



## Mask Exemption Form

Please complete the form for each child you wish to be exempt.

Please return this form to [slovett@johnrexschool.org](mailto:slovett@johnrexschool.org) if you are an elementary family.

Return to [projas@johnrexschool.org](mailto:projas@johnrexschool.org) if you are a middle school family.

The form notifies us that you do not want your child or your family to wear a mask at school, on campus, or at school events.

I, \_\_\_\_\_, (parent/guardian name) would like to exempt my child, \_\_\_\_\_, (child's name) from wearing a mask while attending JRCS.

Please circle one of the choices below.

Medical

Religious

Personal

Please sign and date. This is a confidential form.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date