

**Culpeper County Public Schools**  
**450 Radio Lane**  
**Culpeper, Virginia 22701**

***Request for Religious Exemption Form***

\_\_\_\_\_  
Date of Request

\_\_\_\_\_  
Parents' Names (mother and father)/Legal Guardian

\_\_\_\_\_  
Address (P.O. Box/Route, Box #/Town, State, Zip Code)

\_\_\_\_\_  
\*Telephone Number (work and home)

<b>Child's Full Name</b>	<b>Age</b>	<b>*Grade Level</b>	<b>*Last School Attended and Date Attended</b>

\* While this information is optional, the information may facilitate and expedite administrative review and action on the request.

- A. Parents must (in compliance with Virginia School Law 22.1-254, subsection B.1):
1. submit a letter to the Division Superintendent describing their religious beliefs;
  2. submit a brief statement from each child, if age appropriate, describing his/her religious beliefs;
  3. submit a statement or letter from a pastor or other informed individual that the request for religious exemption appears consistent with the parents' and/or child(ren)'s religious training and/or religious beliefs; and
  4. submit letters from individuals verifying the sincerity of the child(ren)'s and parents' beliefs and/or training.

**Request for Religious Exemption**

B. The information furnished in this application is true and correct to the best of my knowledge and belief.

Printed Names/Signatures

_____	_____
(Father)	Date
_____	_____
(Mother)	Date
_____	_____
(Child)	Date
(if age appropriate)	
_____	_____
(Child)	Date
(if age appropriate)	
_____	_____
(Child)	Date
(if age appropriate)	

**FOR OFFICE USE ONLY**

Request Approved  
Request Denied

Date: \_\_\_\_\_ Signature of Superintendent: \_\_\_\_\_  
\_\_\_\_\_

Reason(s) for rejection of request:

- 1.
- 2.
- 3.
- 4.