



**Request for an Accommodation Related to Mandatory Face Covering (Mask) Use  
2021-2022 School Year**

Parent(s) Name: \_\_\_\_\_

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

Reason for request: \_\_\_\_\_

\_\_\_\_\_

**Sincerely Held Religious Beliefs Accommodation:**

What is the sincerely held religious belief that requires a face covering accommodation? Make sure to explain the basis of the religious belief and/or practice. (Use additional space as needed)

\_\_\_\_\_

Can the student wear a face covering at any time during the school day?

\_\_\_\_\_

\_\_\_\_\_

If so, under what conditions is the student able to wear a face covering?

\_\_\_\_\_

\_\_\_\_\_

Under what conditions is the student unable to wear a face covering? \_\_\_\_\_

\_\_\_\_\_

What, if any, accommodation(s) does the student need related to the District's face covering policy? For how long would such accommodation(s) be necessary?

\_\_\_\_\_

\_\_\_\_\_

Religious Leader Name \_\_\_\_\_

Occupation \_\_\_\_\_

Religious Signature \_\_\_\_\_

Date \_\_\_\_\_

Religious Institution \_\_\_\_\_