

CHAMPION LOCAL SCHOOL DISTRICT
REQUEST FOR WAIVER UNDER FACE COVERINGS/MASK POLICY
EXEMPTIONS For Students During the 2021-2022 School Year

Name of Student: _____ **Date of Birth:** _____

Building Attended: _____ **Grade/Class:** _____

Champion Local Schools mandated the use of facial coverings on August 17, 2021. This mandate requires all students and staff to wear a facial covering both in the school and while riding the bus. The requirement to wear a facial covering does not apply when one or more of the following exemptions apply. (Please choose all that apply.)

The individual has a medical condition, including respiratory conditions, that restricts breathing, mental health conditions, or a disability that contra-indicates the wearing of a facial covering.

The individual is communicating or seeking to communicate with someone who is hearing impaired or has another disability, where an accommodation is appropriate or necessary.

An established sincerely-held religious requirement exists that does not permit a facial covering.

Additionally, individuals will not be required to wear a facial covering when the individual is actively participating in outdoor recess and/or physical activity where students are able to maintain a distance of six feet or more; or during athletic practice, scrimmage, or competition; or if the individual is seated and actively consuming food or beverage; where students and staff can maintain distancing of at least six feet and removal of the facial covering is necessary for instructional purposes including instruction in foreign language, English language of non-native speakers, or other subjects where wearing a facial covering would prohibit participation in normal classroom activities such as playing an instrument.

The safety of our students, employees, and community is paramount. Additionally, **you may be requested to provide medical and/or supporting documentation regarding your request** so that it may be appropriately considered by the District.

Printed Name of Requesting Parent/Guardian
(or Name of Student if age 18 or older): _____

Signature of Requesting Parent/Guardian
(or Signature of Student if age 18 or older): _____

Date Signed: _____

Office Use Only

Received By: _____

Date Received: _____