**DEPARTMENT OF HEALTH SERVICES**
Division of Public Health
F-44212 (Rev. 06/01)

**STATE OF WISCONSIN**
s. 252.04 Wis. Stats.

# SCHOOL REPORT TO THE DISTRICT ATTORNEY

**School**: Send report to district attorney of county in which school is located, not to the Department of Health Services.

**District Attorney**: The following students are not in compliance with the Student Immunization Law 252.04. As required under this Law, we are notifying your office so legal action may be taken.

Date _____ Telephone _____ School District _____

Name of School _____

Principal _____ Person Completing Form _____

Address _____

City/Town _____ Zip _____

| Name of Student | Grade | Date of Birth | Name of Parent(s) | Address | Telephone | Date Parent(s) Notified About Law | Reason for Noncompliance | | Vaccine(s) Needed |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | No Record | Behind Schedule | |
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