REQUEST FOR IMMUNIZATION EXEMPTION

Name of Parent/Legal Guardian			Phone	
Please list ALL students for list students who have already	-	. , 0		ool attended. Please do NOT
Mailing Address				
1 st Student's Name	DOB	Grade	School	
2 nd Student's Name	DOB	Grade	School	
3 rd Student's Name	DOB	Grade	School	
4 th Student's Name	DOB	Grade	School	_
I hereby request an exemption	on for the above list	ted students on	the basis of (check o	ne):
□ Religious belief (NRS 392	437) [Must inclu	de a written sta	ntement signed by p	arent/legal guardian]
☐ Medical condition (NRS 3	92.439) [Must incl	ude a written sta	atement signed by a li	icensed physician]
school attended by a child for who body of the charter school in which the school environment and the loc	m exemption from imm the child is enrolled so cal health officer be no e is enrolled when reter	nunization is claim hall require either (tified [NRS 392.44	ed, the Board of Trustees (a) that the child be immu (b). Any parent or guard	erous contagious disease in a public of the school District or governing inized; or (2) that he remain outside ian who refuses to remove his child isions of NRS 392.435, 392.443 or
Signature of Parent/Legal Gu	ıardian:		Date:	
Signature of Superintendent/	Designee:		Date:	

Instructions: Return completed form and written statement to the school office staff who will forward the form to the Student Services Department. You will be notified in writing of the Board's action *if* you have provided a valid mailing address. The student may be enrolled in school until action is taken; student may attend school once Superintendent/Designee signature is obtained. A hard copy of this document will be filed in the student's permanent record.