



Dublin City School District

Operations 8450.01 F1 Revised 8/13/21
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## Mask Exemption Request

Student Name: \_\_\_\_\_

Student Birthdate: \_\_\_\_\_ Student ID: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

School of Attendance: \_\_\_\_\_

**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 the building secretary.

- The Student has a disability and cannot wear a mask, or cannot safely wear a mask, because of the disability.
- The Student has been advised not to wear a mask due to health reasons.
- An established sincerely held religious requirement exists that does not permit the Student to wear a mask.

**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).**

By signing this form exempting my child from wearing a required face covering, I acknowledge the increased risk of exposure to COVID-19.

Parent/Guardian \_\_\_\_\_

Date: \_\_\_\_\_