**SACRAMENTO CITY UNIFIED SCHOOL DISTRICT**

**STUDENT PERONAL OR RELIGIOUS BELIEF**

 **COVID-19 VACCINE EXEMPTION**

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| **Student Name** | **Birth Date** | **Telephone** |
|  |  |  |
| **Parent/Guardian Name** | **Address** | **Email Address** |
|  |  |  |
| **Student ID:**  |  |  |

**PERSONAL BELIEFS EXEMPTION**

I hereby request exemption for my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, from the COVID-19 vaccination requirement for school because it is contrary to my personal beliefs. I understand that should there be cause to believe that my child is infected with active COVID, or it is determined that my child was a close contact with a COVID infected person, my child may be excluded from school pursuant to Education Code §48213 and California Code of Regulations 5 CCR §202, which govern the basis for infectious disease school exclusions.

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| --- | --- |
| Physical Signature of Parent or Guardian | Date – within 6 months before entry to school |
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**RELIGIOUS BELIEFS EXEMPTION**

I hereby request exemption for my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ from the COVID-19 vaccination requirement for school because it is contrary to my religious/spiritual beliefs. I understand that should be cause to believe that my child is infected with active COVID, or it is determined that my child was a close contact with a COVID infected person, my child may be excluded from school pursuant to Education Code §48213 and California Code of Regulations 5 CCR §202, which govern the basis for infectious disease school exclusions.

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| --- | --- |
| Physical Signature of Parent or Guardian | Date – within 6 months before entry to school |
|  |  |