

## COVID-19 Student Face Covering Religious Exemption Request



In accordance with the District's Return to School Plan, the District will require students to wear face coverings while indoors at District facilities.

In order to receive an exemption from the applicable face covering requirements, this form must be completely filled out and emailed to the Superintendent, at [rieber.ryan@wsalem.k12.wi.us.com](mailto:rieber.ryan@wsalem.k12.wi.us.com).

Student Name	Student Date of Birth
Home Address	School/Grade

For purposes of determining what if any accommodations we can provide, please explain to us why your religious beliefs prohibit you (or your child) from wearing a mask.

For those individuals who wore a mask last year, but are now asking for an exemption, please explain to us why you were able to wear a mask last school year, but now are requesting an accommodation due to your religious beliefs

I certify that I am the Parent/Legal Guardian of the Student, or that I am the Student and am of majority age, and have the authority to sign this consent. I affirm that the information described above is true. I recognize that this exemption from wearing a face mask may result in the Student being quarantined in the event of a COVID exposure. I have the right to revoke this authorization. I understand that my revocation is effective only if it is in writing and it is submitted to the School District of West Salem.

Parent/Guardian Name

Parent/Guardian Telephone

Signature Of Parent/Guardian

Date

DISTRICT USE ONLY - STUDENT FACE COVERING EXEMPTION DETERMINATION

Face Covering Exemption:  Approved  Denied

Administrator Initials and Date: