



**Application/Affidavit for Religious Exemption
Immunization Based on Religious Belief**

1. Name & Address of Applicant:

2. Home Telephone Number:

3. Name & Age of all children, under 18, in the household:

4. What are the names & addresses of your child's physicians, dentists, and other health care providers? (List ALL such persons, not just current health care providers). If more space is needed, please attach a sheet of paper.

5. Briefly summarize which specific genuine & sincere religious beliefs prohibit immunization.

6. What is the source of these specific beliefs?

7. How are these beliefs practiced in the home?

8. Does your spouse share these beliefs?



9. Has your child EVER been immunized or given other medical treatments?

10. If so, describe all such occurrences, including where and when the occurrence took place.

11. If you have other children, have any of them EVER been immunized or received other medical treatments?

12. If so, describe ALL such occurrences, including the name of the child, date and place of occurrence.

13. What medications have you given to your child in the past five years?

I hereby affirm the truthfulness of the above statements and have reviewed the informational immunization materials provided to me by the school district.

Date: _____

Mother/Legal Guardian

Date: _____

Father/Legal Guardian

Sworn to before me:
This ____ day of ____, 20__

Notary Public

You will be notified in writing of the outcome of this request. Please note that if your request for an exemption is denied, you may appeal the denial to the Commissioner of Education within thirty (30) days of the decision, pursuant to Education Law, Section 310.