



**CHILDLIGHT**  
**Montessori School**  
and the  
**Kathryn M. Lafley Humanities Center**  
A Non-Profit Facility

Immunization Exemption Form

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

- All required immunizations
- DTAP (Diphtheria, Tetanus, and Pertussis)
- I/OPV (Polio)
- MMR (Measles, Mumps, and Rubella)
- Varicella (Chicken Pox)

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 that 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 am requesting a waiver for:

- Sincere religious belief
- Philosophical reasons

My explanation is as follows:

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Signed by: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Date: \_\_\_\_\_