



Student Name: _____

ID #: _____ School: _____

Email: _____ Phone: _____

Student Request for Religious Exemption from COVID-19 Testing Form

SAUSD policy requires that all students receive a COVID-19 testing. A religious exemption may be granted if (i) the individual holds sincere religious beliefs, which are contrary to the practice of COVID-19 testing, (ii) completes this form, and (iii) provides the required documentation to support the exemption request. SAUSD is committed to providing a safe, inclusive, and supportive experience for all and recognizes true and genuine observance of faith as it pertains to the practice of immunization.

Religious exemptions must be requested annually. If approved, the exemption will remain in effect for the duration of the current academic year. Individuals with approved exemptions may request to recertify exemptions each year. The assigned expiration is at the sole determination of SAUSD.

Individuals with an approved exemption may be required to comply with COVID-19 testing and other preventive requirements as specified in the exemption approval and as may be updated by later notification and/or posting of requirements. In the event of an outbreak on or near campus, individuals holding exemptions may be excluded from all campus facilities and activities, for their protection, until the outbreak is declared to be over.

The Religious Exemption will be carefully reviewed, though approval is not guaranteed. After your request has been reviewed and processed, you will be notified, in writing, if an exemption has been granted or denied. The decisions of the committee are final and not subject to appeal. Individuals are permitted to reapply if new documentation and information should become available.

In order to submit a request, please:

- Read the CDC COVID-19 testing Information;
- Complete and sign the following page of this form;
- Complete the Personal Statement Form;
- Have your religious leader complete the Religious Organization Statement Form; and
- Submit the completed documents

Incomplete submissions will not be reviewed. Be sure all forms and documentation are submitted at one time.

Initial next to each of the statements below:

	I request exemption from the COVID-19 testing requirement due to my sincere religious beliefs. I understand and assume the risks of non-testing. I accept full responsibility for my child's health, thus removing liability from SAUSD with respect to the required COVID-19 testing.
	I understand that in the event of an outbreak or threatened outbreak, my child may be temporarily quarantined. I agree to comply with these restrictions and accept responsibility for communicating with the school site as appropriate to allow compliance with health and safety requirements for unvaccinated individuals.
	Should I contract COVID-19, I will immediately report it to SAUSD and comply with all isolation and quarantine procedures specified by OCHCA.
	I understand and agree to comply with and abide by all SAUSD COVID-19 policies and procedures.
	I understand that, if approved, this exception is only valid for the current academic year, and I am required to resubmit a new request for any subsequent academic year(s).
	I certify that the information I have provided in connection with this request is accurate and complete.

Printed Name: _____

Signature: _____

Date: _____

Teachers: _____

Phone Number: _____

Student Name: _____

ID #: _____ School: _____

Email: _____ Phone: _____



Student Name: _____

ID #: _____ School: _____

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Personal Statement Form

In the space below, please provide a personal written and signed statement detailing the religious basis for your COVID-19 testing objection, explaining why you are requesting this religious exemption, the religious principle(s) that guide your objections to testing, and the religious basis that prohibits the COVID-19 testing. Please attach additional documentation, if necessary.

I certify that my statement above is true and accurate and that I hold a sincere religious belief that is against the receipt of the COVID-19 testing.

Printed Name: _____

Signature: _____

Date: _____



Student Name: _____

ID #: _____

School: _____

Email: _____

Phone: _____

Request for Religious Exemption from COVID-19 Testing

Religious Organization Statement Form

Name of Observant: _____

Name of Religious Organization: _____

Religious Organization Address and Email: _____

Name of Religious Leader and Title: _____

For Religious Leader:

In the space below, please provide a written and signed statement supporting the basis of the observant's faith/beliefs which are contrary to the practice of the use of the COVID-19 testing. Please attach additional documentation, if necessary.

I certify that my statement above is true and accurate and that the above-named observant is a member of my religious organization in good standing and holds a sincere religious belief that is against the receipt of the COVID-19 testing.

Signature: _____ Date: _____



Student Name: _____

ID #: _____

School: _____

Email: _____

Phone: _____

For Staff Use	
Permanent/temporary Religious Exemption on file for other items	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date Review	<input type="checkbox"/> Exemption Approved <input type="checkbox"/> Exemption Denied
Decision Notification Date	
If approved, reason for approval	
If denied, reason for denial	
Appealed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Exemption Approved <input type="checkbox"/> Exemption Denied
Date Reviewed	
If approved, reason for approval	
If denied, reason for denial	
Decision Notification Date:	