



ATLANTA
PUBLIC
SCHOOLS

Making A Difference

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www.atlantapublicschools.us

**IMMUNIZATION REQUIREMENTS:
AFFIDAVIT OF RELIGIOUS OBJECTION**

Child's Name: _____ Date of Birth: _____
(Last, First, Middle Initial)

Parent(s) / Guardian(s) Name: _____

Address: _____

Phone Number: _____

TO WHOM IT MAY CONCERN:

I solemnly swear that the Georgia Immunization Requirement is against my religious beliefs and practices and I will not have my child immunized.

I understand that in the event of an epidemic or threatened epidemic by any of the seven (7) preventable diseases, my child will be excluded from school until the epidemic or threat no longer exists.

PLEASE NOTE: According to Georgia Rules and Regulations Department of Human Resources : Public Health : Immunization of Children as a Prerequisite to Admission to Schools and Other Facilities (290-5-4-.07 Epidemics, Amended) states:

"When in the opinion of the Department of Human Resources or local Board of Health an epidemic or the threat of an epidemic exists, said Department or Board shall immediately, by the most expedient means notify the governing authorities of all schools and facilities within the affected area. When the threat of epidemic exists, the health authority may require immunization for those who object on the grounds of religious belief, or may alternatively prohibit attendance at schools or facilities within the area by unimmunized children." (See Exclusion Procedures on pages 2 and 3.)

Signature of Parent(s) / Guardian(s)

Sworn to and subscribed before me on
this _____ day of _____, 20____.

Notary Signature / Expiration Date

The original form should be placed in the student's permanent record folder and a copy provided to the school nurse.