

**REQUEST FOR EXEMPTION FROM IMMUNIZATION
FOR RELIGIOUS REASONS**

As the parent(s) or guardian(s) of _____ we request that
(STUDENT NAME)
our child be exempted from immunization requirements based on our religious beliefs. We
understand that (s)he may come in contact with classmates with contagious diseases for
which our child could have received immunization and will hold Cherokee County Schools
blameless in the event our child contracts a contagious disease for which (s)he could have
received immunization.

(SIGNATURE OF PARENT OR GUARDIAN)

(DATE)