

August 20, 2020

Dear Parents/Guardians:

As part of the many aspects of the extensive district reopening plans, the Board of Education approved a requirement that any student riding a bus, or using any other form of school provided transportation, must wear a face covering.

We cannot ensure social distancing per CDC guidelines on our bus routes. The CDC does recommend face coverings, and the Board has adopted this as a rule beyond the Governor's current face covering mandate.

Due to the enclosed space, with minimal air circulation, and no assurance of social distancing, it's important in the interest of best protecting all other students, and our bus drivers, to use all the tools we can to mitigate risk of exposure on the school buses.

If your child has a specific condition that does not allow them to wear a face covering while utilizing school transportation, please return the enclosed form to your child's principal's office, or please provide the form to your child's bus driver the first day they are picked up.

**Additionally, forms can be emailed directly to Rick Roberts, Transportation Director - [robertsr@myflorence.org](mailto:robertsr@myflorence.org)**

Our drivers have an immense responsibility, with many distractions both inside the bus, and on the roads they travel, as they safely transport your child, and the children of others, each morning and afternoon. Your cooperation and support in conversations with your child in this matter is greatly appreciated.

Any matters of insubordination of this Board approved rule will be reported to the respective principal upon arrival to school, and immediate contact will be made to the parent/guardian. Continued violations, per school board policy, may result in denial of bus riding privileges.

Thank you for your cooperation.

Sincerely,

Ben Niehaus, District Administrator

Attachment - Transportation Opt Out Form

**School District of Florence County**  
**Student Transportation Face Covering Exemption Form**

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

Grade: \_\_\_\_\_

Please specify, **with specific reason**, for your request of your child not to wear a face covering while utilizing school provided transportation:

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If your child cannot wear a face covering, is your child able to wear a face shield?

Yes

No

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

Parent Signature: \_\_\_\_\_

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