



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

(current date)

Second Notice

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

This is to inform you that according to our school health records, your student is still in need of **required immunizations. According to Crosslake Community Schools' (CCS) Policy 530: No student may be enrolled or remain enrolled, on a full-time, part-time, or shared-time basis, in any elementary or secondary school within the school district until the student or the student's parent or guardian has submitted to the designated school district administrator the required proof of immunization. Your student may be disenrolled without the required information outlined below.**

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

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.**

Please respond to this request no later than **(date to be determined).**

Thank you,

Crosslake Community Schools
Health Care Office