

Home Education Program Student
Medical / Immunization Exemption Form

School Year: _____

DATE: _____

TO: Spring Grove Area School District Superintendent

FROM: _____, Parent/Guardian

I am the parent/guardian of _____, a home educated student.

In understand that Pennsylvania Law requires that ALL students, including students in a home education program, comply with 24 P.S. §13-1303(a) Article XIV School Health Services. I am providing this **statement of exemption** to the following requirement(s), based upon the reason(s) listed:

_____ **Immunizations Requirement**

- _____ Due to medical reasons. (**Requires physician's signature*)
- _____ Based on religious grounds.
- _____ Based on strong philosophical, moral, or ethical convictions similar to religious beliefs.

_____ **Medical Examination Requirement**

- _____ Due to medical reasons. (**Requires physician's signature*)
- _____ Based on religious grounds.
- _____ Based on strong philosophical, moral, or ethical convictions similar to religious beliefs.

_____ **Dental Examination Requirement**

- _____ Due to medical reasons. (**Requires physician's signature*)
- _____ Based on religious grounds.
- _____ Based on strong philosophical, moral, or ethical convictions similar to religious beliefs.

Signature of Parent

*Signature/Printed Name of Physician