

Scottsdale Unified School District

Request for Accommodation from Mask Wearing

Today's Date: _____
School: _____
Student Name: _____
Student ID: _____
Student Age: _____

Grade Level: _____
Phone: _____
Date of Birth _____
Parent email(s): _____
Parent phone: _____

To be filled by Parent/Guardian:

Reason that your student requires an accommodation:

What accommodations would you suggest we implement to address your child's need to avoid wearing a mask?

The above named student has a demonstrated need for an accommodation based upon the forgoing statement. I have provided documentation or documentation exists at the school that supports this request. I request that he/she be provided a reasonable accommodation to mask wearing for the entire time while at school and during school functions.

I understand, confirm and agree that:

1. The Scottsdale Unified School District is not responsible for ensuring that illness or exposure will not occur. No mitigation strategy is 100% effective.
2. Any student not wearing a mask will be subject to all quarantine requirements of the Maricopa County Health Department even if masked students are not required to be excluded from campus.
3. The parent or guardian understands that the pandemic health practices of the Scottsdale Unified School District are guided by CDC, ADHS and MCDPH recommendations for the protection of all students.

I certify that the above information is true and that my student has a demonstrated need for accommodation.

Parent signature _____ Date _____

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Date received: _____ Received by: _____ Date entered into database: _____