



NIKKI'S
CHRISTIAN ACADEMY
FAITH.....EXCELLENCE.....FAMILY

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Website: nikkischristianlearningcenter.org • Email: ncaoldbridge@gmail.com
1549 Old Bridge Road, Woodbridge, VA 22192
Tel: (571) 427-2053 • Fax: (571) 427-2054

COMMONWEALTH OF VIRGINIA

CERTIFICATE OF RELIGIOUS EXEMPTION

Name: _____ Birth Date _____

Student I.D. Number or Social Security Number _____

The administration of immunizing agents conflict with the above-named student's religious practices. I understand, that in the occurrence of an outbreak, potential epidemic or epidemic of a vaccine preventable disease in my child's school, the State Health Commissioner may order my child's exclusion from school, for 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

