



CHAMPION CHRISTIAN SCHOOL

A program of the Christian Family & Children's Center

2166 Indian Head Road, Champion, PA 15622

North Campus (724)-593-9200 FAX 724-593-9210

South Campus (724)-455-2122 FAX 724-455-6651

www.champion.org/ccs

email: info@champion.org

Immunization Approval

To Whom It May Concern:

I hereby give permission for my child, _____, to receive any immunization/s required for admission into a North American High School upon arrival in the United States.

I understand that any bills incurred in connection with the immunizations (i.e. doctor's fees, transportation or staff costs) shall be billed to my child's account.

Parent's Signature: _____

Date: _____