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**