

FACE COVERING EXEMPTION REQUEST FORM

Strongsville City Schools

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**)
- ☐ An established sincerely held religious requirement exists that does not permit a facial covering
- ☐ 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**)

Additional explanation of selected reason (if needed):

Proposed accommodation/alternative requested (i.e., use of face shield):

Attach supporting documentation if you selected the medical or religious exception.

For Internal District Use ONLY

Date:

Decision:

☐ Request Denied
☐ Facial Covering Exemption Approved

Accommodations:

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

Approving Administrator: