



Greene County Career Center

Student Mask Exemption Request

Student Full Name _____

Student Date of Birth _____

Parent/Guardian Full Name _____

Address _____

City, State, Zip Code _____

Parent/Guardian email _____

Parent/Guardian phone number _____

Reason for student exemption (check all that apply)

- The student has a disability and cannot wear a mask, or can't safely wear a mask because of the disability _____
- The student has been advised by a medical professional not to wear a mask due to health reasons _____
- Our family has sincerely held religious beliefs which do not permit the student to wear a mask _____

Please note that submission of this mask exemption request does not provide legal exemption from mask requirements of any public health or other legal authority having jurisdiction (example: school transportation per federal law). I also understand the Superintendent retains the right to revoke exemption requests at any time if COVID spread endangers safety of students or staff within the building. By affixing my signature below, I affirm the exemption request is valid and accurate.

Parent/Guardian Signature _____

Date _____

For school use only

Date Received: _____

By (Print Name): _____ Title: _____