

Exemption from Vaccination and Immunization

As a parent/guardian having control of and responsibility for

_____, a minor enrolled at
_____,

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 A. I certify that the administration of vaccine or other immunizing agents to my child, _____ is contrary to their and my personal religious beliefs, and I therefore request that my child be exempt from the immunization requirements of the Indiana State Statue 9.5.

Parent/Guardian Signature: _____

Parent/Guardian Name Printed: _____

Date: _____ School Year: _____ - _____