STATE OF TEXAS

COUNTY OF COLLIN

I am an adherent or member of a recognized church or religious denomination whose tenets and practices conflict with the health screening requirements mandated by Texas State Law.

I, therefore, request that my child _____ be exempt from these requirements. I understand this form must be presented to the campus nurse on or before the date of screening.

_____ _____

Signature of Parent or Guardian Date

_____

Address

_____

City / State / Zip Code

SUBSCRIBED TO AND SWORN TO before me this _____ day of 20___.

_____

Notary Public

My commission expires:

_____