



Darrin Knapke,
Superintendent
120 South Xenia Dr.
Enon, OH 45323
(937) 864-1202

FACE COVERING EXEMPTION REQUEST FORM
Return completed form to the the Board Office or Building Principal.

Date: _____

Name: _____

Parent/Guardian submitting request (if applicable): _____

Request is for a:

- Student
 District Employee
 District Volunteer or Vendor
 Visitor

Reason for exception from use of face covering requirements:

Medical condition, mental health condition, or disability that contraindicates wearing a facial covering

Seeking to communicate with someone who is hearing impaired or has another disability, where an accommodation is appropriate or necessary

Necessary for instructional purposes, including instruction in foreign language, English language for non-native speakers, and other subjects where wearing a facial covering would prohibit participation in normal classroom activities, such as playing an instrument (staff only)

Would violate a district and/or school documented safety policy that applies to requestor (volunteer/vendor/visitor only)

There is a functional (practical) reason not to wear a facial covering in the workplace (volunteer/vendor/visitor only)

Compliance would be in violation of a documented industry standards (volunteer/vendor/visitor only)

Prohibited by an applicable law or regulation (volunteer/vendor/visitor only)

Explanation of selected reason:

Documentation (attach) that supports the request:

Proposed accommodation/alternative approach request (i.e. use of face shield, alternate mask fabric, etc.):

For Internal District Use ONLY

Date Request Received:

Date Request Meeting/Call Held:

_____ Request Denied

_____ Facial Covering Exemption Approved

Accommodations:

For instructional exemption only, specify accommodation and when accommodation can be used:

Date written decision sent (to parent if student request):