



# Family Census Form



Complete these forms OR scan the QR code to request online enrollment access

## Family Information

Street Address				Unit/Apt. #
City	State	Zip	Home Phone Number (    ) -	

Have you lived in this district previously?  Yes  No  
If yes, at what address?

Street Address	Unit/Apt. #	City	State	Zip
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## List the names of all family members residing at this address

Please include the student(s) you are currently enrolling in this list.

Legal First Name	Legal Middle Name	Legal Last Name	Gender	Type	Birthdate	School Attending
				<input type="checkbox"/> Child <input type="checkbox"/> Adult		
				<input type="checkbox"/> Child <input type="checkbox"/> Adult		
				<input type="checkbox"/> Child <input type="checkbox"/> Adult		
				<input type="checkbox"/> Child <input type="checkbox"/> Adult		
				<input type="checkbox"/> Child <input type="checkbox"/> Adult		
				<input type="checkbox"/> Child <input type="checkbox"/> Adult		
				<input type="checkbox"/> Child <input type="checkbox"/> Adult		
				<input type="checkbox"/> Child <input type="checkbox"/> Adult		

## Parent/Guardian Employment Survey

- In the past three years, has your family lived in another school district?  
This includes other school districts in Minnesota, as well as other states or countries.  Yes  No
- In the past three years, has anyone in your household had a job working on a farm, in a field, greenhouse nursery, or factory? (This does not include your own property.)  Yes  No  
If yes, please check all that apply below:
 

<input type="checkbox"/> Any Crops Examples: corn, peas, potatoes, beans, wheat, sugar beets, fruits, soybeans, hemp, alfalfa, or field preparations	<input type="checkbox"/> Processing Agricultural Products Examples: (sorting, packing, cutting, etc.) corn, potatoes, meat, fruit, trees, etc.
<input type="checkbox"/> Any Livestock Examples: cattle, pigs, sheep, chickens, turkeys, dairy	<input type="checkbox"/> Other Agriculture Examples: forestry, nursery plant care, fishing

Parent/Guardian Name \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_



# Student Enrollment Form



Complete these forms OR scan the QR code to request online enrollment access

## Student Information

Student ID

First Name		Middle Name		Last Name	
Gender	Preferred pronouns		Birthdate		Entering Grade
Nickname (if applicable)		Additional names this student has previously registered under			
Which parent(s)/guardian(s) does this student primarily live with?			<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> _____
Street Address				Unit/Apt. #	
City		State		Zip	

## Additional Information

1. Is this student in foster care? If yes, is this student a ward of the County or State? (Legal Documentation required)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Would this student be considered a first-generation college student?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Is this student considered a "Military-Connected Youth"? The student has an immediate family member, including a parent or sibling, who is currently serving in the armed forces, either as a reservist or on active duty, or has recently retired from the armed forces.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## McKinney-Vento MN Questionnaire

**Homelessness** is defined as an individual who **lacks a fixed, regular, and adequate nighttime residence**. This includes: a) Children/youth sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelter; are abandoned in hospitals b) Children/youth who have a primary nighttime residence that is a public or private place not designated for or ordinarily used as a regular sleeping accommodation for human beings (examples: cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings).

**\*Students experiencing homelessness are eligible for assistance through the McKinney-Vento Act\***

Is this student homeless?  Yes  No

If yes, where does the student stay at night?

Is this living situation temporary?

What caused the temporary living arrangement?

## Previous Schools Attended

Has this student previously missed six or more months of school?  Yes  No

Was this student born outside the U.S.?  Yes  No

If yes, what is the student's birth country?

Date the student entered the U.S.

Date the student first attended school in the U.S.

School Name	City	State	Country	Grade	School Year Attended	Phone

## Discipline History

1. Has this student ever been suspended from school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, what is the date, reason, and length of suspension?		
2. Has this student ever been expelled from school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, what is the date and reason for expulsion?		

## Special Services

1. Has this student received Special Education Services (an IEP)? If yes, does the student have a current IEP?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Approximate date of signature	Name of school where it was signed	
2. Does this student have a 504 Accommodation Plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Has this student ever received English Language Development (ELD) or Multilingual Language (MLL) Services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Has this student ever participated in Gifted & Talented or Accelerated services or programs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## Transportation

Transportation is provided districtwide for residents attending their neighborhood schools. Option schools provide transportation districtwide. Harambee also provides transportation to East Metro school districts. Families may purchase bus service for their children who do not receive free transportation under state guidelines. Those eligible for fee-based service are students in grades 7-12 who live 1 to 2 miles from their school's attendance area, live less than 1 mile from school, but were previously in the busing area, or attend school through open enrollment or non-resident agreement (Non-resident students must ride from existing bus stops).

Does this student need morning transportation?  Yes  No  
Pick-up Address (if different than home address)

Responsible Person		Phone Number ( ) -		
Street Address	Unit/Apt. #	City	State	Zip

Does this student need afternoon transportation?  Yes  No  
Drop-off Address (if different than home address)

Responsible Person		Phone Number ( ) -		
Street Address	Unit/Apt. #	City	State	Zip

Signature of Parent/Guardian

Relationship to Student

Date

\*Revised November 2025



# Parent/Guardian Information

## Parent/Guardian Relationships

Please list all parents/guardians, their relationships to this student (mother, father, etc.), and check the appropriate boxes for each parent as described below.

**Lives With:** parent/guardian lives in the household with the student.

**Contact Allowed:** parent/guardian can be contacted by the school. This includes mailings from the school to the parent/guardian.

**Ed. Rights:** parent/guardian has the right to make decisions regarding the student's education and access to the Synergy parent portal.

**Has Custody:** parent/guardian has legal custody of the student.

## Custodial Issues/Legal Restrictions

Are there any legal restrictions on a non-custodial parent or guardian's right to information about, or interaction with, this student? (Legal Documentation Required)  Yes  No

Which parent/guardian has restrictions to this student?  Father \_\_\_\_\_  Mother \_\_\_\_\_  \_\_\_\_\_

May we contact this non-custodial parent/guardian in an emergency?  Yes  No

Is the student allowed to leave with non-custodial parent/guardian?  Yes  No

## Parent/Guardian #1

First Name		Middle Name		Last Name	
Gender	Birthdate	Employer/Occupation		Preferred Language	
Does this person need an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what language?			
Relation to Student		Lives with <input type="checkbox"/>	Contact Allowed <input type="checkbox"/>	Ed Rights <input type="checkbox"/>	Has Custody <input type="checkbox"/>
Street Address		Unit/Apt. #	City		State Zip
Cell Phone Number ( ) -			Home Phone Number ( ) -		
Work Phone Number ( ) -			Email Address		

## Parent/Guardian #2

First Name		Middle Name		Last Name	
Gender	Birthdate	Employer/Occupation		Preferred Language	
Does this person need an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what language?			
Relation to Student		Lives with <input type="checkbox"/>	Contact Allowed <input type="checkbox"/>	Ed Rights <input type="checkbox"/>	Has Custody <input type="checkbox"/>
Street Address		Unit/Apt. #	City		State Zip
Cell Phone Number ( ) -			Home Phone Number ( ) -		
Work Phone Number ( ) -			Email Address		

**Joint Or Non-Custodial Parent/Guardian Living Outside Of The Household (Optional)**

First Name		Middle Name	Last Name		
Gender	Birthdate	Employer/Occupation		Preferred Language	
Does this person need an interpreter?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, what language?	
Relation to Student			Lives with <input type="checkbox"/>	Contact Allowed <input type="checkbox"/>	Ed Rights <input type="checkbox"/>
Street Address		Unit/Apt. #	City		State
Cell Phone Number ( ) -		Home Phone Number ( ) -			
Work Phone Number ( ) -		Email Address			

**Emergency Contacts**

Please provide emergency contact information for your child. **Parents/Guardians should not be in this section;** it is for individuals to contact if the school is unable to reach a parent or guardian.

**Emergency Contact #1**

First Name		Last Name		Relationship to Student
Does this person need an interpreter?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, what language?
Cell Phone Number ( ) -		Home Phone Number ( ) -		

**Emergency Contact #2**

First Name		Last Name		Relationship to Student
Does this person need an interpreter?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, what language?
Cell Phone Number ( ) -		Home Phone Number ( ) -		

**Emergency Contact #3**

First Name		Last Name		Relationship to Student
Does this person need an interpreter?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, what language?
Cell Phone Number ( ) -		Home Phone Number ( ) -		

Make sure the information you provide as a parent/guardian matches legal documentation. Review everything carefully before submitting. Once processed, Central Enrollment will send you a confirmation. Check your email for important updates about your new school and any transportation details.

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**Signature of Parent/Guardian**


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**Relationship to Student**


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**Date**



# Minnesota Language Survey

## Student Information

Full Name	Birthdate	Student ID
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Minnesota is home to speakers of more than 100 different languages. The ability to speak and understand multiple languages is valued. The information you provide will be used by the school district to see if your student is multilingual. In Minnesota, students who are multilingual may qualify for a Multilingual Seal upon further assessment. Additionally, the information you provide will determine if your student should take an English proficiency test. Based upon the results of the test, your student may be entitled to English language development instruction. **Access to instruction is required by federal and state law. As a parent or guardian, you have the right to decline English Learner instruction at any time.**

Every enrolling student must be provided with the Minnesota Language Survey during enrollment. Information requested on this form is important to us to be able to serve your student. Your assistance in completing the Minnesota Language Survey is greatly appreciated. [Click here to learn more about the Minnesota Language Survey](#)

Check the phrase that best describes your student:	Indicate the language(s) other than English in space provided:
1. My student first learned: <input type="checkbox"/> Language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> English only.	
2. My student speaks: <input type="checkbox"/> Language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> English only.	
3. My student understands: <input type="checkbox"/> Language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> English only.	
4. My student has consistent interaction in: <input type="checkbox"/> Language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> English only.	

**Language use alone does not identify your student as an English learner. If a language other than English is indicated, your student will be screened for English language proficiency.**

Parent/Guardian Name \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

\* All data on this form is private. It will only be shared with district staff who need the information to best serve your student and for legally required reporting about home language and service eligibility to the Minnesota Department of Education. At the district and at the Minnesota Department of Education, this information will not be shared with other individuals or entities, except if they are authorized by state or federal law to access the information. Compliance with this request for information is voluntary.



# Ethnic and Racial Demographic Designation Form

## Student Information

Full Name	Birthdate	Student ID
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Schools are required to report ethnicity and race to the state and to the U.S. Department of Education. Because of recent changes to Minnesota state law, Minnesota disaggregates each category into detailed groups to further represent our student populations. Parents or guardians are not required to answer the federal questions (**in bold**) for their children. If you choose not to answer the federal questions (**in bold**), federal law requires schools to choose for you. This is a last resort—we prefer if parents or guardians complete the form. State questions are labeled as “Optional” and schools will not fill in this information for you.

This information helps improve teaching and learning for everyone and helps us accurately identify and advocate for students currently underserved. The information this form collects is considered private information. You can review the privacy notice to learn more about the purpose of collecting this information, how it will be used and not used, and how the detailed groups were identified. The privacy notice can be found in our [Frequently Asked Questions: Ethnic and Racial Designation Form](#).

**Is the student Hispanic/Latino as defined by the federal government?** The federal definition includes persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

**[You must select “yes” or “no” to this question.]**

Yes *[If yes, go to Question A.]*

No *[If no, go to Question 1.]*

Optional Question A: If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*)

- |  |                                       |                                      |  |
|--|---------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Decline to indicate   | <input type="checkbox"/> Columbian    | <input type="checkbox"/> Ecuadorian  | <input type="checkbox"/> Guatemalan                        |
| <input type="checkbox"/> Mexican               | <input type="checkbox"/> Puerto Rican | <input type="checkbox"/> Salvadorian | <input type="checkbox"/> Spaniard/Spanish/Spanish-American |
| <input type="checkbox"/> Other Hispanic/Latino | <input type="checkbox"/> Unknown      |                                      |  |

*Go to Question 1.*

**[Select “yes” to at least one of the Questions (1-6) below.]**

**Question 1. Does the student identify as American Indian or Alaska Native as defined by the state of Minnesota?** The state of Minnesota definition includes persons having origins in any of the original peoples of North America who maintain cultural identification through tribal affiliation or community recognition. [This question is needed to calculate state aid/funding.]

Yes *[If yes, go to Question 1a.]*

No *[If no, go to Question 2.]*

Optional Question 1a: If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Decline to indicate | <input type="checkbox"/> Cherokee      | <input type="checkbox"/> Other North American Indian Tribal Affiliation |
| <input type="checkbox"/> Anishinaabe/Ojibwe  | <input type="checkbox"/> Dakota/Lakota | <input type="checkbox"/> Unknown  |

*Go to Question 2.*

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**Question 2. Is the student American Indian from South or Central America?**

Yes [Go to Question 3.]

No [Go to Question 3.]

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**Question 3. Is the student Asian as defined by the federal government?** The federal definition includes persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Yes [If yes, go to Question 3a.]

No [If no, go to Question 4.]

Optional Question 3a: If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*)

Decline to indicate

Chinese

Karen

Other Asian

Asian Indian

Filipino

Korean

Unknown

Burmese

Hmong

Vietnamese

Go to Question 4.

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**Question 4. Is the student black or African American as defined by the federal government?** The federal definition includes persons having origins in any of the black racial groups of Africa.

Yes [If yes, go to Question 4a.]

No [If no, go to Question 5.]

Optional Question 4a: If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*)

Decline to indicate

Ethiopian-Other

Somali

African-American

Liberian

Other black

Ethiopian-Oromo

Nigerian

Unknown

Go to Question 5.

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**Question 5. Is the student Native Hawaiian or Other Pacific Islander as defined by the federal government?** The federal definition includes persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Yes [Go to Question 6.]

No [Go to Question 6.]

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**Question 6. Is the student white as defined by the federal government?** The federal definition includes persons having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Yes

No

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

Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_



# Student Health Information

## Student Information

Full Name	Birthdate	Student ID
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**Please check all past and current health concerns that apply to this student. Provide details below.**

Cardiovascular	Mental/Behavioral Health	Neurological	Systemic
<input type="checkbox"/> Anemia <input type="checkbox"/> Bleeding Disorders <input type="checkbox"/> Heart Condition <input type="checkbox"/> Sickle Cell	<input type="checkbox"/> ADHD <input type="checkbox"/> Anxiety <input type="checkbox"/> Autism (ASD) <input type="checkbox"/> Depression <input type="checkbox"/> Eating Disorder <input type="checkbox"/> Self-harm <input type="checkbox"/> Substance Use (☐ alcohol, ☐ drugs, ☐ smoking, ☐ vaping) <input type="checkbox"/> Suicide Attempt <input type="checkbox"/> Tics <input type="checkbox"/> Trauma History <input type="checkbox"/> Other mental, behavioral, emotional, or social concerns	<input type="checkbox"/> Cerebral Palsy <input type="checkbox"/> Fetal exposure to drugs/alcohol <input type="checkbox"/> Headaches/Migraines <input type="checkbox"/> Head Injury/Concussion <input type="checkbox"/> Seizures <input type="checkbox"/> Shunt/Hydrocephal <input type="checkbox"/> Spina Bifida	<input type="checkbox"/> Allergies (list below) ☐ Life Threatening/EpiPen <input type="checkbox"/> Cancer <input type="checkbox"/> Diabetes ☐ Type 1   ☐ Type 2 <input type="checkbox"/> Eczema <input type="checkbox"/> Genetic Condition <input type="checkbox"/> Hospitalization (in past year) <input type="checkbox"/> Lead Poisoning <input type="checkbox"/> Medical Device <input type="checkbox"/> Premature Birth (<35 weeks) <input type="checkbox"/> Skin Condition <input type="checkbox"/> Sleep Concerns <input type="checkbox"/> Special Diet <input type="checkbox"/> Student Pregnant/Lactating <input type="checkbox"/> Surgical History <input type="checkbox"/> Weight/Growth Concerns <input type="checkbox"/> Other (describe below) <input type="checkbox"/> Difficulty accessing medical/dental care
Gastrointestinal/Urinary	Musculoskeletal	Respiratory	Vision/Hearing
<input type="checkbox"/> Celiac Disease <input type="checkbox"/> Colostomy <input type="checkbox"/> Constipation <input type="checkbox"/> Crohn's <input type="checkbox"/> Diarrhea <input type="checkbox"/> GERD/Reflux <input type="checkbox"/> G/J Tube <input type="checkbox"/> Irritable bowel <input type="checkbox"/> Kidney Condition <input type="checkbox"/> Nausea, frequent <input type="checkbox"/> Urinary Catheter <input type="checkbox"/> Urinary tract infection <input type="checkbox"/> Urostomy <input type="checkbox"/> Vomits easily	<input type="checkbox"/> Bone/Joint Condition <input type="checkbox"/> Wheelchair/Mobility Device	<input type="checkbox"/> Asthma <input type="checkbox"/> Cystic Fibrosis <input type="checkbox"/> Tracheostomy	<input type="checkbox"/> Ear Infections (recurrent) <input type="checkbox"/> Ear/PE Tubes <input type="checkbox"/> Eye Condition ☐ Wears glasses/contacts <input type="checkbox"/> Hearing Loss ☐ Hearing aid/implant

**Please provide details for EVERY box checked above and any other information you would like the Health Office to have.**

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Student is allergic to:	Reaction is:	Medication to take for reaction:

**Medications - Please list all medications your student is currently taking.**

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Healthcare Provider/Clinic	Clinic Phone		
Signature of Parent/Guardian	Relationship to Student	Date	Parent Phone

# Are Your Kids Ready?

## Minnesota K-12 Immunization Law

Students are required to receive certain vaccines for school or submit an exemption. This requirement applies for all public, private, online, and home schools in Minnesota. Look for your child's grade in the chart below and see how many total doses of each vaccine are needed for their grade.

Required Immunizations	Kindergarten to Sixth Grade	Seventh Grade to Eleventh Grade	Twelfth Grade
Hepatitis B (Hep B)	3 Doses	3 Doses	3 Doses
Polio (IPV)	4 Doses	4 Doses	4 Doses
Measles, mumps, rubella (MMR)	2 Doses	2 Doses	2 Doses
Varicella (Chickenpox)	2 Doses	2 Doses	2 Doses
Diphtheria, tetanus, and pertussis (DTaP)	5 Doses	5 Doses	5 Doses
Tetanus, diphtheria, and pertussis (Tdap)		1 Dose	1 Dose
Meningococcal ACWY (MenACWY)		1 Dose	2 Doses

**Note:** The number of doses may be different if your child is behind schedule. If your child has fallen behind on their vaccinations it is not too late to catch-up, talk to their health care provider.

## Recommended but not required for school

Influenza (flu), COVID-19, Human Papillomavirus (HPV), Meningococcal B (MenB) and other vaccines are recommended for children to ensure they are fully protected. Talk to your health care provider about when your child should receive these immunizations. For more information visit [CDC: Vaccine Schedules For You and Your Family \(www.cdc.gov/vaccines/imz-schedules/index.html\)](https://www.cdc.gov/vaccines/imz-schedules/index.html).

## Tips for parents and guardians

- Make sure your child has received all of the required immunizations before their first day of school or submit an exemption.
- Submit a copy of your child's immunization record to their school. You can get a copy of their record from the clinic or find their record on [Find My Immunization Record \(www.health.state.mn.us/people/immunize/miic/records.html\)](https://www.health.state.mn.us/people/immunize/miic/records.html).
- Please complete the reverse side if your child requires an exemption for medical reasons or if you are opting for a non-medical exemption due to personal beliefs.



[Vaccines for Infants, Children, and Adolescents \(www.health.state.mn.us/people/immunize/basics/kids.html\)](https://www.health.state.mn.us/people/immunize/basics/kids.html)

# Medical and non-medical exemptions

## Instructions for documenting medical or non-medical exemptions and history of chickenpox (varicella)

Follow steps 1 and 2 below to document a medical exemption, non-medical exemption, or history of chickenpox.

1. Place an X in the box to indicate a medical or non-medical exemption. If you are exempting your child from more than one vaccine, mark each vaccine you are exempting them from with an X.
2. Obtain signatures for exemptions or history of chickenpox disease.

Required Immunizations	Medical	Non-Medical
Hepatitis B (Hep B)		
Polio (IPV)		
Measles, mumps, rubella (MMR)		
Varicella (Chickenpox)		
Diphtheria, tetanus, and pertussis (DTaP)		
Tetanus, diphtheria, and pertussis (Tdap)		
Meningococcal ACWY (MenACWY)		

**Medical exemption:** A health care provider must review and sign a medical exemption. A health care provider includes a licensed physician, nurse practitioner, or physician assistant.

By my signature below, I confirm that this child should not receive the vaccines marked with an X in the table for medical reasons (contraindications) or because there is laboratory confirmation that they are already immune.

Signature: \_\_\_\_\_  
(of health care practitioner)

Date: \_\_\_\_\_

**Non-medical exemption:** A parent/guardian must sign for a non-medical exemption and the form must be signed and stamped by a notary. A child is not required to have an immunization that is against their parent or guardian's beliefs. Choosing not to vaccinate may put the health of your child or others they are around at risk. Unvaccinated children who are exposed to a vaccine preventable disease may be required to stay home from school and other activities for up to 21 days to protect themselves and others.

By my signature I confirm that this child will not receive the vaccines marked with an X in the table because of my beliefs and I understand that they may be required to remain out of school and other activities for up to 21 days if exposed to a vaccine preventable disease.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(of parent/guardian)

**Non-medical exemptions must also be signed and stamped by a notary:**

**Notary Stamp**

This document was acknowledged before me on

\_\_\_\_\_ (date),

by \_\_\_\_\_  
(name of parent or guardian)

Notary Signature: \_\_\_\_\_

State of \_\_\_\_\_  
County of \_\_\_\_\_

**History of chickenpox (varicella) disease:** If a child has previously had chickenpox, they are not required to receive the varicella vaccine. A health care provider must sign this form if the disease happened after Sept. 1, 2010. If the child had chickenpox before Sept. 1, 2010, a parent or guardian may sign this form.

My signature below means that I confirm this child does not need the varicella vaccine because they had chickenpox in the month and year \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(of health care practitioner, representative of a public clinic, or parent/ guardian)