

**HIGHLANDS COMMUNITY LEARNING CENTER
IMMUNIZATION EXEMPTION FORM**

In accordance with the Ohio Revised Code – Amended Section 3313.671 (Part A),
I hereby request that

Name of Student

Date of Birth

Be exempt from school immunizations. I understand that due to the lack of Immunizations, should any epidemic or communicable disease outbreak occur, the above named student may be excluded from attendance at all school functions in which other students are present.

Signature of Parent / Guardian

Date

Please print the above name