



PENNCREST SCHOOL DISTRICT

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PENNCREST Mask Waiver for students with an IEP or 504

The PENNCREST School District has adopted a Health and Safety Plan for the 2021-2022 academic year which may require individuals, including students in school, to wear face coverings in an effort to curb the spread of COVID-19. In addition, effective February 1, 2021, the Centers for Disease Control (“CDC”) and the Department of Health and Human Services issued an Order requiring that all individuals wear face masks over their nose and mouth on conveyances. On August 31, 2021, the acting Pennsylvania Secretary of Health issued a mask Order effective Sept 7, 2021. The School District’s Health and Safety Plan and the Order(s) identify certain students who may be exempted from wearing a face covering if they have a medical or mental health condition or disability, as defined by the Americans with Disabilities Act, if the condition or disability is documented in accordance with **Section 504 of the Rehabilitation Act or IDEA**. PENNCREST will make accommodations for those students in accordance with the student’s IEP or 504 team. **Parents of students with an IEP or 504 that want their child exempt from the mask Order, must complete this form and return it to the school principal.**

I am requesting that my child, _____, be exempt from the PA DoH mask-wearing requirement because they have a medical, mental health condition or disability.

My child has been previously identified as being eligible for special education services or accommodations under IDEA or Section 504. I understand my child’s IEP or 504 Plan will need to be updated to reflect this requested change. I understand the IEP team or 504 team may need me to produce medical or psychological documentation or evidence to support my request for this accommodation.

Choose option 1 or 2:

- 1. I am comfortable inserting the necessary revisions to my child’s IEP or 504 Plan without convening my child’s IEP or 504 team. I understand the school district will issue a revision to the IEP or 504 plan via USPS mail or email. (Timeline: 2 work days)
- 2. I am requesting my child’s IEP or 504 team meet to discuss further accommodations or revisions my child may need related to mask-wearing and/or other COVID-19 related matters. I understand that the School District may request that the team convene for this purpose. (Timeline: 10-14 work days)

Parent/Guardian: _____
(signature)

(date)

9/10/21