COMMONWEALTH OF VIRGINIA CERTIFICATE OF RELIGIOUS EXEMPTION

Name		Birth Date	
Studei	nt I.D. Number		
	student's/my religious tenets or practic outbreak, potential epidemic or epiden	agents conflicts with the above nes. I understand, that in the occurrence nic of a vaccine-preventable disease in nuissioner may order my/my child's exclutection, until the danger has passed.	of an ny/my
Signat	ure of parent/guardian/student	Date	
I here	by affirm that this affidavit was signed in	my presence on	
This _		Day of	
		Notary Publi	c Seal