

Student Mask Exemption Request

According to the Maysville Board of Education Policy 8450.01 and Resolution 21-100, all staff and students must wear a face mask during the school day unless an exception applies. **Medical documentation must accompany this request when appropriate.** Completed applications should be returned to the Office of the Superintendent. The committee will notify you of the decision.

Student Name: _____ Student Birth Date: _____

Parent/Guardian Name: _____

Address: _____

Please Print

Reason for requested exemption for students (Check the appropriate reason):

_____ The student has a disability and cannot wear a mask or cannot safely wear a mask because of disability (explain/attach documentation).

_____ Facial coverings are not advisable for health reasons. (Medical documentation required)

_____ An established sincerely held religious requirement exists that does not permit the student to wear a mask (explain/attach documentation).

Ohio law prohibits any person from knowingly making a false statement with the purpose of misleading a public official in performing the public official's official function. See Ohio Revised Code Section 2921.13(A)(3).

Signature of Parent/Guardian

Date

For School Use Only:	Approved / Not Approved (Circle One)
By: _____	Date: _____
Print Name: _____	Title: _____