## METROPOLITAN SCHOOL DISTRICT of NEW DURHAM TOWNSHIP

**207 E. Valparaiso Street • Westville, Indiana 46391-9712** Phone (219) 785-2239 • Fax (219) 785-4584

## **Immunization Objection Form**

| Pursuant to the provisions of Indiana Code 20-8. 1-7-2, I as a parent/guardian |                                 |
|--|---------------------------------|
| of   | do hereby object upon religious |
| grounds, to the immunization of my child.                                      |                                 |
|  |                                 |
|  |                                 |
| Date:  |                                 |
| Parent/Guardian Signature:   |                                 |
|  |                                 |
|  |                                 |

This form needs to be updated every school year.