



14015 62nd Avenue NW Gig Harbor, WA 98332
253 530.1000 253 530.1010 fax www.psd401.net

Date: _____

To the Parent/Guardian of _____ :

You are hereby notified that your child is prohibited from attending school until you establish that she/he is in compliance with Washington State immunization law, RCW 28A.210.120. Your child's emergency expulsion from school is effective immediately upon receipt of this notice. In order for your child to continue attending school, you must submit a complete Certificate of Immunization Status (copy enclosed) or a Certificate of Exemption (copy enclosed) that establishes any one of the following:

- 1. That your child has received the required doses of vaccine
OR
- 2. That your child has initiated a schedule of immunization
OR
- 3. That you claim an exemption for your child from immunization requirements for medical, religious, and/or personal/philosophical reason. The Certificate of Exemption must also be signed by a health care provider unless you demonstrate membership in a church or religious body that does not allow medical treatment by a health care provider.

You are further advised that you have the right to appeal or contest the decision to exclude your child from school according to WAC 392-400-300 and WAC 392-400-305 (copies enclosed). To appeal this decision, you must provide the school principal or her/his office with an oral or written request for a hearing within ten school business days (when the District is open for business) following the date of your receipt of this notice. If you request a hearing, the only issues to be decided will be if your child meets legal immunization requirements or has been exempted according to the requirements of the law for one of the reasons stated above.

Please find enclosed a list of immunizations and number of vaccine doses required by law. Vaccines required to immunize your child may be obtained from your health care provider or at no cost from the Mobile Immunization Van sponsored by Mary Bridge Children's Hospital. A list is enclosed which provides you with the names, addresses, and phone numbers of local health care resources. Please call the school at once for additional information and assistance.

Sincerely,

Principal

Name of School: _____

Address: _____

Business phone: _____

Business hours: _____

Enclosures

