

EXHIBIT 64b

Laramie County School District Number One
Division of Instruction - Department of Special Services
2810 House Avenue
Cheyenne, WY 82001

Date: _____

To the Parent(s) or Guardian(s) of: _____:

We are nearing the end of the period during which you were responsible for submitting proof of full immunization in order to comply with the State of Wyoming (W.S. 21-4-309) Immunization Law.

The minimum immunization requirements from the Wyoming Department of Health can be found at the following link:

www.health.wyo.gov/familyhealth/immunization/schools.html

Our records indicate that your child is missing the following immunizations:

- _____ DTP/TD including TD within the last five years
- _____ Polio
- _____ MMR
- _____ Hepatitis B
- _____ No records have been received

Please submit proof of full immunization or a Wyoming exemption for your child by _____ or your child will be excluded from school.

If you are unable to obtain an appointment for shots by this date, notify me of your arrangements and place.

Sincerely,

_____, RN, _____
School Nurse

Form NU #17
Adopted 7/18/07
Revised 6/16/08
Revised 6/15/09