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## OBJECTION TO IMMUNIZATIONS - ST. GREGORY THE GREAT ACADEMY

This is to certify that pursuant to Indiana Code 20-34-3-2, I object based on religious reasons to having my child receive one or more of the immunizations required for school by the Indiana State Department of Health.

I understand that I must sign a new religious objection form at the beginning of each school year.

I understand that for my child's safety, he/she will be excluded from school for a determined length of time in the event of an epidemic involving a disease that he/she is not vaccinated against.

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_