



## Immunization Religious Exemption Letter

School Year \_\_\_\_\_

Student name (printed) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Student Grade \_\_\_\_\_ School Attending \_\_\_\_\_

In the event of an outbreak of a vaccine-preventable disease for which your student is not fully vaccinated, your student may be excluded from school to protect his/her health and the health of all our students and staff. It is important to understand that with some diseases such as measles, one infected child is an outbreak. The length of time your student will be kept out of school depends on the disease. Your student's exclusion may be as long as 3-4 weeks. (Please refer to the Communicable Disease Reference Guide for Schools: <https://www.in.gov/isdh/23291.htm>)

**Parent Statement:**

I am requesting religious exemption for the following vaccination(s). Please check all that apply.

- |   |  |
|---|--|
| <input type="checkbox"/> All State-Require School Immunizations | <input type="checkbox"/> Measles-Mumps-Rubella (MMR) |
| <input type="checkbox"/> Diphtheria-Tetanus-Pertussis (DTaP)    | <input type="checkbox"/> Meningococcal (MCV4)        |
| <input type="checkbox"/> Tetanus-Diphtheria-Pertussis (Tdap)    | <input type="checkbox"/> Polio Vaccine               |
| <input type="checkbox"/> Hepatitis A Vaccine (Hep A)            | <input type="checkbox"/> Varicella Vaccine           |
| <input type="checkbox"/> Hepatitis B Vaccine (Hep B)            |  |

**Parent Name (Print):** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_

**Date** \_\_\_\_\_

Indiana Code 20-34-3-2  
Immunization Exception for Religious Objection

"Except as otherwise provided, a student may not be required to undergo any testing, examination, immunization, or treatment required under this chapter of IC 20-34-4 when the child's parent objects on religious grounds. A religious objection does not exempt a child from any testing, examination, immunization, or treatment required under this chapter or IC 20-34-4 unless the objection is:

1. Made in writing;
2. Signed by the child's parent; and
3. Delivered to the child's teacher or to the individual who might order a test, an exam, an immunization, or treatment absent the objection."

The written document, signed by the parent, must state that the objection to immunization is based on religious grounds. There is no requirement that the statement must be from the pastor of a church, appear on church letterhead, or provide proof that they are members of a religious organization. The Indiana State Department of Health policy requires that the written statement be verified by the parent each year.

**Center Grove Community School Corporation**  
4800 W. Stones Crossing Road  
Greenwood, IN 46143  
(317) 881-9326  
(317) 881-0241 FAX

**Center Grove High School**  
2717 S. Morgantown Road  
Greenwood, IN 46143  
(317) 881-0581  
(317) 885-4509 FAX

**Center Grove Middle School Central**  
4900 W. Stones Crossing Road  
Greenwood, IN 46143  
(317) 882-9391  
(317) 885-4534 FAX

**Center Grove Middle School North**  
202 N. Morgantown Road  
Greenwood, IN 46142  
(317) 885-8800  
(317) 885-3388 FAX

**Center Grove Elementary School**  
2455 S. Morgantown Road  
Greenwood, IN 46143  
(317) 881-1720  
(317) 885-4535 FAX

**Maple Grove Elementary School**  
3623 W. Whiteland Road  
Bargersville, IN 46106  
(317) 881-0561  
(317) 889-2553 FAX

**North Grove Elementary School**  
3280 W. Fairview Road  
Greenwood, IN 46142  
(317) 881-5653  
(317) 885-4547 FAX

**Pleasant Grove Elementary School**  
5199 W. Fairview Road  
Greenwood, IN 46142  
(317) 887-8525  
(317) 885-4605 FAX

**Sugar Grove Elementary School**  
4135 W. Smith Valley Road  
Greenwood, IN 46142  
(317) 887-4707  
(317) 885-5249 FAX

**Walnut Grove Elementary School**  
4079 Morgantown Road  
Bargersville, IN 46106  
(317) 887-4200  
(317) 885-5251 FAX