



DISTRICT SCHOOL BOARD OF PASCO COUNTY
TRANSFER STUDENT 30 DAY IMMUNIZATION WAIVER FORM

MIS Form #447
Rev. 4/14

Student _____ Date of Enrollment _____

DOB _____ Grade _____ Student # _____ Exclusion Date _____
30 days from Enrollment

This student is enrolling in _____

Records are requested from _____ (school last attended)

If these records do not contain adequate immunization certification, the parents will be notified immediately and will be responsible for providing the school with certification before the exclusion date. If this is not done, I understand that this student will be excluded from school until the immunization records are complete.

Parent/Guardian/Adult Student Signature