

Boardman Local School District

COVID-19 Student Face Covering Exemption Request Form

In connection with the COVID-19 pandemic, the Boardman Local Schools requires all K-12 students to wear facial coverings (masks) in any indoor location during school hours and while riding in a school bus or van.

Universal Exemptions. The following exemptions will be applied to all students without request:

1. The student is outside or actively participating in physical activity.
2. The student is seated and actively consuming food or beverage.
3. Students and staff can maintain at least six feet of distance from each other, and the removal of facial coverings is necessary for instructional purposes.
4. Students and staff can maintain at least six feet distance from each other, and a mask break is deemed necessary by the educator supervising the students.
5. The student is alone in an enclosed space.

Exemptions that must be requested. The exemptions in this section must be requested, and the exemption must be approved by District administration.

I, _____ (parent/custodian) request an exemption for _____ (student) because:

___ My child has a medical condition (including a respiratory condition) that restricts breathing.

You **must** submit with this Form, documentation from your child's health care provider who made the diagnosis.

___ My child has a mental health condition, or a physical or mental disability, that contraindicates the wearing of a facial covering.

You **must** submit with this Form, documentation from your child's health care provider who made the diagnosis.

___ My child is a child with a disability, and my child's IEP team or Section 504 team has excused him or her from wearing a facial covering because of my child's identified disability.

You *may* submit a copy of your child's IEP or Section 504 plan containing the exemption. If you do not submit a copy, the District administration will contact your child's team for a copy.

___ My child is subject to an established, sincerely held, religious requirement that does not permit a facial covering to be worn.

You **must** submit with this Form all documentation and/or information you have documenting that your child is subject to an established, sincerely held, religious requirement prohibiting a facial covering.

Parent signature: _____

Date: _____

This section for school use only

Name of administrator: _____

Date: _____

Title: _____

___ I deny the request for exemption to the facial covering requirement.

___ I grant the request for exemption to the facial covering requirement.

___ I modify the facial covering requirement for student as follows: _____

(Note: The modification is intended to reflect the recommendation from the student's health care provider or IEP/Section 504 team that a face covering may be worn in limited circumstances.)