



## Ridgewood Public Schools

Education Center

49 Cottage Place

Ridgewood, NJ 07451

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### PROVISIONAL ADMITTANCE REQUEST

NAME OF CHILD \_\_\_\_\_

I request to have my child provisionally admitted to school pending the completion of the minimum immunization requirements. I affirm that the immunizations required will be completed as soon as possible and in accordance with the appointment schedule provided by our family physician or local health department.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone Number

The above student's immunization series has been initiated and she/he is in the process of complying with all the immunization requirements. I have arranged an appointment schedule and agree to provide the remaining immunizations. **All immunization requirements should be met by**

**the following date\*:** \_\_\_\_\_.

\_\_\_\_\_  
Name and Address of Physician or Health Officer

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone Number

***\*May not exceed one (1) year.***