COMMONWEALTH OF VIRGINIA CERTIFICATE OF RELIGIOUS EXEMPTION

| Name | | Birth Date |
|--------|--|--|
| Studei | nt I.D. Number | |
| | student's/my religious tenets or practic outbreak, potential epidemic or epider | agents conflicts with the above namedes. I understand, that in the occurrence of an ic of a vaccine-preventable disease in my/missioner may order my/my child's exclusion otection, until the danger has passed. |
| Signat | ure of parent/guardian/student | Date |
| I here | by affirm that this affidavit was signed in | n my presence on |
| This _ | | Day of |
| | | Notary Public Sea |

Form CRE-1; Rev. 00/92