

COLUMBUS COUNTY SCHOOLS

817 Washington St.
Whiteville, NC 28472
(910) 642-5168

Exclusion Letter (after 30 Calendar days)

Rev 3/14/18

Date _____ School/Grade/Teacher _____

Student Name _____ Date of Birth _____

Dear Parent/Guardian:

The thirty (30) calendar day deadline was September 25, 2018; and your child's immunization record/health assessment is **NOT** complete. Your child **MAY NOT RETURN TO SCHOOL** until the required Immunizations/ Health Assessment are in compliance; and the school has a record of these requirements.

ACCORDING TO OUR SCHOOL RECORDS ----- YOUR CHILD NEEDS THE FOLLOWING CIRCLED ITEMS:

DTap or Tdap
Vaccine

Polio
vaccine

MMR
vaccine

HepB
vaccine

Meningococcal
vaccine

Health Assessment

Hib
Vaccine

Varicella
vaccine

Immunization Record

Pneumococcal
vaccine

Your child will be allowed to make up school work due to these absences.

Please contact the school for any questions; and to make arrangements for your child to make up any missed school work.

Sincerely,

Principal