



LITTLE WOUND SCHOOL COVID-19 VACCINATION REQUIREMENT MEDICAL/RELIGIOUS EXEMPTION WAIVER

Student Name:	Grade:
Parent/Guardian Name:	Birthdate & Age
Address:	Phone #
City & State:	Zip Code:

Students who are age 12+ are required to show proof of COVID-19 vaccination according to Oglala Sioux Tribe Ordinance 21.55 in order to attend school onsite. Proof of Vaccination or a completed waiver needs to be in the students file on or before January 3rd.

- i. **Any Student who has been advised by a healthcare professional (for a Medical or Disability Waiver) not to receive a vaccine due to underlying health conditions and a risk presented from the vaccine to the student's health, may file a request for a reasonable accommodation with the Little Wound School Superintendent.** The Parent/Legal Guardian shall file the request, along with a statement from a licensed health care professional that the student has been advised not to receive the vaccine due to a risk posed to their health. LWS Administration will determine whether a reasonable accommodation can be granted based on a case-by-case evaluation of the risk to the health and safety of staff and students of granting the accommodation.
- ii. **Any student who has a religious objection, based on a sincerely held religious belief, observance, or practice, to receiving a vaccine may file a request for a religious exemption.** Based on the information provided in the request for religious exemption, LWS Administration will determine if granting an exemption would pose an undue hardship on LWS operations on a case-by-case basis.
- iii. If the Parent/Guardian does not agree with the decision of the LW Administration the waiver request and the decision of the LWS Administration will be presented to the OST Human Resources Director who will make a determination on the acceptance of the waiver request.

I am requesting a vaccine exemption for the COVID-19 vaccine requirement mandated by the OST Ordinance 21-55 to be able to attend school onsite at Little Wound School due to the following medical/religious reasons and am requesting the following accommodations: (Explain and provide appropriate documentation that supports your request)

FOR REASONABLE ACCOMMODATION BASED ON MEDICAL CONDITION/ DISABILITY:

1. Have you included a health care provider statement that you have been advised not to receive the COVID-19 vaccination? ☐ Yes ☐ No

FOR RELIGIOUS EXEMPTION:

1. Have you included any additional information demonstrating the religious belief prevents you from receiving the COVID-19 vaccination? ☐ Yes ☐ No

Parent/Guardian Signature: _____ Date: _____