



39 Thomas Free Drive, Kintnersville, PA 18930 ♦ Bucks County ♦ www.palisadesd.org ♦ 610.847.5131

Religious Exemption

(includes a strong moral or ethical conviction similar to a religious belief)

School Year: _____

Child's Name: _____

Address: _____

Date of Birth: _____

Current Grade Level: _____

Phone Number: _____

I, _____ (print), the parent/guardian of _____ (print
child's name) adhere to a religious belief whose teachings are opposed to (check the following):

- Immunizations
- Dental Examination
- Physical Examination
- Age Appropriate/Grade Level Required Screenings.

State your reason for requesting a religious exemption: _____

Print Name Parent/Guardian

Signature Parent/Guardian

Date