



1530 Shumate Drive Bartow, FL 338.
 P.O. Box 391 Bartow, FL 33831-391
 Phone: (863) 534-0519
 Fax: (863) 519-3791
 Email: evon.richards@polk-fl.net



Free School Entrance Physical / Immunization Request Form for Grades K - 12

****SCHOOL USE ONLY, NOT FOR PUBLIC UTILIZATION ****

****Schools must complete this form, obtain parent and principal signatures and then fax or email to the PEF.**

A PEF representative will contact the school with approval and clinic information once form has been reviewed and approved. The school should then share the clinic information with the parent so they can make their own appointment at the assigned partner clinic site. The parent must let the clinic know when they check-in a Free School Entrance Physical / Immunization Form is on file for their child**

By checking this box, the school acknowledges they have verified with the parent the student has no insurance including Medicaid.

Please print:

School: _____ **School Phone:** _____

Principal: _____ **Date:** _____

Student Name: _____ **Grade:** _____ **DOB:** _____

Address: _____ **City:** _____

State: _____ **Zip:** _____ **Phone #:** _____

Gender: Male _____ or Female _____ **Guarantor Name:** Polk Education Foundation

I agree the above information is correct and acknowledge this request is for my child.

Parent print name: _____ **Date:** _____

Parent signature: _____

School contact print: _____ **Phone #:** _____

Principal's signature: _____

This form cannot be processed unless all lines are complete.

Fax form to the Polk Education Foundation, 863-519-3791, or email to evon.richards@polk-fl.net

****PLEASE NOTE: The parent MUST call and cancel / reschedule the appointment with the clinic if they're unable to keep the initial appointment date/time. Failure to do so will result in ineligibility for services through this program****

PEF OFFICE USE ONLY	Contact name _____
Date sent to contact: _____	Date confirmed with school: _____