SAMPLE REQUEST FOR RELIGIOUS EXEMPTION TO IMMUNIZATION FORM $PARENT/GUARDIAN\ STATEMENT$

Please continue your statement on page 2

Sample Request for Religious Exemption to Immunization Form–Parent/Guardian Statement (continued)		
Please sign in the space provided below.		
I hereby affirm the truthfulness of the forgoing statement and have received and reviewed the informational immunization materials provided to me by my child's school.		
Signature of Parent/Guardian Date		

You will be notified in writing of the outcome of this request. Please note that if your request for an exemption is denied, you may appeal the denial to the Commissioner of Education within thirty (30) days of the decision, pursuant to Education Law, Section 310.

March 2016

SECTION BELOW FOR SCHOOL DISTRICT USE ONLY

To the Building Principal:

If, after review of the parental statement, questions remain about the existence of a sincerely held religious belief, Department of Health regulation [10 NYCRR, Section 66-1.3(d)] permits the principal to request supporting documents. Some examples include:

- A letter from an authorized representative of the church, temple, religious institution, etc. attended by the parent/guardian, literature from the church, temple, religious institution, etc. explaining doctrine/beliefs that prohibit immunization (Note: Parents/guardians need not necessarily be a member of an organized religion or religious institution to obtain a religious exemption);
- Other writings or sources upon which the parent/guardian relied in formulating religious beliefs that prohibit immunization;
- A copy of any parental/guardian statements to healthcare providers or school district officials in a district of prior residence explaining the religious basis for refusing immunization;
- Any documents or other information the parent/guardian may be willing to provide that reflect a sincerely held religious objection to immunization (for example: disclosure of whether parent/guardian or other children have been immunized, parent/guardian's current position on allowing himself or herself or his or her children to receive or refuse other kinds of medical treatment.)

Reviewer Name (Buildi	ng Princi	pal)
Indicate Result of Requ	est Revie	w:
APPROVED		Date of Approval
DENIED		Date of Denial
State Specifically Reason	n(s) for D	enial:

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ample Request for Religious Exemption to Immunization Form-Parent/Guardian Statement (continued)			
ou may attach additional sheets if necessary.			
eviewer Signature (Building Principal)			

- Parent/guardian **must be notified in writing** of the approval or denial of the request. **If the request is denied, the notification letter must include the specific reason(s) for denial.**
- If a religious exemption request is denied, the parent/guardian may appeal the denial to the Commissioner of Education within thirty (30) days of the decision, pursuant to Education Law, Section 310.