

FOXCROFT ACADEMY  
975 W. MAIN ST.  
DOVER-FOXCROFT, ME  
04426

PHONE: (207) 564-8351, FAX: (207) 564-8394

STATEMENT OF EXEMPTION TO IMMUNIZATION LAW

Student Name: \_\_\_\_\_ DOB \_\_\_\_\_

Circle present grade: 9      10      11      12

I am requesting exemption from the following immunization(s): Circle appropriate:

All    DPT    I/OPV      MMR 1 and/or 2      Varicella 1 and/or 2      MCV4

I understand that in the case of an outbreak of the specific disease for which my child is unprotected, my child will be kept out of school and school activities. The length of time my child is kept out of school may vary depending on the disease and length of outbreak. I also understand that "for any child so excluded from school for more than 10 days, the superintendent must make arrangements to meet his/her educational needs. This section does not require the provision of off-site classes or tutoring. Instead, the child's educational needs may be met by making arrangements for the delivery of school assignments, correction of papers, and similar activities which can be accomplished from home. Any child who is unable to take examinations during this period shall be afforded the opportunity to make up the examinations, similar to arrangements made for children who have other excused absences." 1

\*Note- Medical exemptions require documentation by physician\*

I am requesting exemption for: (Circle appropriate reason)

Sincere Religious Belief                      Philosophical Reason                      Personal Reasons

My explanation is as follows:

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Signed: \_\_\_\_\_ Print signed name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_ Date: \_\_\_\_\_

1. DHHS 10-144A Chapter 126 Immunization Requirements for school children.  
DOE 05-071 Chapter 126 Immunization Requirements for school children