

Exemption Form

To the Superintendent of the Pleasant Valley School District:

I am the parent/legal guardian of _____.
Student Full Name

I object to the following procedures for my child(ren) on religious grounds or on the basis of strong moral or ethical conviction similar to a religious belief:

(Check all that apply)

_____ Immunizations

_____ Medical Examinations

_____ Dental Examinations

Sincerely,

Parent/Legal Guardian Signature

Date