



Bellbrook-Sugarcreek Local Schools Student Mask Exemption Request

Student Name: _____ Date: _____

Student ID: _____ Student Birthdate: _____

Parent/Guardian Name: _____

Address: _____ City/State/Zip: _____

I request that the above-named student be exempted from wearing a mask and understand that my student will be required to wear a mask consistent with district policies unless my exemption request is approved.

Reason for exemption: (Check all that apply)

A form must be completed for every student seeking an exemption to the requirement to wear a mask.

Forms and documentation must be submitted to your building principal, or their designee.

- The Student has a disability and cannot wear a mask, or cannot safely wear a mask, because of the disability. *Documentation demonstrating the foregoing and signed by a medical professional is required.*
- The Student has been advised by a medical professional not to wear a mask due to health reasons. *Documentation demonstrating the foregoing and signed by a medical professional is required.*

Documentation must address the following:

- Whether student is able to wear a mask covering the nose and mouth for all or parts of the day.
- Whether student may wear a mask except for during certain activities.
- Whether student is able to safely wear a mask, including removing the mask on his or her own or indicating to others that the mask should be removed.

I understand that my child will be required to wear a **face shield** in lieu of a mask as a result of my request unless medical documentation demonstrating a disability prohibits a face shield to be utilized. *For contact tracing purposes, face shields are not the equivalent of masks and will be treated as not wearing a mask.*

* Please note that submission of this mask exemption request does not provide legal exemption from mask requirements of any public health or other legal authority having jurisdiction (i.e., school transportation per federal law).

Parent/Guardian Signature _____ Date: _____

RECEIVED BY SCHOOL DISTRICT _____ Date _____
Approved ____ Not Approved ____ Superintendent Signature _____ Date _____