LINCOLN COUNTY SCHOOL DISTRICT #2

CONDITIONAL ATTENDANCE FORM

Section I. This section should be completed by the local school district.

Name of School: _____ **Current Grade:** _____

Student's Name: _____

Last *First* *Middle*

Student's Date of Birth: ____/ ____/ _____ **Sex:** M ☐ F ☐

Student's Address: _____

_____

City *State* *Zip*

Section II. This section should be completed by the physician or the person who administered the immunization(s).

By signing below, I certify that this student is in the process of receiving immunizations required by the Wyoming Rules and Regulations for School Immunizations and that this student has a plan for the completion of his/her requirements. Next immunizations are due on _____ and will be completed by _____.

_____ _____

Signature of physician or person who administered immunization(s) **Date**

_____ _____

Stamp or address of physician or person who administered immunization(s) **Phone**

Section III. This section must be signed by the parent or legal guardian.

By signing below, I attest that I understand that this student is allowed to attend school on a conditional basis and agree to have this student vaccinated with the required immunizations, as outlined in Chapter 2 of the Wyoming Rules and Regulations for School Immunizations. I also understand that if this student does not receive the required immunizations by the dates specified above, this student will be unable to attend school. In addition, I understand that is my responsibility to provide proof of immunizations to the local school district by the dates specified in Section II.

_____ _____

Signature of parent or legal guardian **Date**

_____ _____

Printed name of parent or legal guardian **Phone**