



719 North Main Street • Marion, South Carolina 29571
Telephone: 843.423.1811 • Fax: 843.423.8328
www.marion.k12.sc.us

DR. KANDACE BETHEA
Superintendent

September 30, 2021

Beginning Monday, October 4, 2021, the Marion County School District will require students and employees to wear face coverings in schools. District administrators are putting this requirement in place after the September 28, 2021 ruling from United States District Court for the District of South Carolina. The court issued a temporary restraining order and a preliminary injunction prohibiting the enforcement of Proviso 1.108 that limits a school district's ability to require face masks. The effect of this ruling gives both the state and local school districts discretionary authority to require masks.

The face covering requirement is consistent with the district's practice of following the latest guidance from the Centers for Disease Control and Prevention (CDC) and S.C. Department of Health and Environmental Control (DHEC) regarding mitigating the spread of COVID-19 in schools when not prevented by state or federal law.

Per Marion County Board of Education Policy ADD, staff members will wear a face covering while on district property or conducting business on behalf of the districts. All students will wear face coverings while on district property, on district transportation, or while attending a school-related activity. Exceptions for wearing a face covering may include, but are not limited to, the following activities:

- Mealtimes
- Outdoor activities where students can maintain a physical distance of a least six feet, if students are not socially distanced, masks are required
- Administration of medication

Visitors are also required to wear a face covering while on district property. Providing a safe and healthy learning environment for all students and staff has always been a main focus for the Marion County Board of Education and the district. Requiring masks, in addition to the existing Health and Safety Protocols already in place, strengthens the district's ability to make our schools and classrooms a safe environment.

Educate • Prepare • Inspire



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.



Marion County School District
Educate · Prepare · Inspire

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: _____