

**Appleton Village School
2018/2019
IMMUNIZATION EXEMPTION**

As a parent/guardian of _____
(Student Name)

In grade _____ whose date of birth is _____
, I am requesting a waiver for the following immunizations:

ALL REQUIRED IMMUNIZATIONS _____
DPT/DTAP 1 _____ 2 _____ 3 _____ 4 _____ 5 _____
IPV/OPV 1 _____ 2 _____ 3 _____ 4 _____
MMR 1 _____ 2 _____
VARICELLA 1 _____

I understand that in the case of an outbreak of the specific disease for which my child is not protected, **my child will be kept out of school and school activities**. The length of time my child will be kept out of school may vary from a week to over a month depending on the disease and the length of the outbreak. I also understand that if my child is kept out of school, the school is not required to provide off-site classes or tutoring. The school may make reasonable accommodations to assist my child in keeping up with class work.

I am requesting a waiver for:
SINCERE RELIGIOUS BELIEF _____ PHILOSOPHICAL REASON__ MEDICAL REASON__

My Explanation as Follows:

Signature: _____ Date: _____

Print Name: _____

Relationship to Student: _____