**ATTENTION: YOUR STUDENT IS ALLOWED TO RETURN TO SCHOOL**

**[[DATE]]**

Dear Parent or Guardian of **[[STUDENT NAME]]**,

**[[SCHOOL NAME]]** is in receipt of your student’s updated immunization record. A review of your child’s immunization record indicates they are fully immunized in accordance with DC Health requirements.[[1]](#footnote-1) **Beginning tomorrow [[DATE]], your student is expected to return to school.**

Upon their return to school, your student’s absences from the time of non-compliance with immunization requirements will be updated to excused absences. Please note, from tomorrow **[[DATE]]** forward, your student is expected to attend school unless otherwise excused.

Thank you for supporting the mission of this school and the District of Columbia to keep students healthy and in school. If you have other questions or would like more information regarding immunizations, please contact: **[[IPOC NAME]]** at **[[IPOC PHONE NUMBER]]**.

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**[[PRINCIPAL OR SCHOOL LEADER NAME AND SIGNATURE]**

1. DC Health, Immunization Requirements: <https://dchealth.dc.gov/page/schools-and-licensed-childcare-development-centers> [↑](#footnote-ref-1)