

# LINCOLN SCHOOL

P R O V I D E N C E

## COVID-19 Vaccine Religious Accommodation Request

Name of Student: \_\_\_\_\_ Student Grade: \_\_\_\_\_

Name of Parent: \_\_\_\_\_ Date of Request: \_\_\_\_\_

In the space below, please provide a written and signed statement detailing the religious basis for your vaccination exemption request, explaining why you are requesting this religious exemption, the religious principle(s) that guide your objections to vaccination, and the religious basis that prohibits the COVID-19 vaccination. Please note, exceptions to the vaccine requirement will not be made due to a student's political objection. Please attach additional documentation, if necessary.

If the student has previously received other vaccinations, please provide an explanation of why you are requesting a religious exemption from the COVID-19 vaccination.

By signing below, you attest that your religious beliefs and practices, which result in this request for a religious accommodation, are sincerely held. You understand that the information you submit will be reviewed by School leadership and other appropriate personnel. You agree to engage in an interactive process to determine whether you are eligible for an exemption to the School's COVID-19 vaccination policy. You understand that the School will attempt to provide a reasonable accommodation that does not create an undue hardship on the School. You understand that even if an exemption is granted, the student may be precluded from participating in certain activities and may be required to take additional precautions. You understand that the School may need to obtain supporting documentation regarding your religious practice and beliefs to further evaluate your request for a religious accommodation.

Parent signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Return completed form and any supporting documentation to Nurse Diane Murphy.*