

 Form JBC-3b

**30-DAY ENROLLMENT WAIVER FOR**

**Georgia Department of Public Health Form 3231 (Certificate of Immunization)**

|  |  |
| --- | --- |
| **School:** |  |

**This form must be fully completed.**

**Please Print or Type**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Student’s Name: |       |  Grade: |       |  Birthdate: |       |  Age: |       |

|  |  |
| --- | --- |
| Parent’s/Legal Guardian’s Name: |       |

|  |  |  |  |
| --- | --- | --- | --- |
| Date of Enrollment: |       |  |  |

Pursuant to O.C.G.A. § 20-2-771, the above named student is requesting to enroll for a period of up to 30 calendar days during which all requirements regarding Georgia Department of Public Health Form 3231 **(**Certificate of Immunization**)** will be completed.

**I understand that there will be no extension available beyond the initial 30 days, and that my child will be withdrawn on the 31st calendar day if Georgia Department of Public Health Form 3231 (Certificate of Immunization) is not completed.**

Signature Parent/Legal Guardian: Date:

**PLEASE DO NOT WRITE BELOW THIS LINE - SCHOOL USE ONLY**

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Date of 30th Calendar Day: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Principal/Designee Signature: Date: