REQUEST FOR RELIGIOUS EXEMPTION FROM IMMUNIZATION

Name of Student: Name of Parent(s)/Guardian(s):

Address:

This form is for your use in applying for a religious exemption to Public Health Law immunization requirements for your child. Its purpose is to establish the religious basis for your request since the State permits exemptions on the basis of a sincere religious belief. Philosophical, political, scientific, or sociological objections to immunization do not justify an exemption under Department of Health regulations:

> "A written and signed statement from the parent, parents, or guardian of such child, stating that the parent, parents or guardian objects to their child's immunization due to sincere and genuine religious beliefs which prohibit the immunization of their child…."

In the area provided below, please write your statement. The statement **must address all** of the following elements:

- Explain in your own words why you are requesting this religious exemption.
- Describe the religious principles that guide your objection to immunization.
- Indicate whether you are opposed to all immunizations, and if not, the religious basis that prohibits particular immunizations.

You may attach to this form additional written pages or other supporting materials if you so choose.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

PARENT/GUARDIAN SIGNATURE_____

APPROVED _____ **DENIED** _____ **Date** _____

ADMINISTRATOR, GREEN MEADOW WALDORF SCHOOL _____