

REQUEST FOR EXEMPTION FROM VACCINATION AND IMMUNIZATION

To: \_\_\_\_\_,

Director of the \_\_\_\_\_ School

As a parent/guardian having control of and responsibility for \_\_\_\_\_, a minor enrolled in the \_\_\_\_\_ school, I request that said minor be exempt from the vaccination and immunization requirements on religious grounds in accordance with the Indiana Code 20-8.1-7-9.5 section 2A. I certify that the administration of vaccine and other immunizing agents to my child \_\_\_\_\_, is contrary to both \_\_\_\_\_ and my personal religious beliefs, held either individually or jointly with others, and I therefore request that my child be exempt from the immunization requirements of the Indiana State Statute 9.5.

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

Address: \_\_\_\_\_

Date: \_\_\_\_\_ for School Year: \_\_\_\_\_ - \_\_\_\_\_