



## SLATE VALLEY UNIFIED UNION SCHOOL DISTRICT

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slatevalleyunified.org

Brooke Olsen-Farrell, Superintendent

Kristin H. Benway, Director of Special Services

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Christopher G. Cole, Director of Operations

### **TEMPLATE STUDENT VACCINATION ATTESTATION FORM**

**Parents / Guardians:** Please complete this form for your vaccinated student(s). We will use this information to calculate the vaccine rate for the school.

Once 80% of eligible students are vaccinated, the mask requirement will be lifted for vaccine-eligible students and staff. When this happens, you will receive more information about the transition process.

We request that you voluntarily share this information to assist in calculating the 80% rate referenced above. If you decline to provide this information for your eligible student(s), they will be considered to be not vaccinated, and will not count toward the 80% vaccination goal.

**Student Information:**

<b>Last Name:</b>	<b>First Name:</b>
<b>Date of Birth:</b>	<b>Grade:</b>
<b>Homeroom / Team / Classroom (if applicable):</b>	

**Student Vaccine Information:**

I attest that my student has received a COVID-19 vaccination:

**Date of First Dose:** \_\_\_\_\_ **Type of Vaccine:** Pfizer, Moderna, J&J, other:

**Date of Second Dose:** \_\_\_\_\_ **Type of Vaccine:** Pfizer, Moderna, J&J, other:

By signing below, I attest that the information above is true and correct. I also authorize the school nurse to view and print the immunization record from the VT Immunization Registry instead of bringing/sending in a copy of their card.

\_\_\_\_\_  
Signature of Parent or Guardian      Parent / Guardian Name      Date

**Parent / Guardian Contact Information:**

**Email:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**School Use Only:**

<b><u>Date Form Received:</u></b>		<b><u>Evidence Type:</u></b>	Photocopy of Vaccine Card / IMR Record from provider	Printed from the Registry
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