

Dacula High School
Immunization Request Form

The purpose of this form is for students to obtain their immunization record for application into the Dual Enrollment Program at Dacula High School.

Student Name: _____

Student ID Number: _____

Student Signature: _____

Student email address: _____

The student will receive an email with their immunization record attached.
It is the student's responsibility to submit this record to the college.

Save file as: Last name, first initial IMMUNE
ex. King, A IMMUNE