

**School District of Florene County  
Student Face Covering Exemption Request**

Student Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_

Is Student currently receiving Special Education Services? YES NO

Does Student currently have a Section 504 accommodation Plan? YES NO

***Note: Requests for students with existing IEPs and/or Section 504 Plans may be referred to their assigned plan coordinator – Please complete the rest of the form.***

Requests for student exemption from the district's face covering requirement are evaluated on a case-by-case basis and consistent with the District's practices and legal requirements of Section 504 of the Rehabilitation Act. The District will evaluate whether the student has a disability that requires accommodations be provided so that the student is able to participate in the educational program. By submitting this request, you are asserting that your child has a medical condition (physical or mental health related) that impairs one or more major life activities and as a result is not able to access the educational program while complying with the face covering requirement. Final determination is made based on the District's analysis of multiple sources of information and may be granted or denied as appropriate.

Section 1. Explanation of Reason for Request:

Parents must provide specific information regarding the student's medical condition (disability) that qualifies the student for an accommodation relative to the face covering requirement. **Medical verification of the student's circumstances may be REQUIRED.** The district will consider such documentation if provided, as well as other evidence including the students existing records, student health records, staff observations, parent input, etc. If insufficient information is provided upon which a determination of eligibility can be based, the request may be denied or more information requested.

- A. Please specify the medical condition that restricts or prohibits your child's ability to safely wear a face covering while at school:

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- B. If available, attach medical documentation from a licensed, practicing physician, physician's assistant or nurse practitioner with specific explanation as to why the child cannot wear a face covering.

C. Are you providing any other information or evidence to support your request? Please describe here and attach any documentation to this Form when submitted.

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By submitting this form, I am requesting an exemption from the school district's face covering requirement for my child and agree that the following statements are accurate:

1. My request is based on a good faith and sincere belief that wearing a face covering is medically inappropriate.
2. I will inform school administration in the event that the circumstances described in this request, or other documentation provided along with it change in any way;
3. I understand that this process is not guaranteed to result in a finding that my child qualifies for the exemption I am requesting and that if he/she does not qualify, the student will still be required to comply with the District's face covering rule.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_