



Lebanon City Schools Mask Exemption Request

August 31, 2021

A form must be completed for each student seeking an exemption to the requirement to wear a mask. Forms must be submitted to the building principal or their designee.

Student Name: _____ Student ID: _____

Address/City/Zip: _____ Birth Date: _____

Caregiver Names: _____

Caregiver Contact Phone: _____

Reason for Exemption:

- The student has a developmental disability and cannot wear a mask, or cannot safely wear a mask, because of an identified disability (**Attach Explanation/Documentation**)
- The student has been advised by a medical provider not to wear a mask due to health reasons (**Attach Signed Medical Provider Documentation**)
- An established sincerely held religious requirement exists that does not permit the student to wear a mask (**Attach Explanation/Documentation**)

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)

NOTE: A submission of this mask exemption request does not provide legal exemption from mask requirements of any public health or legal authority having jurisdiction. For example, approved exemptions from the current CDC transportation order does not include a religious exemption.

Caregiver signature: _____ Date: _____

For School Use:

Administrator/Nurse Notes: _____

Administrator Signature: _____