

**AFFIDAVIT OF COVID IMMUNIZATION EXEMPTION ON RELIGIOUS GROUNDS FROM
PUBLIC SCHOOLS AND PRIVATE SCHOOLS**

Date: ____/____/20____

Governing Authority Name (School Name): _____

Address: _____

RE: Religious Exemption from Immunization Requirements

I, (Parent/Guardian Name) _____, the undersigned, as the Parent/Guardian of (Student Name) _____, do hereby swear and affirm that my child and I are members of a recognized religious organization, and that the immunizations required by (Governing Authority Name) _____, are contrary to our religious tenets and practices. On this basis, as the above referenced immunization requirements violate our right to freely exercise our religion as guaranteed by the First Amendment of the Constitution of The United States of America, I am asserting my rights to an exemption from (School or Governing Authority Name) _____ immunization requirements.

My child qualifies for this exemption based on the following:

- 1) First Amendment of the United States Constitution
- 2) Public and Private schools often receive funding from the federal government (i.e. school lunch or breakfast programs, remedial assistance to schools with low-income students, technology grants...). Schools accepting any form of federal aid must follow federal antidiscrimination laws. *42 U.S. Code § 2000a - Prohibition against discrimination or segregation in places of public accommodation*, which states “All persons shall be entitled to the full and equal enjoyment of the goods, services, facilities, privileges, advantages, and accommodations of any place of public accommodation, as defined in this section, without discrimination or segregation on the ground of race, color, religion, or national origin.”

Failure to uphold 42 U.S. Code § 2000a and any attempt to coerce an individual to get the Covid-19 vaccine at this time is a violation of federal law and may be met with legal action.

Thank you in advance,

_____ [Parent/Guardian Name]

_____ [Student Name]

-----**Notarial Certificate – To be filled out by a notary public**-----

State of _____ County of _____

On _____ before me, _____ (here insert name and title of the officer), personally appeared _____, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of _____ that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____

(Seal)