

## RELIGIOUS OBSERVATION DECLINATION FORM

Name:

Student ID#:

Date of Birth:

Contact Phone Number:

Date:

*The District will consider requests for an exemption to the mask requirement if the mask requirement interferes with the practice of an individual's sincerely held religious beliefs and the exemption would not pose an undue hardship in light of the risk to the health and safety of the district's students, faculty, and staff. Please describe below why your sincerely held religious beliefs preclude you from wearing facial coverings to prevent the spread of COVID-19.*

Please identify your sincerely held religious belief, practice, or observance that is the basis for your request for an exemption from the facial covering requirement:

Please explain how the District's facial covering requirement interferes with your sincerely held religious belief, practice, or observance:

Please indicate if you have previously requested an exemption to the District's facial covering requirement and on what basis:

If your child wore a facial covering during the 2020-2021 school year, please explain why this did not conflict with the sincerely held religious belief, practice, or observance described above:

Please indicate if you have worn facial coverings for other purposes, and if so, please describe those purposes (e.g., doctor/dentist office, on public transportation, in a store or other private business):

Please provide any additional information that you think might be helpful in reviewing your religious exemption request and determining appropriate accommodations:

*IMPORTANT NOTE: This exemption, if granted, is only valid for the 2021 – 2022 academic year. The District may require additional requests for a future exemption. As an individual requesting this exemption [on behalf of my minor child], I understand and certify:*

- *An individual with symptoms associated with COVID-19, or a positive case of COVID-19, poses a direct threat to the health and safety of others.*
- *My student will be required to follow other prescribed mitigation measures as determined necessary by the District in light of CDC and other public health guidelines.*
- *If my student is experiencing symptoms of COVID-19, I will notify the attendance center and keep my child home.*
- *I have reviewed the CDC's information on the effectiveness of facial coverings in mitigating the spread of the COVID-19 virus and understand that participation and use of facilities, services, and programs at the District without masks can put myself and others at higher risk of infection with COVID-19.*

**I swear and affirm under penalty of perjury that the foregoing information is true and correct to the best of my knowledge:**

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date