



Eastern Lancaster County School District

REQUEST FOR EXCEPTION

Learner Name _____

School _____

Grade _____

Exception Permission Slip

I am completing the exception permission slip so that my child does not need to wear a mask/face covering (*Please check the box*).

I understand based on the Board’s action on September 13, 2021, that changed the Health and Safety plan to allow parent(s) and/or guardian(s), to complete an exception permission slip form from wearing a mask/ face covering during the 2021-2022 school year – I elect to invoke this exception.

I understand by completing the exception form, I agree not to hold the District responsible for any adverse situation that I or my child may experience based on my decision.

Parent/Guardian Print Name: _____

Parent/Guardian Signature: _____

Date: _____

Submit completed form to Building Principal (office)

(For District use only)

Date Received: _____

Building Office Representative: _____