



SPRINGBORO SCHOOLS

1685 S. Main St. Springboro, OH 45066 | 937.748.3960 | www.springboro.org

Springboro Schools Mask Exemption Request (Rev. Aug. 23, 2021)

Student Name: _____

Student ID/Birth Date: _____

Parent/Guardian Name: _____

Address/City/State/Zip: _____

Phone: _____

Reason for Exemption: (Check All That Apply)

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

- The Student has a disability and cannot wear a mask, or cannot safely wear a mask, because of the disability (**Attach IEP/504 Plan 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 (**Please Explain**)

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 request does not provide legal exemption from mask requirements of any public health or legal authority having jurisdiction (IE, school transportation per federal law)

Parent/Guardian: _____ Date: _____

For School Use:

Administrator/Nurse Notes: _____

Administrator Signature : _____

Nurse Signature : _____

