

[Your School's Letterhead]

[Date]

[Parent/Guardian's Name]

[Address]

[City, State, Zip Code]

Dear [Parent/Guardian's Name],

Subject: Tdap Vaccine Requirement for School Admission

We hope this message finds you well. As part of our commitment to ensuring the health and safety of all students, we require documentation of the Tdap (tetanus, diphtheria, and pertussis) vaccination for all incoming students.

To complete your child's admission to [School Name] for the [School Year or Grade], please provide a copy of your child's Tdap vaccination records by [Deadline Date].

If your child has not yet received the Tdap vaccine, please schedule an appointment with your healthcare provider as soon as possible.

Thank you for your cooperation and support in keeping our school community healthy. If you have any questions or need assistance, please do not hesitate to contact us at [School Phone Number] or [School Email Address].

Sincerely,

[Your Name]

[Your Title]

[School Name]