

California Christian Academy, PSSP

TO: New and Existing CCA Families
FROM: CCA Administrator
RE: Vaccination Exemption According to SB277
Effective January 1, 2016

**THIS FORM IS VOLUNTARY. THIS FORM HAS BEEN APPROVED
BY HOME SCHOOL LEGAL DEFENSE ASSOCIATION.**

By signing this form below, (I/We) acknowledge that we are aware of the risks of not having vaccinations and do this based upon our own decision to exempt our student(s) from vaccinating.

Based upon the passage of SB 277, we agree to educate our children under the California Christian Academy, PSSP, affidavit, thus allowing for our child/children to be exempt from any/all vaccines as permitted under SB 277.

(I/We) hereby exempt the following children from vaccinations while enrolled in California Christian Academy, PSPP.

| | |
|--------------------------|------------------|
| Student Legal Name _____ | Birth date _____ |
| Student Legal Name _____ | Birth date _____ |
| Student Legal Name _____ | Birth date _____ |
| Student Legal Name _____ | Birth date _____ |
| Student Legal Name _____ | Birth date _____ |
| Student Legal Name _____ | Birth date _____ |

Teaching Parent _____
(print name)

Teaching Parent Signature _____

Legal Guardian _____
(print name)

Legal Guardian Signature _____