

Immunization Exclusion Letter

Dear Parent /Guardian:

The immunization certificate on file for your child _____,
(Child's Name)

Expired on _____. Failure to submit an up-to-date
(Date)

immunization certificate has resulted in your child being excluded from the Head Start

Program effective _____ until a valid certificate is received.
(Date)

If you have questions to need assistance, please contact me as soon as possible.

Sincerely,

(Director Signature)

(Date)