Religious Exemption Statement:

I, the undersigned, do hereby affirm, as the case may be as follows:

I am making this **Religious Exemption Statement** so that my child_____may enroll and attend public school.

I am the lawful parent or guardian of the child.

My child is adherent of a religious denomination whose religious teachings are opposed to such tests or inoculations.

I understand that by claiming this exemption, my child shall be exempt from one or more of the immunizations required by the State of Kansas.

I understand that in the event of an outbreak of a reportable disease that could be prevented through immunization(s), **Circle USD 375 will follow the recommendation of the Department of Epidemiology with Kansas Department of Health and Environment** to exclude from school those who are highly likely to experience disease if exposed for the suggested amount of days for that particular disease. **In some cases, exclusion may be up to 21 days.**

_____	_____	_____
Parent Name (Print)	Parent Name (Signature)	Date