## **Spinal Screening Affidavit of Religious Exemption**

| STATE OF TEXAS   |   |
|--|---|
| COUNTY OF  |   |
|  |   |
|  | nority, on this day personally appeared   |
| (Parent or Guardian)                                       | , who after being dully sworn, deposes and says:  |
| (Constitution Constitution)                                |   |
| 10 and 12 and boys at age 13 or 14 for abn                 | es all public and private schools to screen girls at age formal spinal curvature before the end of the school conduct their spinal screening programs for girls in the fall of 8th grade. |
| I hereby request that                                      | , NOT undergo (Name of  |
| Student) spinal screening because it conflict affiliation. |   |
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|  | (Parent or Guardian)  |
| Curam and aubacribad bafara ma bu tha asi                  | id .  |
| this the   | id on day of,   |
| uns uie  | day 01  |
|  |   |
|  | (Notary Public in and for the State of Texas  |