



Marion County School District
Educate · Prepare · Inspire

**AFFIDAVIT FOR RELIGIOUS EXEMPTION FROM STUDENT FACE COVERING
REQUIREMENT**

In accordance with Policy ADD, Revised November 16, 2021

A completed copy of this affidavit must be submitted along with religious documentation to certify your request for a religious exemption.

PowerSchool# or State ID# _____ Last Name: _____ First Name: _____

School: _____

This affidavit is made under penalty of perjury. I acknowledge that providing false information may lead to penalties.

- 1. As the parent or legal guardian of the above-named minor child, I am submitting this affidavit and request for religious exemption due to a sincerely held religious belief.

- 2. I am a participant of the following religious belief, practice, or observance:

- 3. I have been following these religious beliefs and practices for the following time period:

- 4. I have attached a written statement from a leader within my religious organization that describes my religious belief that requires my child be exempt from wearing a face covering.

- 5. I understand that if my religious exemption request is approved, the above-named minor child must still adhere to MCSD COVID prevention strategies, which include hand washing, quarantining, and social distancing measures.

Parent/Legal Guardian Name: _____ Email: _____

Phone: _____ Address: _____

Parent/Legal Guardian Signature: _____ Date: _____

Religious Leader or Designee Name: _____ Date: _____

Religious Leader or Designee Signature: _____

Please submit this affidavit and religious documentation to school office. This affidavit applies to the 2021-2022 academic year only.



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**APPLICATION FOR EXEMPTION FROM STUDENT FACE COVERING REQUIREMENT
In accordance with Policy ADD, Revised November 16, 2021**

Completion of this application indicates a request for an exemption from Student Face Covering Requirements per Policy ADD Face Covering, as revised by the Marion County School Board of Trustees on November 16, 2021, with an effective implementation date of November 29, 2021.

Student ID#: _____ Last Name: _____ First Name: _____

School: _____

Parent/Legal Guardian Name: _____ Email: _____

Phone: _____ Address: _____

Parent/Legal Guardian Signature: _____ Date: _____

Please select one of the following:

- Exemption request due to health conditions

Name of Student's Physician: _____

Physician Signature: _____

Physician Contact Information: _____

- Exemption request due to developmental conditions
 Exemption request due to religious reasons
 Exemption request due to reasons other than a health or developmental condition or religious Exemption

Please submit this form and all relevant documentation to school office. This form applies to the 2021-2022 academic year only.

For Office Use Only

- Approved
 Denied

Signature: _____ Date: _____

Title: _____