

**Franklin County
Board of Education**

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Board of Education

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Director of Schools

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Religious Exemption from Vaccination(s)

Child's Name _____

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 the vaccinations 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 _____