

**Belton ISD Health Services
Spinal Screening**

AFFIDAVIT OF RELIGIOUS EXEMPTION

STATE OF TEXAS
COUNTY OF BELL

BEFORE me, the undersigned authority, on this day personally appeared

_____, who, after being duly sworn, deposes and
(Parent or Guardian)

says: “ I understand that Texas law requires all public and private schools to screen students for abnormal spinal curvature in accordance with the following schedule:

- Girls will be screened two times, once at age 10 (or fall semester of grade 5) and again at age 12(or fall semester of grade 7).
- Boys will be screened one time at age 13 or 14 (or fall semester of grade 8).

I ask that my child, _____,
not be screened because it is against our religious beliefs.”

Parent Signature: _____

Sworn and subscribed before me by the said _____ on this

the _____(day) of _____(month),
_____(year).

(Notary Public in and for the state of Texas)