



**Religious Exemption**  
Information Sheet and Application Form  
540-382-5100, ext.1023, Fax# 540-394-4449

Today's Date: \_\_\_\_\_

Printed Name of Parent(s) \_\_\_\_\_

Home Physical Address: \_\_\_\_\_

Mailing Address if different: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Land Line Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Full Name of Child(ren)	Date of Birth	Grade Level	Public School Child Would Attend
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Has your child(ren) previously been enrolled in a public school? Yes \_\_\_\_\_ No \_\_\_\_\_

Child(ren)	School Attended	Dates of Attendance
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you members of a church or other religious group? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of Group: \_\_\_\_\_

Address of Group: \_\_\_\_\_

Does your church or religious group have, as a tenet of its faith, a belief that public education is not acceptable for children of the congregation? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please attach a statement from the minister or other religious leader of the congregation concerning this matter.

Please present any facts, references, or authorities, which support your request that your child(ren) be exempt from compulsory attendance requirements. Also, please attach statements from other individuals who may be able to provide information about your religious training or beliefs in relation to your request for exemption from public school attendance. (You may use additional pages if necessary.)

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return Completed Form and Documentation To:**

Student Services: Montgomery County Public Schools, 750 Imperial St. SE., Christiansburg, VA 24073