



**WILLIAMSON COUNTY SCHOOLS
STUDENT FACE COVERING EXEMPTION REQUEST
2021-2022**

Parent(s)/Guardian(s) seeking an exemption from the face covering requirement for their child due to medical conditions and/or religious tenets and practices must complete this form and submit it to the Principal/Designee at the student's school for approval.

STUDENT NAME: _____ **GRADE:** _____

SCHOOL: _____

PARENT(S)/GUARDIAN(S) NAME: _____

1. **EXPLANATION OF MEDICAL CONDITION JUSTIFICATION FOR MEDICAL EXEMPTION
(A detailed explanation must be provided.)**

2. **MY RELIGIOUS TENETS AND PRACTICES PROHIBIT MY CHILD(REN) FROM WEARING A
FACE COVERING.**

Parent/Guardian Signature: _____ Date: _____

For school administration use only.

Approved: _____ Denied: _____

Approved by: _____

Date: _____