

Parent Request for Religious Exemption

Pursuant to Section 27 of the Illinois School Code, I \_\_\_\_\_  
*(print or type name)*

request that Glenbard Township High School District No. 87 grant my child,  
\_\_\_\_\_, \_\_\_\_\_ exemption from the  
*(print or type child's name)* *(print or type child's date of birth)*

following State and/or District health examination/ immunization requirements:

PLEASE LIST THOSE PORTIONS OF HEALTH EXAMINATION OR IMMUNIZATION  
REQUIREMENTS TO WHICH YOU OBJECT

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My request is based upon the following specific religious beliefs which are in conflict with the  
above requirements:

(PLEASE INDICATE, IN WRITING, THE SPECIFIC RELIGIOUS BELIEF(S) IN CONFLICT WITH THE ABOVE)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I recognize that general philosophical or moral reluctance to allow health examinations and/or  
immunizations does not provide a sufficient basis for an exemption from the above State and  
District requirements.

I further realize that pursuant to Section 665.510 of Title 77 of the Illinois Administrative Code,  
the Superintendent or his/her designee is responsible for determining whether my above written  
statement constitutes a valid religious objection, and that the School District has the authority to  
request any additional information it deems necessary to make such determination.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

Please submit this completed form to \_\_\_\_\_

*School Nurse*

at \_\_\_\_\_

*School Name*