

APPENDIX A

RECORD OF SCHOOL REGISTRATION

(This record is for use only if proof of mandatory immunization has not been provided.)

Name of Student \_\_\_\_\_ Birth Date \_\_\_\_\_

Proof of Age \_\_\_\_\_  
Specify Document

Medicare Number \_\_\_\_\_

Name of Parent / Guardian \_\_\_\_\_

Address \_\_\_\_\_

Name of School \_\_\_\_\_

Date of Issuance \_\_\_\_\_ Issued By \_\_\_\_\_

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**Note to parents** – Children, for whom no proof of mandatory immunization has been received, will not be admitted to school in September. Information regarding immunization can be obtained from your local public health office.