



ENGAGING AND CHALLENGING ALL STUDENTS

**Ellsworth Elementary/Middle School
20 Forest Avenue
Ellsworth, Maine 04605**

As a parent/guardian of _____, date of birth _____,

in grade _____, I am requesting a waiver for the following immunizations:

- All required immunizations
- Specific Immunizations:
 - DTAP
 - I/OPV
 - MMR
 - Varicella

I understand that in the case of an outbreak of the specific disease for which my child is not protected, my child will be kept out of school and school activities. The length of time my child will be kept out of school may vary from a week to over a month depending on the disease and length of the outbreak. I also understand that if my child is kept out of school, the school is not required to provide off-site classes or tutoring. The school may make reasonable accommodations to assist my child in keeping up with class work.

I am requesting a waiver for:

- Sincere Religious Belief**
- Philosophical Reason**
- Medical (must have physician note)**

My explanation is as follows:

Signed By: _____

Relationship to student: _____

Date: _____