

COVENTRY LOCAL SCHOOLS FACE COVERING EXEMPTION REQUEST FORM

Date: _____

Name: _____

Building: _____

Parent/Guardian submitting request (if applicable):

Request is for a:

Student

District Employee

District Vendor

Visitor

Reason for exception from use of face covering requirements:

Is not advisable for a specific health reason or an individual's disability

Would violate a district and/or school documented safety policy that applies to requestor

An established deeply held religious requirement exists that does not permit the use of face coverings

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

Compliance would be in violation of a documented industry standards (employee/volunteer)

Explanation of selected reason:

For Internal District Use ONLY

Date Request Received:

Request Denied

Facial Covering Exemption Approved

Accommodations:

Date written decision sent: