

# REQUEST FOR IMMUNIZATION EXEMPTION

Name of Parent/Guardian

Phone No.

Please list ALL students for whom exemption is requested, regardless of school attended.  
Please do NOT list students who have already been granted an exemption by this District.

Mailing Address

City

State

Zip Code

Child #1

Student's Name

Grade

School

Check if this is K  
pre-registration

Child #2

Student's Name

Grade

School

Child #3

Student's Name

Grade

School

Child #4

Student's Name

Grade

School

I hereby request an exemption from immunization for the above listed student(s) on the basis of [check one]:

Religious belief (NRS 392.437)

Medical condition (NRS 392.439) - Must include a written statement signed by a licensed physician

NOTE: Whenever the State Board of Health or local board of health determines that there is a dangerous contagious disease in a public school attended by a student for whom exemption from immunization is claimed, the Board of Trustees of the school district or governing body of the charter school in which the student is enrolled shall require either (a) that the student be immunized; or (2) that he/she remain outside the school environment and the local health officer be notified [NRS 392.446]. Any parent/legal guardian who refuses to remove his/her student from the public school in which he/she is enrolled when retention in school is prohibited under the provisions of NRS 392.435, 392.443 or 392.446 is guilty of a misdemeanor [NRS 392.448].

Signature of Parent/Guardian

Date

Signature of Superintendent/  
Designee

Date

**Instructions: Return completed form 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. A hard copy of this document will be filed in the student's permanent record.**