



BELLE VERNON AREA SCHOOL DISTRICT DISTRICT ADMINISTRATION OFFICE

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Dr. Ken Williams
Superintendent of Schools
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MASK/FACE COVERING WAIVER REQUEST

On August 31, 2021, Pennsylvania’s Acting Secretary of Health signed an Order, effective Tuesday, September 7, 2021, requiring that face coverings be worn in all school entities, including school districts. The Order also provides that a student will be excepted from the requirement of wearing a face covering if doing so would either cause a medical condition, or exacerbate an existing one, including respiratory issues that impede breathing, a mental health condition or a disability. A face covering is either a mask or a plastic face shield.

Pursuant to the guidance issued by the Pennsylvania Department of Education, the Belle Vernon Area School District requires that such medical conditions, mental health conditions, or disabilities be documented in accordance with Section 504 of the Rehabilitation Act or the Individuals with Disabilities Education Act (“IDEA”). The School District will make reasonable accommodations for those students who qualify for exception from the Order in accordance with the student’s health care provider, school nurse, and IEP/504 team. If the medical documentation reflects that to be able to attend in-person instruction the student cannot wear either a mask or a face shield, the District will accommodate the student by granting the medical exemption. This accommodation will be stated in writing and designated to be a Section 504 Plan or IEP.

I am requesting that my child, _____, be exempted from the Acting Secretary of the Pennsylvania Department of Health’s Order requiring face-coverings be worn while in school entities, because he/she the following medical condition, mental health condition, or disability: _____. I understand that my child remains subject to the Order’s face-covering requirements until the School District provides notice that an exception has been granted.

One of the following options must be checked:

- My child has not been previously identified as eligible pursuant to IDEA or Section 504, I understand that I will need to provide medical documentation of my child’s disabling condition and need for accommodations pursuant to IDEA or Section 504 evaluation process.
- My child has been previously identified as being eligible for special education services or accommodations under IDEA or Section 504. I understand my child’s IEP or 504 Plan will need to be updated to reflect this requested change. I understand the IEP team or 504

team may need me to produce medical documentation to support my request for this accommodation.

If you have checked this option, please check one of the additional options below:

- I am requesting my child's IEP or 504 team meet to discuss further accommodations or revisions my child may need related to mask-wearing and/or other COVID-19 related matters. I understand that the School District may request that the team convene for this purpose.
- I am comfortable inserting the necessary revisions and accommodations to my child's IEP or 504 Plan without convening my child's IEP team or 504 team. I understand the School District will issue a revision of the IEP or 504 Plan, with a NOREP or Section 504 prior written notice via mail or email to me.

I understand that if the exemption is approved, my child will be at an increased risk for contracting COVID-19 and its variants. I understand that if the exemption is approved, my child will be at an increased risk of being quarantined should the student be a close contact of a person who has COVID-19.

Student LAST Name:	Student FIRST Name:	Building:
Home Address:		
City, State:		Zip Code:
Print Parent Name:	Telephone:	
Parent Signature:	Date:	