 92843
Tel: (714) 663-6298 • Fax: (714) 663-6149



Volunteer Requirements and Guidelines

1. Tuberculosis Skin Test (TB) Please submit one of the following

- Documentation of a negative TB test (Good for 2 years) or chest X-ray (good for 4 years)
- A statement from the volunteer's physician that there is a medical reason not to vaccinate the volunteer

2. Measles Vaccine (MMR) Please submit one of the following

- A copy of immunization records for Measles (Good for Lifetime)
- A statement from the volunteer's physician that there is a medical reason not to vaccinate the volunteer
- A statement from the volunteer's physician that the volunteer is already immune to measles

3. Pertussis Vaccine (TDAP) Please submit one of the following

- A copy of immunization records for Pertussis (Good for 10 years)
- A statement from the volunteer's physician that there is a medical reason not to vaccinate the volunteer

4. Influenza Vaccine (FLU) Please submit one of the following

- A copy of an immunization record for influenza dated between August 1st and December 1st of each year, or
- A signed statement from the volunteer stating that they have declined to be vaccinated against the flu (SLIP BELOW)

Clinic Suggestions

For TB Test



MemorialCare Medical Group

15464 Goldenwest St.
Westminster, CA 92683
(714) 891-9008

- This clinic is open 7 days a week and Mantoux skin test (TB) can be given during that time.
- The office hours are 8:00 am to 8:00 p.m.
- You **MUST** return to the clinic **48 hours** later for the results of your test.

Cost:

TB..... approx. \$20.00 or more
X Rays..... approx. \$51.00

For Other Immunizations

Santa Ana Clinic

1725 W 17th St.
Santa Ana, Ca 90621
1(800) 914-4887 or 1(800) 564-8448



- Immunization Hours:
Mon _ Fri 7:30 -10:00am & 12:45 – 3:00pm
Walk-In Clinic: First come first served

If you do not have medical insurance the cost is:

MMR..... approx. \$18.50
TDAP..... approx. \$18.50
Free Flu Shot.....available annually Nov. – Mar.

Volunteer Immunization Documentation

To Whom It May Concern:

I am declining to be vaccinated against the flu at this time.

Volunteer Name: _____ Student's Name: _____
Last Name, First Name Middle Name Last Name, First Name Middle Name

Signature: _____ Date: _____

School: _____ Room: _____ a.m. / p.m.