



## STUDENT FACE MASK POLICY ELECTION SHEET

I elect that my child should not be required to wear a face mask at school. I have read the Student Face Mask Policy for the Catholic Schools in the Diocese of Richmond. I understand that my election means that my child may be at higher risk for meeting the close contact definition and may also be subject to longer isolation or quarantine times out of school if they test positive for COVID-19 or are in close contact with someone who has tested positive for COVID-19.

STUDENT NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

PARENT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_

Please return this form to the school on or before the first day your child will not be wearing a mask. Please submit one form per child.