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GraceChristianSchools.com

EXEMPTION TO REQUIRED IMMUNIZATIONS

Student's Name _____ Student's Birthdate _____
Parent/Guardian Name _____ Phone # _____
Address _____

I/we understand that exempting from these immunizations may leave my child and others that my child comes in contact with at risk. We take responsibility for this decision. We understand that if we transfer into a traditional school, these immunizations will be required. Please check all that apply.

- ☐ Polio (OVP or IPV)
- ☐ Diphtheria, Tetanus & Pertussis or Tetanus and Diphtheria only (DTP/DTaP/DT/Td)
- ☐ Measles, Mumps & Rubella (MMR)
- ☐ Hepatitis B
- ☐ Varicella (Chickenpox)

7th Grade Admission-Only

- ☐ Tdap (Tetanus, reduced Diphtheria, Pertussis-Whooping Cough)

Signature of Parent or Guardian Date

Signature of Administrator Date

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A ministry of Mission Valley Christian Fellowship

