



Health Letters Order Form

Sample Health Letter


 Division of Equity in Learning
 15751 E. First Ave.
 Aurora, CO 80011
 Phone - 303-340-0859
 Fax - 303-326-1966
 Web - auroraschools.org

DATE

PHYSICIAN NAME

SCHOOL NAME

TEACHER'S NAME

PHONE NUMBER

RETURN BY DATE

PRINCIPAL NAME

AMHARIC
 ** ቢርቃ ለጽሑፍ ጽሑፍ ከግል ጋር ተያይዞ ለግል ጋር ሊያደርግ ይችላል።

Please provide the following information to update the health letters customized for your school:

Date of the letter: _____

School Name: _____

Teacher's Name: _____

Phone number: _____

Return by date: _____

Principal's Name: _____

We also need your principal's electronic signature to add to the bottom of the health letter. Please provide via e-mail if we do not have it on file. Thank you.

Please enter in each column the number of letters you will need for the corresponding language and grade level.

	Grade 5	Grade 6	Grade 7	Grade 8	Grade 9	Grade 10	Grade 11	Grade 12
Amharic		Grade 6 is not available.						
Arabic								
Burmese								
Cantonese								
Chinese								
English								
French								
Karen								
Khmer								
Malay								
Nepali								
Russian								
Somali								
Spanish								
Swahili								
Tigrinya								
Twi								
Vietnamese								