



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 (7<sup>TH</sup>) 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. \_\_\_\_\_) )