

FACE COVERING/MASK EXEMPTION REQUEST FORM

Date: _____

Name: _____

Parent/Guardian submitting request (if applicable): _____

Student Grade: _____

Request is for a:

Student

District Employee

District Volunteer or Vendor

Visitor

Building:

Chardon Early Learning Center

Chardon High School

Chardon Middle School

Munson Elementary

Park Elementary

Reason for exception from use of face covering requirements:

Medical condition, mental health condition, or disability that contraindicates wearing a facial covering/mask

Seeking to communicate with someone who is hearing impaired or has another disability, where an accommodation is appropriate or necessary

Necessary for instructional purposes, including instruction in foreign language, English language for non-native speakers, and other subjects where wearing a facial covering/mask would prohibit participation in normal classroom activities, such as playing an instrument **(staff only)**

An established sincerely held religious requirement exists that does not permit a facial covering/mask

Would violate a district and/or school documented safety policy that applies to requestor **(volunteer/vendor/visitor only)**

There is a functional (practical) reason not to wear a facial covering/mask in the workplace **(volunteer/vendor/visitor only)**

Compliance would be in violation of a documented industry standards **(volunteer/vendor/visitor only)**

Prohibited by an applicable law or regulation **(volunteer/vendor/visitor only)**

Explanation of selected reason and/or documentation that supports the request:

For Internal District Use Only

Date Request Received: _____

Accommodation(s) if any: _____