



**Request for An Exemption from Wearing
the Mandatory Mask at School
Category A**

Student Name: _____

Grade: _____

Homeroom Teacher: _____

Parent/Guardian Name (if student is under 18): _____

Reason for Exemption Request:

Medical documentation or other clinical documentation that outlines unique needs has been provided: Yes _____ (*please attach*)

Medical documentation or other clinical documentation that outlines unique needs will be provided on (date): _____

Comments:

Parent/Guardian Signature or Adult Student Signature: _____

Date Submitted to School Administration: _____