



Board of Education

Karen Etheridge, Chairman Dwan Craft, Vice-Chairman

Kelly Williams Peters Dr. Bill Dobney Janet Rose

Superintendent Dr. Matt Lutz

### Face Covering Exceptions

Face Coverings are required of all students from K-12th grades, and all teachers, staff, and adult visitors unless they are eating or engaged in strenuous physical activity. This will include while riding a bus or other school transportation and anywhere on school grounds. A parent/guardian may request a face covering exception for the following reasons:

- Anyone who has trouble breathing or is unconscious
- Anyone who is incapacitated or otherwise unable to remove the face covering without assistance
- Anyone who cannot tolerate a cloth face covering due to developmental, medical or behavioral health needs

Procedure for request/approval of a face mask exception:

1. Parent/Guardian will request the exception in writing by completing the attached form.
2. The request will be forwarded to the school counselor. A committee, including the school nurse, will be convened in order to review the request and any supporting documentation. Other members of this team will include the child's teacher (EC teacher if applicable), school counselor, administrator, and parent/guardian.
3. Medical documentation or other documentation to support the need for the exception will be required for review at the meeting.
4. If the request is to be honored, the team should discuss whether alternate modifications (ex. Modified face coverings, mask breaks or face shields) provide sufficient protection to peers and staff.
5. Teams are not required to agree with the parent/guardian request, which may mean the team determines that the student cannot be safely served in school at this time.
6. If a child already has a 504 or IEP, those teams will meet to discuss any additions or revisions that will be made to the existing plans to accommodate the exception or if an additional plan will be needed.
7. A parent/guardian who requests an exception, on behalf of the student, based on a temporary or transient condition may not qualify as a student with a disability and may be required to participate in virtual instruction.



# Currituck County Schools

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*A Beacon for Excellence in Education*

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**Please complete this form if you are requesting that your child not wear a mask during the school day.**

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

School:

\_\_\_ CES \_\_\_ GES \_\_\_ JES \_\_\_ KIES \_\_\_ MES \_\_\_ SES \_\_\_ MMS

\_\_\_ CCMS \_\_\_ CCHS \_\_\_ JPK

My child is unable to wear a mask because: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*Attach supporting documentation.**

Parent/Guardian Name (PRINT): \_\_\_\_\_

Parent/Guardian Name (SIGN): \_\_\_\_\_