



Dear Healthcare provider,

My child \_\_\_\_\_ date of birth \_\_\_\_\_ is enrolled to attend Allendale Public Schools. The school is in need of the following items.

- Most recent health appraisal
- Official immunization record
- Hearing and vision screening

Please accept this letter as my request and authorization that you fax or mail these items to:

**Allendale Public School**

Registration office  
10505 Learning Lane  
Allendale, MI 49401  
Phone: 616-892-5574  
Fax: 616-895-6690

Print name \_\_\_\_\_ Relationship \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Parent/Guardian)