



NORTHWEST AREA SCHOOL DISTRICT

243 Thorne Hill Road, Shickshinny, PA 18655

570-542-4126

www.nasdedu.com

Joseph Long
Superintendent

Kristy Straub
Business Manager

Ryan Miner
Secondary Principal

Daniel Yarnell
Elementary Principal

Matthew Mills
Assistant HS Principal

Mary Agnes Kratz
Special Education

Adam Sorber
Technology

September 6, 2021

PARENTAL CERTIFICATION OF ELIGIBILITY FOR FACE MASK EXCEPTION

I, _____, am the parent or legal guardian of _____ (hereinafter "Student"). I hereby request an exception to the Pennsylvania Department of Health Masking Order (hereinafter "Order") issued on September 1, 2021, requiring the wearing of face masks in school entities and attest as follows:

1. I have read and understand the Order.
2. I understand that the Order states:
 - a. Each teacher, child/student, staff, or visitor working, attending, or visiting the school entity must wear a face covering indoors, regardless of vaccination status, except if they fall within a defined exception to the Order;
 - b. In order to qualify for an exception to the requirement to wear a face covering indoors, all alternatives to a defined face covering, including, but not limited to, the use of a face shield, should be exhausted;
 - c. The relevant defined exceptions, in accordance with Section 3 B and E of the Order, to the requirement of wearing a face covering include the following:
 - i. If wearing a face covering would either cause a medical condition, or exacerbate an existing one, including respiratory issues that impede breathing, a mental health condition, or a disability.
 - ii. If an individual is communicating or seeking to communicate with someone who is hearing-impaired or has another disability, where the ability to see the mouth is essential for communication.
 - d. School entities must provide reasonable accommodations for individuals who state they have a medical condition, mental health condition, or disability that makes it unreasonable for the person to maintain a face covering.
3. I hereby seek an exception for the above-named Student in accordance with Section 3 of the Order because wearing a face covering would cause or exacerbate
4. (circle all that apply)
 - a. Documented medical condition, including respiratory issues that impede breathing, a mental health condition or a disability
 - b. Medical condition or disability documented in a Section 504 Plan or an IEP which makes the wearing of a face covering unreasonable.

5. I understand that the Northwest Area School District has a legal obligation to enforce the Order and to investigate any requested exceptions thereto in order to be in compliance with State and/or Federal law as they relate to students with disabilities. As such, I understand that a meeting will be held with/between myself and the appropriate District professional staff to discuss and gather further information pertaining to the Student's medical condition for which the exception is being requested. If warranted, the District will issue a Permission to Evaluate the Student under Section 504 and/or the IDEA, which may include the issuance of a Release for the Student's physician of record to provide documentation to/communicate with the District team, to determine the ongoing eligibility for accommodations including, but not limited to, the masking exception. I further understand and agree that, in the event I refuse to participate in such a process, the Student will be considered to not have a medical need for an exception and shall be considered a regular education student for all intents and purposes.

I, _____ (Parent or legal guardian), am authorized to make this certification. By this statement, I hereby certify that all information herein submitted is, to the best of my knowledge and information, true and correct. I understand that false statements herein are made subject to the penalties of 18 PA.C.S. §4904 relating to unsworn falsification to authorities.

Parent/Guardian (Printed): _____

Parent Signature: _____

Date: _____