

### Universal Masking Exemption Request

Student Name: \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Bus #: \_\_\_\_\_

The Middletown City School District Board of Education, in consultation with local health officials, has determined that it is in the best interest of our students and staff that all Middletown City Schools require facial coverings inside our buildings for all k-12 students, staff, and visitors.

The Ohio Department of Health and the Butler County General Health District, along with the City of Hamilton Health Department and City of Middletown Health Department, strongly recommend universal masking in K-12 schools. The Centers for Disease Control and Prevention (the “CDC”) and the Ohio Department of Health have issued guidance that the wearing of facial coverings slows the spread of COVID-19 and that not wearing a face covering may subject an individual to an increased risk of contracting COVID-19 or spreading COVID-19 to others. In addition, the CDC requires that all individuals on public conveyances, including school buses, must wear masks. Finally, the Ohio Department of Health has issued guidelines for quarantine after exposure to COVID-19 in K-12 settings. This guidance states that, if schools have universal mask requirements and other COVID-19 prevention policies in place, individuals who have been exposed to COVID-19 in the classroom setting do not need to quarantine if they do not exhibit symptoms.

To protect our community and to ensure that all our students can remain in the classroom, all individuals inside District buildings are required to properly wear an appropriate facial covering, unless an exemption described below applies. By completing this form, you are identifying the student named above as exempt from the mask requirement based on the exemption(s) indicated below and requesting that the District recognize the student as exempt from the applicable mask requirement. If an exemption is provided, other options may be considered as a form of accommodation that could be required for the student (ex. online education, face shields, etc.).

**Exemption from the District’s Building Mask Requirement:**

(Please note, a student may be exempt from the District’s building mask requirement but not the CDC’s school bus mask requirement)

Please answer the following questions in submitting your request.

<i>For informational purposes only:</i> Does the student have a current IEP?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>For informational purposes only:</i> Does the student have a current 504 plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the student have a physical condition that would prevent him/her from wearing a face covering / mask?*	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the student have a mental condition that would prevent him/her from wearing a face covering / mask?*	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the student have a developmental condition that would prevent him/her from wearing a face covering / mask?*	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the student have another disability / health condition that would prevent him/her from wearing a face covering / mask?*	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the student or the student’s family have a firmly held religious belief that would prevent the student from wearing a mask?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If the reason for requesting this waiver is not listed above, please explain your request here:		

**Exemption from the CDC's Bus Mask Requirement**

Is the student a person with a disability who cannot wear a mask, or cannot safely wear a mask, because of the disability? *	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the student unable to remove a mask without assistance? *	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is it essential for the student to have others see his/her mouth in order to effectively communicate? *	<input type="checkbox"/> Yes	<input type="checkbox"/> No

\* If the student has a physical, mental, developmental, or another disability / health condition that would prevent him/her from wearing a face covering / mask, please provide sufficient information or documentation to allow the District to properly consider the request.

Name of Parent/Guardian \_\_\_\_\_  
(or student if 18 or Older): \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_  
(or student if 18 or Older): \_\_\_\_\_

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**This Portion for Office Use Only**

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Decision Regarding the Request:    Granted \_\_\_\_\_    Denied for insufficient information \_\_\_\_\_

If the request is granted, required accommodations? \_\_\_\_\_

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