

# Laramie Montessori School Request for Religious or Medical Exemption from Curricular Activities

Please fill out the form that applies to your family, sign at the bottom, and provide stated attachments.

## Religious Exemption

I \_\_\_\_\_ parent of  
*Print Legal Name*

\_\_\_\_\_ who is an  
*Print Student Legal Name*

enrolled student of Laramie Montessori School request a Religious exemption from (*choose all that apply*):

- Art  
 Music  
 Physical Education

I understand that by requesting this exemption and having it granted that my child will be exempted from all curricular classes that are associated with the chosen exempted activity or activities. I understand that many classroom activities might be considered associated with the above chosen classes and that it is my responsibility to discuss any concerns I might have with the School Director and possibly the teacher. I understand that if I choose not to discuss concerns about classroom activities with the School Director then my child will participate in normal classroom activities.

I further understand that this request is only valid for Laramie Montessori School. If my child transfers from Laramie Montessori School another request must be made for religious exemption from the new school principal or school board. I understand that this is because Laramie Montessori School is a Charter school and has its own school board separate from the school board of Albany County School District #1.

I certify that I am a parent or legal guardian of the above student and I have included a letter with this request stating my wish for a Religious exemption addressed to the School Director of Laramie Montessori or to the Laramie Montessori School Board. I also agree that Laramie Montessori School cannot be held responsible for any negative consequences associated with this request for exemption and the implementation of it.

## Medical Exemption

I \_\_\_\_\_ parent of  
*Print Legal Name*

\_\_\_\_\_ who is an  
*Print Student Legal Name*

enrolled student of Laramie Montessori School request a Medical exemption from (*choose all that apply*):

- Art  
 Music  
 Physical Education

I understand that by requesting this exemption and having it granted that my child will be exempted from all curricular classes that are associated with the chosen exempted activity or activities. I understand that many classroom activities might be considered associated with the above classes and that it is my responsibility to discuss any concerns I might have with the School Director and possibly the teacher. I understand that if I choose not to discuss concerns about classroom activities with the School Director then my child will participate in normal classroom activities.

I further understand that this request is only valid for Laramie Montessori School. If my child transfers from Laramie Montessori School another request must be made for religious exemption from the new school principal or school board. I understand that this is because Laramie Montessori School is a Charter school and has its own school board separate from the school board of Albany County School District #1.

I certify that I am a parent or legal guardian of the above student and I have included a letter with this request stating my wish for a Medical exemption addressed to the School Director of Laramie Montessori or to the Laramie Montessori School Board. I have also included a signed letter of reference or documentation from a medical professional as to the reason for the Medical exemption. I also agree that Laramie Montessori School cannot be held responsible for any negative consequences associated with this request for exemption and the implementation of it.

I certify that the information I have provided is accurate to the best of my knowledge. I also certify that I have read and understood the above form and have provided the stated documentation listed. I certify that I agree to the terms presented in the form above that I have filled out and I understand that if any information or documentation provided is found to be inaccurate this request may be denied. This document is considered valid for as long as the student named above attends Laramie Montessori School or this request is rescinded in writing.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name