State of Connecticut
Department of Public Health
Religious Exemption Statement

__________________________________________
(Printed full, legal name of student)

I, the undersigned, do hereby swear or affirm, as the case may be as follows:

1. I am making this Religious Exemption Statement pursuant to Conn. Gen. Stat. § 10-204a so that the student may enroll in school for the first time or enter seventh grade at __________________________ school.

2. I am the lawful □ parent □ guardian of the student.

3. Immunizing said student would be contrary to □ student’s □ parent’s □ guardian’s religious beliefs.

4. I understand that by claiming this exemption the student shall be exempt from the immunizations required by Conn. Gen. Stat. §§ 10-204a and 19a-7f.

5. I understand that during a vaccine-preventable disease outbreak at the above-identified school, all susceptible children, including the student will be excluded from school if a public health official determines that the school is a significant site for disease exposure, transmission and spread into the community. In such case, such children, including the student shall be excluded from school until: (1) the public health official determines that the outbreak danger has ended; (2) the child becomes ill with the disease and completely recovers from it; (3) the child is vaccinated according to public health protocol; or (4) the child has proof of immunity to the disease.

Name(s) of Parent(s) __________________________ Signature of Parent(s)/Guardian(s) __________________________ Date __________

Name(s) of Parent(s) __________________________ Signature of Parent(s)/Guardian(s) __________________________ Date __________

Address (Street & House or Apt. no.) __________________________ Telephone(s) no. __________________________

City, State and Zip Code __________________________

TO CLAIM A RELIGIOUS EXEMPTION, AN EXEMPTION FORM MUST BE SUBMITTED TO THE PUBLIC OR NON-PUBLIC SCHOOL BEFORE ENROLLING IN THE SCHOOL FOR THE FIRST TIME AND BEFORE ENTERING SEVENTH (7TH) GRADE.
ACKNOWLEDGEMENT

STATE OF CONNECTICUT : 
COUNTY OF ____________________ : ss:

On this the_____ day of ____________, _____, before me, ____________________________ the undersigned officer, personally appeared __________________ known to me (or satisfactorily proven) to be the person whose name he or she subscribed to the within instrument and acknowledged that he or she executed the same for the purposes therein contained.

In witness whereof I hereunto set my hand.

____________________________________
Judge
Family Support Magistrate
Clerk/Deputy Clerk (include seal)
Town Clerk
Notary Public My Commission expires (______________)
Justice of the Peace
Commissioner of the Superior Court (bar no._________)
School Nurse (license no.__________________________)
