

Appendix C:



Request for An Exemption from Wearing the Mandatory Mask at School

Category B

Student Name: _____

Grade: _____ Homeroom Teacher: _____

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

Reason for Exemption Request:

Please provide any additional information or documentation to support this request:

Parent/Guardian or Adult Student Signature: _____

Date Submitted to School Administration: _____