



# *Notre Dame Catholic Academy of Ridgewood*

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[www.notredame-ca.org](http://www.notredame-ca.org)

## **Parent/Guardian Certification of Student COVID-19 Vaccination Status**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

(please print name)

Date of Birth \_\_\_\_\_

Date of Second Dose of Vaccine (Pfizer or Moderna): \_\_\_\_\_

**OR**

Date of Single Dose Vaccine (Johnson & Johnson)

I have answered all the questions above and hereby certify that every response in this report is true and correct.

All information provided on this form will be maintained in compliance with all applicable law.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please return the signed certification to the Principal by September 17<sup>th</sup>.**

Thank you for your cooperation.