



Dear Healthcare provider,

My child _____ date of birth _____ is enrolled to attend Allendale Public Schools. The school is in need of the following items.

- Most recent health appraisal
- Official immunization record
- Hearing and vision screening

Please accept this letter as my request and authorization that you fax or mail these items to:

Allendale Public School

Registration office
10505 Learning Lane
Allendale, MI 49401
Phone: 616-892-5574
Fax: 616-895-6690

Print name _____ Relationship _____

Signature _____ Date _____
(Parent/Guardian)