



**Princeton High School**

1000 East Princeton Drive

Princeton, TX 75407

Phone 469-952-5400

Fax 972-736-5902

Date\_\_\_\_\_

My Child\_\_\_\_\_ Date of birth\_\_\_\_\_

has had Varicella (Chicken Pox) Disease on\_\_\_\_\_.

\_\_\_\_\_  
Parent Signature



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Princeton, TX 75407

Phone 469-952-5400

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fecha\_\_\_\_\_

Mi hijo/hija\_\_\_\_\_ fecha de nacimiento\_\_\_\_\_

ha tenido varicellaEnfermedad en\_\_\_\_\_.

\_\_\_\_\_  
Firma de padres