

Hope Elementary School  
34 Highfield Rd  
Hope, ME 04849  
(207) 785-4081 (207) 785-2671 (fax)

IMMUNIZATION EXEMPTION FORM

As a parent/guardian of \_\_\_\_\_ in grade \_\_\_\_\_ and date of birth \_\_\_\_\_, I am requesting a waiver for the following immunizations:

All required immunizations: \_\_\_\_\_

OR

Specific 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 beliefs	_____
Philosophical reasons	_____
Medical reasons	_____

My explanation is as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature	_____
Print Name	_____
Relationship to student	_____
Date:	_____