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| <b>WARREN<br/>COUNTY<br/>SCHOOLS</b> | <b>NOTICE OF SUSPENSION<br/>Violation of Immunization and/or<br/>Health Assessment Law</b> |           |                    |
| TO - Parent/Guardian Name:           | Student's Name:  |           |                    |
| Address:                             | School:  | Grade:    |                    |
| City:                                | State:   | Zip Code: | Student ID Number: |
| Home Phone:                          | Gender:  | Race:     | Age:               |
| Work Phone:                          |  |           |                    |

Dear Parent/Guardian:    Date: \_\_\_\_\_

1. This is to notify you that your child has been suspended effective \_\_\_\_\_.
2. The reason(s) for this suspension is/are as checked below:

**Violation of the State's Immunization Law**, G.S. §130A-152. Your child cannot continue to attend school unless a certificate of immunization showing the child has had the immunizations required by G.S. §130A-152 is given to the school principal. The only exceptions to this rule are: (1) a medical exemption, (2) a religious exemption, and (3) when the vaccine is given in a series of doses requiring a period of 30 calendar days and your child's doctor has certified the need, in writing, for more time to complete the immunizations.

**Violation of State's Health Assessment Law**, G.S. §130A-440. This law states that no child can continue to attend kindergarten unless a health assessment form is given to the school principal within 30 calendar days of the first day of attendance.

3. We urge you to comply with the law. **Your child may return to school as soon as the required certificate of immunization and health assessment forms are given to the principal.**

4. If you would like to discuss the reasons for this suspension, please feel free to call me. My telephone number is: \_\_\_\_\_.

Sincerely, \_\_\_\_\_  Principal     Assistant Principal