



**REQUEST FOR EXEMPTION FROM COVID-19 VACCINATION REQUIREMENT
(FOR STUDENT PARTICIPATION IN ATHLETICS) ON RELIGIOUS GROUNDS**

Student's Name:		Student's Date of Birth:	
Student's Home Address:		City/State	Zip
Parent's/Guardian's Name (if student <age 18 years):		Parent's/Guardian's Phone Number(s) (if student <age 18 years):	
Name of school:	Street Address:	City	Zip

By signing below, I certify the following:

I certify that vaccination for COVID-19 conflicts with my/my child's sincerely held religious beliefs, practices, and/or observances, as described in the space below (please identify the specifically applicable religious beliefs/practices/observances, and how it conflicts with COVID-19 vaccinations; you may attach additional pages/documents to this request, if necessary/desired):

I understand that the Hawai'i State Department of Education (Department) may at any time modify and/or revoke any accommodation(s) granted pursuant to this request for good cause. I understand that, absent a valid exemption from the vaccination requirement, I/my child will be excluded from participating in school-sanctioned athletic activities until the Department's vaccination policy for student-athletes is rescinded, or I/my child receive(s) the required vaccination.

I understand that the Department evaluates requests on a case-by-case basis and will need to obtain further information regarding my/my child's above stated religious beliefs, practices, and/or observances in order to evaluate my/my child's request. I understand that any failure to provide such information and/or providing false information to the Department will result in the denial of my/my child's request.

_____ Date: _____
Student Signature

_____ Date: _____
Parent/Guardian signature (if student <age 18 years)