



Hanover County Public Schools

Student Face Covering Accommodation Request:

Sincerely Held Religious Belief

All Hanover County Public Schools (HCPS) students are required to wear face coverings while in the school building, as [ordered by the Virginia Health Commissioner](#). Any student who requests a reasonable accommodation to the face covering protocol due to a sincerely held religious belief will be required to complete this form, which includes reasonable accommodations. This form must be completed and approved by a School Board Office committee PRIOR TO THE FIRST DAY OF A REASONABLE ACCOMMODATION BEING PUT IN PLACE.

Face Covering Protocol

The [Public Health Emergency Order](#) from the Virginia Health Commissioner requires anyone aged 2 and older to wear a face covering while inside any Hanover County Public Schools building with the following exceptions:

- While eating, drinking, or sleeping;
- While exercising or using exercise equipment;
- While playing a musical instrument with 6 feet of physical distance;
- While outdoors;
- Any person who has a disability or meets at-risk criteria or those assisting such persons, including individuals with an Individualized Education Plan (IEP) or 504 plan under the Rehabilitation Act, where wearing a mask would inhibit communication or the receiving of services;
- When necessary to participate in a religious ritual;
- When students are not medically able to wear a face covering (**medical documentation required**); or
- At the direction of HCPS staff.

Please note that a face covering accommodation *cannot be provided* while a student is being transported in a HCPS bus or vehicle. A federal order requires all drivers and riders to [wear face masks](#) while on school buses, regardless of vaccination status. Therefore, all students and drivers will be required to wear face coverings while inside a HCPS bus or vehicle.

Please complete this form and submit to Jennifer Greif, Assistant Superintendent of Instructional Leadership, at jgreif@hcps.us.

Request for Mask Accommodation

Student Name:
School:
Grade:

- I request that all of the following reasonable accommodations to the face covering protocol, due to a sincerely held religious belief, be in place for my child. (Please note that this list is inclusive and not intended to be a menu of choices.)
- My child will wear either a Clear Face Shield or a Reverse Clear Face Shield each day while inside an HCPS building.
 - My child will either (please select one)
 - wear an appropriate cloth face covering while being transported by HCPS OR
 - be transported to and from school by private transportation
 - My child will be provided increased social distancing while making every effort to not create isolation in the classroom and other community spaces while inside an HCPS building.
- I would like to discuss additional accommodations to be added to those listed above.
- I understand that under current contact tracing protocols for unmasked individuals, my child, if unvaccinated, must be quarantined if identified as a close contact (**within a six-foot radius, rather than a three-foot radius**, for greater than 15 minutes) to a COVID-positive individual.

Parent/Guardian Name:
Parent/Guardian Signature:
Date:
Email Address:
Phone Number: