

ALBUQUERQUE PUBLIC SCHOOLS
Albuquerque, New Mexico

Date _____

TO: Parent or Guardian of _____
 School _____

SUBJECT: **IMMUNIZATION OF STUDENTS**

PER NM STATE IMMUNIZATION LAW, YOUR CHILD WILL NOT BE PERMITTED TO ENROLL OR CONTINUE ENROLLMENT UNLESS IMMUNIZATIONS (marked below) ARE COMPLETED AND VERIFICATION IS PRESENTED TO THE SCHOL NURSE. PLEASE GIVE THIS YOUR IMMEDIATE ATTENTION.

NEEDED	TYPE OF IMMUNIZATION	DATES PREVIOUSLY GIVEN
	Diphtheria-Tetanus-Pertussis	
	Diphtheria-Tetanus	
	Oral Polio/IPV	
	MMR	
	Rubeola	
	Rubella	
	Hepatitis B	
	HIB	
	Varicella	
	Conscientious/Medical Objection	

Please contact your primary care provider for information.
 Verification (Proof) that your child received these immunizations may be made on this form by the person who administered them or by presentation of the child's immunization record.

This proof is due by _____ (date)

Thank you for your cooperation in this matter.

Sincerely yours,

 Principal

 School Nurse

 Phone