MM/DD/YYYY

From:

Name of Parents

Address Line 1

Address Line 2

Phone Number

To:

Name of School

Address Line 1

Address Line 2

Phone Number

To whom it may concern,

This letter is to notify you that OFFICIAL NAME OF CHILD AS ENROLLED IN SCHOOL does not receive any vaccinations since it interferes with the exercise of our religious and spiritual beliefs. This is in accordance with NJ Law N.J.S.A. 26:1A – 9.1.

Please enter this document into our child's confidential medical files.

Sincerely,

NAME OF PARENT 1

Signature

NAME OF PARENT 2

Signature