



Crosslake Community School  
35808 County Road 66  
P.O. Box 1020  
Crosslake, Minnesota 56442  
218-692-5437

(current date)

To the parent/guardian of **STUDENT NAME,**

This is to inform you that according to Crosslake Community Schools' (CCS) records and after a review of the State Immunization Database (MIIC), your student is still in need of the following ***immunizations required my MN Law:***

Your student is in need of **(customize to student)** vaccinations. Please provide proof of these vaccinations by (date to be determined).

Please bring this letter to your health care provider.

(Note:)

\*\*If your student has already received these immunizations, please send a photocopy of their immunization record to CCS' office at this time.

\*\*If your student has not yet received these immunizations, please make immediate arrangements with your clinic or public health agency to get them completed. Then send a photocopy of their immunization record to CCS' office.

\*\*If you choose to be a conscientious objector or have reason for medical exemption, please sign the appropriate area on the enclosed pupil immunization form with a notary.

Thank you,

Crosslake Community Schools  
Health Care Office