

Received _____

Entered into Skyward under Special Medical Considerations:

Date: _____ By _____

Student Name (printed)	
Date of Birth	
Parent/Guardian (printed)	
Address	
Telephone Number	

Religious Exemption

Parent or guardian of the above named child adheres to a religious belief whose teachings are opposed to such immunizations. State your reason for requesting a religious exemption:

Parent/Guardian Signature: _____

Date: _____

Important: Students exempted from immunizations may be excluded from school if one of these vaccine preventable diseases is identified in the school. Children excluded from school will be prohibited from attending school until either the child is immunized or danger of outbreak is past, or the child contracts the disease and completely recovers.