

**NORTH EAST SCHOOL DISTRICT  
MASK/FACE COVERING WAIVER REQUEST**

The North East School District (the “School District”) has adopted a Health and Safety Plan for the 2021-2022 academic year which may require individuals, including students in school, to wear face coverings in an effort to curb the spread of COVID-19. In addition, effective February 1, 2021, the Centers for Disease Control (“CDC”) and the Department of Health and Human Services issued an Order requiring that all individuals wear face masks over their nose and mouth when traveling on public transportation, including school transportation, in the United States of America (the “CDC Order”). Finally, on August 23, 2021, the Erie County Department of Health issued an Order “Requiring Face Coverings for Persons within Erie County Public and Private Schools” (the “Erie County Order”).

- The Erie County Order, the School District’s Health and Safety Plan, and the CDC Order also provide that certain students may be exempted from wearing a face covering if they have a medical condition, or mental health condition or disability, including individuals who are unable to remove a mask without assistance, as defined by the American with Disabilities Act, 42 U.S.C. §12101 et seq, said condition or disability being documented in accordance with Section 504 of the Rehabilitation Act or the Individuals with Disabilities Education Act (“IDEA”). The School District will make accommodations for those students in accordance with the student’s health care provider, school nurse, and IEP/504 team.

I understand that I will need to provide medical documentation to the district and, if the clear shield or half-shield cannot be used as alternative covering, this must be indicated on the medical exemption as well.

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I am requesting that my child, \_\_\_\_\_, be exempted from the Erie County Order, the School District’s Health and Safety Plan and/or CDC’s Order regarding mask-wearing requirements because s/he has a medical, mental health condition, or disability. I understand that I will need to provide medical documentation to the district and, if the clear shield or half-shield cannot be used as alternative covering, this must be indicated on the medical exemption as well.

One of the following options must be checked:

- My child has been previously identified as being eligible for special education services or accommodations under IDEA or Section 504. I understand my child’s IEP or 504 Plan will need to be updated to reflect this requested change. I understand the IEP team or 504 team may need me to produce medical or psychological documentation or evidence to support my request for this accommodation.

If you have checked this option, please check one of the additional options below:

- I am requesting my child’s IEP or 504 team meet to discuss further accommodations or revisions my child may need related to mask-wearing and/or other COVID-19 related matters. I understand that the School District may request that the team convene for this purpose.

- I am comfortable inserting the necessary revisions to my child’s IEP or 504 Plan without convening my child’s IEP team or 504 team. I understand the School District will issue a revision of the IEP or 504 Plan, with a NOREP or Section 504 prior written notice via mail or email to me.
- My child has not been previously identified as eligible pursuant to IDEA or Section 504, I understand my assertion that my child has a medical or disabling condition which purportedly necessitates accommodations related to mask-wearing triggers the “child find” obligations under IDEA or Section 504. I understand I may need to provide documentation or evidence of my child’s disabling condition and need for accommodations pursuant to IDEA or Section 504 evaluation process.

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LAST Name:	FIRST Name:	Building:
Home Address:		
City, State:		Zip Code:
Print Name:	Telephone:	
Signature:	Date:	

