



## RELIGIOUS BELIEF MASK ACCOMODATION REQUEST

Our family has a sincerely held religious objection to wearing a mask and I am requesting a religious exception to the Public Health Order requiring all persons to wear masks when indoors at any K-12 school setting for my child. A religious exception entitles my child to reasonable accommodations, which means that other mitigation strategies will be used instead of a mask to allow my child to attend school in-person. The division approved accommodations are a face shield and clear mask.

*Please note: The U.S. Equal Employment Opportunity Commission's Religious Discrimination information clarifies that a person's social, political, or economic philosophies, as well as mere personal preferences are not considered sincerely held religious beliefs.*

By signing and submitting this form,

\_\_\_\_\_ I understand that PCPS reserves the right to request additional documentation if needed.

\_\_\_\_\_ I understand the PCPS will review my request for a religious exception with accommodations and will notify me via email if the exception is approved or denied within three business days of my submission of the exception form. I further understand there is no appeal process if my request for an exception is denied by the division.

\_\_\_\_\_ If my request is approved, I understand that division will contact me to coordinate the reasonable accommodation for my child.

\_\_\_\_\_ I understand that my child will be required to wear a face mask until such a time as an exception is approved and the accommodation is in place.

\_\_\_\_\_ I understand that if granted an exception it does not apply when my child is on a PCPS school bus, or in a PCPS car or van, as there is a federal order transportation mask mandate in place for which these exceptions do not apply.

\_\_\_\_\_ I understand that it is my responsibility, regardless of mask exception status, to do a daily health assessment of my child to ensure they are symptom free before sending them to school. If my child is exhibiting symptoms of COVID-19 or any other disease, I understand it is my obligation to keep them at home and consult with a health care professional if necessary. A list of symptoms can be found on the PCPS webpage under COVID-19.

\_\_\_\_\_ I affirm that my family's religious beliefs are the reason for this request for this exception and accommodations.

Parent/Guardian's Name (please print) \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_

Email Address (please print) \_\_\_\_\_

Date \_\_\_\_\_