| Name | Birthdate |
|--|---|
| Address | Parent or guardian |
| | Telephone6 7 8 9 10 11 12 Other |
| Please circle present grade. K 1 2 3 4 5 STATEMENT OF EXEMPTION TO | |
| STATEMENT OF EACHIN HOW TO | TIVINIONIZATION LAVV |
| MEDICAL EX | EMPTION |
| The physical condition of the above-named child is such that immediately | unization would endanger life or health. |
| Signed(PHYSICIAN) | Date |
| RELIGIOUS EX | KEMPTION |
| State your reason for re | equesting this exemption. |
| | OR ETHICAL CONVICTION EXEMPTION equesting this exemption. |
| Signed(PARENT OR GUARDIAN) (Da | ate) |