



**Request for an Accommodation Related to Mandatory Face Covering (Mask) Use**

Parent Name: \_\_\_\_\_

Student Name: \_\_\_\_\_

Reason for request: \_\_\_\_\_

\_\_\_\_\_

For Religious Accommodation Requests:

What is the sincerely held religious belief that requires a face covering accommodation?

\_\_\_\_\_

Can the student wear a face covering at any time during the school day?

\_\_\_\_\_

If so, under what conditions is the student able to wear a face covering?

\_\_\_\_\_

Under what conditions is the student unable to wear a face covering?

\_\_\_\_\_

What if any accommodation(s) does the student need related to the District's face covering expectation listed in the Board approved mitigation plan? For how long would such accommodations be necessary? \_\_\_\_\_

\_\_\_\_\_

Parent or Guardian Signature

\_\_\_\_\_

Date

*Return form to building principal.*