

# Vaccine Exemption Appeal

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[School District/Authority Name]

[School Name]

[School Address]

[City, State, Zip Code]

## **Subject: Appeal for Vaccine Exemption**

Dear [Recipient's Name or Title],

I am writing to formally appeal the decision regarding my child, [Child's Name], and their exemption from the required vaccinations for educational attendance. Our request for an exemption was denied on [Date of Denial], and we respectfully believe that a reconsideration of our circumstances is warranted.

Our reasons for seeking a vaccine exemption are based on [provide reasons, such as medical, philosophical, or religious beliefs]. We firmly believe that vaccinating [Child's Name] could pose [specific concerns]. Attached are documents supporting our claim, including [list documents such as medical records, letters from healthcare providers, etc.].

We understand the importance of vaccines for public health and safety; however, we feel that in this case, an exemption is justified. We hope that the school district can accommodate our request based on the information provided.

Thank you for considering our appeal. We look forward to your prompt response so that we may work together in the best interest of [Child's Name].

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]