



Olentangy Schools 2021-22 School Year Mask Exemption Request

Student Name: _____

Student ID number: _____

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 school office. Upon submission of this form, you may be required to meet with a school administrator regarding the requested exemption.

- The Student has a disability or documented medical condition and cannot wear a mask, or cannot safely wear a mask, because of the disability or documented medical condition (explain/attach documentation):

- An established sincerely held religious requirement exists that does not permit the Student to wear a mask (explain/attach documentation):

Ohio law prohibits any person from knowingly making a false statement with the purpose of misleading a public official in performing the public official's official function. See Ohio Revised Code Section 2921.13(A)(3).

Parent/Guardian _____ Date: _____

For School Use Only:	Approved Not Approved (Circle One)
By: _____	Date: _____
Print Name: _____	Title: _____