



UPPER ARLINGTON SCHOOLS

1950 N. Mallway Drive | Upper Arlington, Ohio 43221 | (614) 487-5000

Mask Exemption Request

Student Name: _____

Student Birth date: _____

Parent/Guardian Name: _____

Address: _____

City / State / Zip: _____

Reason for exemption: (check all that apply)

A form must be completed for every student seeking an exemption to the requirement to wear a mask. Forms must be submitted to your student's building principal.

- The Student has a disability and cannot wear a mask, or cannot safely wear a mask, because of the disability (explain below):

 - The Student has been advised by a medical professional not to wear a mask due to health reasons (explain below):

 - An established sincerely held religious requirement exists that does not permit the Student to wear a mask (explain below):
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Parent/Guardian _____

Date: _____

Parent/Guardian _____

Date: _____

For School Use Only:

Approved | Not Approved (Circle One)

By: _____

Date: _____

Print Name: _____

Title: _____