



**ORANGE COUNTY PUBLIC SCHOOLS**

**200 DAILEY DRIVE**

**ORANGE, VIRGINIA 22960**

**www.ocss-va.org**

**540-661-4550**

**Fax 540-661-4599**

*“Dare To Be The Best”*

## **COMMONWEALTH OF VIRGINIA CERTIFICATE OF RELIGIOUS EXEMPTION**

**Name** \_\_\_\_\_ **Birth Date** \_\_\_\_\_

**Student I.D. Number** \_\_\_\_\_

**The administration of immunizing agents conflicts with the above named student's/my religious tenets or practices. I understand, that in the occurrence of an outbreak, potential epidemic or epidemic of a vaccine-preventable disease in my/my child's school, the State Health Commissioner may order my/my child's exclusion from school, for my/my child's own protection, until the danger has passed.**

\_\_\_\_\_  
**Signature of parent/guardian/student Date**

**I hereby affirm that this affidavit was signed in my presence on**

**This** \_\_\_\_\_ **Day of** \_\_\_\_\_

**Notary Public Seal**

**Form CRE-1; Rev. 00/92**