

**GIBSON COUNTY SPECIAL SCHOOL DISTRICT
RELIGIOUS EXEMPTION FROM VACCINATION**

Child's Name _____

Date of Birth _____

Parent/Legal Guardian Name:

Address _____

State _____ Zip _____

Pursuant to Tennessee Code Annotated §49-6-5001(b)(2), I am declining vaccination(s) for my child because of conflict with my religious tenets and practices.

I declare under penalty of perjury that the foregoing is true and correct.

Parent/Legal Guardian Signature _____

Date _____