Student Request for Religious Exemption from COVID-19 Mask Requirement Form

Student Name:	 	
MVCTC ID:		

SUBMIT COMPLETED FORM AND DOCUMENTS TO: covidexemption@mvctc.com

The Miami Valley Career Technology Center (MVCTC) is committed to providing an inclusive and supportive environment for all and recognizes true and genuine observance of faith as it pertains to the practice of wearing masks. A religious exemption may be granted if (i) the individual holds sincere religious beliefs, practice or observance that are contrary to the practice of wearing masks, (ii) completes this form, and (iii) provides the required documentation to support the exemption request.

If approved, the exemption will remain in effect for the duration of the current school year. Individuals with an approved exemption may be required to comply with other preventive health and safety measures.

Your request will be carefully reviewed, though approval is not guaranteed. After your request has been reviewed and processed, you will be notified, in writing, if an exemption has been granted or denied. The decisions are final and not subject to appeal. Individuals are permitted to reapply if new documentation and information should become available.

In order to submit a request, please:

- Complete and sign this form;
- Complete and sign the Personal Statement Form; and
- Submit the completed documents after they are notarized.

Incomplete submissions will not be reviewed. Be sure all forms and documentation are submitted at one time.

Initial next to each of the statements below:

I request an exemption for my child from the COVID-19 masking requirement due to		
my sincere religious beliefs. I understand and assume the risks of my child not wearing		
masks. I accept full responsibility for my child's health, and the risk of serious illness		
and even death due to lack of wearing masks and release MVCTC from any and all		
responsibility and liability.		
Because my child will be unmasked, in order to protect his/her own health and the		
health of the community, he/she will comply with other preventive guidance.		
I understand that in the event of exposure to an outbreak or threatened outbreak, my		
child may be temporarily excluded from MVCTC's facilities and activities.		

I agree to comply with these restrictions and accept responsibility for		
communicating with teachers and staff as appropriate to allow compliance with		
health and safety requirements for unvaccinated individuals.		
I further understand that restrictions from MVCTC facilities, including but not limited to		
classes and CTSO activities, does not entitle me to any refund in any payments or		
other fees.		
Should my child contract COVID-19, I will immediately report it to MVCTC's nurse		
and comply with all isolation and quarantine procedures from local health officials and		
the school.		
I understand and agree to comply with and abide by all MVCTC COVID-19 policies and		
procedures, unless granted an exemption therefrom by the administration.		
I understand that, if approved, this exception is only valid for the current school year,		
and I am required to resubmit a new request for any subsequent school year(s).		
I certify that the information I have provided in connection with this request is accurate		
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and complete. I understand this exception may be revoked and I may be subject to		
disciplinary action if any of the information I provided in support of this exemption is		
false.		
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Parent/Guardian Signature:		
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I certify that my statement above is true and accurate and that I hold a sincere religious belief that is against COVID-19 mask wearing.
Parent/Guardian Printed Name:
Parent/Guardian Signature:
Date:
TO BE COMPLETED BY NOTARY PUBLIC:
Signature and Seal of Notary
Subscribed and sworn before me on the, 2021