

South Williamsport Area School District

Exemption for Face Coverings in Schools

This form must be completed by: (1) a parent / guardian of a minor child claiming exemption to the Secretary's order for face coverings in schools, (2) by a student age 18 or older for themselves, or (3) by a School District employee or independent contractor of the District claiming exemption.

For Students

Parent / Guardian Full Name (Print): _____

Student Full Name (Print): _____

Grade: _____

Homeroom (Elementary Only): _____

Signature of Parent / Guardian: _____ Date: _____

For Employee / Independent Contractor

Name (Print): _____

Building / Department: _____

Supervisor: _____

Signature of Employee: _____ Date: _____

PLEASE READ AND INITIAL ALL BOXES

Initial

I certify that "my student" or "I" has/have a medical condition, a mental health condition or a disability that makes it unreasonable for "my child" or "me" to maintain a face covering and subsequently "I" or "my student" are claiming exemption from the PA Department of Health order effective September 7, 2021 that requires a face covering be worn in-side the school building.

Initial

I acknowledge that not wearing a face covering while in-side the school may increase the likelihood of "my student" or "me" being excluded from school/work and/or other school activities as a result of close contact with a person who is positive with COVID19.

Initial

I am aware this exemption applies only to the South Williamsport Area School District schools and facilities. This exemption does not apply to other school districts nor to district transportation.

*This signed and initialed form should be returned to:
Elementary – Student's Homeroom Teacher
Grade 7-12 – JR/SR High School Main Office
Employee / Independent Contractor - Building Principal or Supervising Administrator*