

Please mark request

Immunizations Transfer

Religious Exemption

**COMPLETE ALL INFORMATION (please print)**

Child's Legal Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Sex: M / F  American Indian/Alaskan Native  Hispanic Race: \_\_\_\_\_ Grade: \_\_\_\_\_

Home address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother: \_\_\_\_\_ Cell #: \_\_\_\_\_

Father: \_\_\_\_\_ Cell #: \_\_\_\_\_

**Legal Guardian(s) *not listed as parent above* \*guardian must provide legal documentation\***

Guardian: \_\_\_\_\_ Cell #: \_\_\_\_\_

**\*\*\*Please allow up to 5 business days for this form to be completed\*\*\***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ADDITIONAL CHILDREN**

Child's Legal Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Sex: M / F  American Indian/Alaskan Native  Hispanic Race: \_\_\_\_\_ Grade: \_\_\_\_\_

Child's Legal Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Sex: M / F  American Indian/Alaskan Native  Hispanic Race: \_\_\_\_\_ Grade: \_\_\_\_\_

Child's Legal Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Sex: M / F  American Indian/Alaskan Native  Hispanic Race: \_\_\_\_\_ Grade: \_\_\_\_\_

Child's Legal Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Sex: M / F  American Indian/Alaskan Native  Hispanic Race: \_\_\_\_\_ Grade: \_\_\_\_\_

Child's Legal Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Sex: M / F  American Indian/Alaskan Native  Hispanic Race: \_\_\_\_\_ Grade: \_\_\_\_\_