**Philosophical/Strong Moral Ethical Conviction or Religious Exemption Form**

To: Pennsylvania Leadership Charter School:

I am the parent/guardian of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade: \_\_\_\_\_\_\_\_\_\_\_\_

**Please Check One:**

[ ]  I **object** to the following procedures for my child. (Must be contrary to the religious beliefs of

 the parent or guardian of the child. May also include a strong moral or ethical conviction

 similar to a religious belief.) **Circle applicable procedures:**

Immunizations Medical Examinations Dental Examinations

[ ]  I do **not** have a moral, ethical, or religious conviction regarding the above procedures, and

 therefore do not seek an exemption from these medical procedures for my child.

Parent/Guardian Print Name:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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