

# Rocky River City School District

1101 Morewood Parkway • Rocky River, Ohio 44116

440-356-6000 • www.rrcs.org

Jennifer Norman, Executive Director



## FACE MASK EXEMPTION REQUEST FORM

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

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

Parent/Guardian submitting request (if applicable):  
\_\_\_\_\_

Request is for a:

Student

District Employee

District Volunteer or Vendor

Visitor

Reason for exception from use of face covering requirements:

- Medical condition, mental health condition, or disability that contraindicates wearing a facial covering
- Seeking to communicate with someone who is hearing impaired or has another disability, where an accommodation is appropriate or necessary
- Necessary for instructional purposes, including instruction in foreign language, English language for non-native speakers, and other subjects where wearing a facial covering would prohibit participation in normal classroom activities, such as playing an instrument (**staff only**)
- An established sincerely held religious requirement exists that does not permit a facial covering
- Would violate a district and/or school documented safety policy that applies to requestor (**volunteer/vendor/visitor only**)
- There is a functional (practical) reason not to wear a facial covering in the workplace (**volunteer/vendor/visitor only**)
- Prohibited by an applicable law or regulation (**volunteer/vendor/visitor only**)

Explanation of selected reason:

Documentation (attach) that supports the request:

Proposed accommodation/alternative approach request (i.e. use of face shield, alternate mask fabric, etc.):

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For Internal District Use ONLY

Date Request Received:

Date Request Meeting/Call Held:

Request Denied

Facial Covering Exemption Approved

Accommodations:

**For instructional exemption only, specify accommodation and when accommodation can be used:**

Date written decision sent (to parent if student request):