



Face Mask Exemption Request Form

Please review the HFCDR Non-Medical Face Mask Protocol. Complete all sections of this form and return it to the Office at your school/site.

Student/Staff Name: _____ School: _____ Grade: _____

Mask Exemptions are evaluated based on health related or complex needs of the individual. Please describe the need that you are requesting this Mask Exemption for and if health-related provide a copy of a medical note.

Please Note:

- When this **completed** form is received, administration will contact you to discuss your request.

Parent/Guardian/Staff Name: _____

Contact Numbers: _____

Parent/Guardian/Staff Signature: _____

For school use only:

Date: _____ Approved: Denied:

Comments: _____

Signature of Administration: _____

The information on this form is being collected in accordance with the Freedom of Information and Protection of Privacy Act, under the authority of The Education Act, and Holy Family Catholic Regional Division policies and procedures. If you have any questions about the collection, use, or disclosure of this information, please contact the Holy Family Catholic Regional Division FOIP Coordinator at 780-624-3956.

NOTES

- Mask Exemptions will only be considered based on health related or complex needs of an individual.
- Mask Exemptions will not be granted based on:
 - Personal preference
- School-based decision on mask exemptions may be appealed in writing as long as they are based on health related or complex needs of an individual.
- Central Administration will only consider appeals based on health related or complex needs of an individual.