



Dear Healthcare provider,

My child \_\_\_\_\_ date of birth \_\_\_\_\_ is enrolled to begin attending Allendale Public Schools. Michigan law requires each student must have on file an up to date official immunization record prior to their first day of attendance.

Please accept this letter as my request and authorization that you fax or mail my child,s official immunization record 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)