

DISTRICT ADMINISTRATION OFFICE 386 CITY LINE AVENUE PHOENIXVILLE, PA 19460 484-927-5000 FAX 610-933-3189 BUSINESS OFFICE FAX 610-933-3707

## Medical / Religious Exemption from Immunization Request

The Phoenixville Area School District requires all students provide proof of required immunizations prior to registering in the school district. These requirements do allow for exemptions for medical reasons and religious beliefs. The following information must be provided to the Phoenixville Area School District when requesting a religious/medical exemption of your child's immunizations.

Child's Name:	
• Grade:	
Phoenixville School Attending:	
• The reason for requesting a religious/medical ex	emption of your child's immunizations.
exempt for religious or medical reasons. No student shall immunized against diseases enumerated by the Pennsylvania of Health. The implementation of this policy shall be Superintendent and the building principal and/or head nurse of the sanctions of law for violation of the State statute for requirements for immunization whose parent or guardian objectives physician certifies that the child's physical condition control of the state of the sanctions of the state statute for immunization whose physician certifies that the child's physical condition control of the state of	e disease occurs, and your child/children are exempt from
Parent/Guardian Signature	Date
Melissa McTiernan, Superintendent of Schools	Date
cc: Building Principal School Nurse Building Secretary	

Child Accounting