

**PROVISIONAL IMMUNIZATIONS LETTER**  
Health Services Department  
Lincoln Public Schools • Lincoln, Nebraska

TO THE PARENT/GUARDIAN OF:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

**IMMUNIZATION REMINDER NOTICE PROVISIONALLY ENROLLED**

DATE: \_\_\_\_\_

Student ID#: \_\_\_\_\_

Dear Parent/Guardian:

This letter is to remind you that your child is provisionally enrolled and is due for immunization(s) on:

State law requires that children who are provisionally enrolled must complete their immunization(s) as soon as "medically feasible." Any student who does not meet this requirement will not be allowed to continue in school until immunization(s) are given.

Your assistance in taking care of this matter is appreciated. For your convenience, a copy of your child's immunization record, with needed immunization(s) highlighted, is attached.

Please return the immunization record from your medical provider to the school health office on or before \_\_\_\_\_ .

Failure to complete the required immunizations will result in your child being excluded from school.

Thank you for making our community a healthier place for children.

Sincerely,

School Nurse: \_\_\_\_\_ Phone: \_\_\_\_\_

School: \_\_\_\_\_