

Religious Accommodation Request

Student Information (To be completed by Parent/Guardian):

Student's Full Name:	Student's Date of Birth:
Student's Home Address:	School Name:
Parent/Guardian Name:	Grade:
Parent/Guardian Telephone:	Parent/Guardian Email:

Please provide a written statement addressing the prompts below. If you need additional space, please attach a signed statement.

1. Please check or describe the religious accommodation you are requesting for your child:

A different option in the type of face mask that your child would wear. An example would be a clear mask with earloops.

Face masks break, as needed by the student, under the supervision and permission of the teacher.

Other: _____

2. Please explain the sincerely held religious belief that is the basis for your accommodation request. (Note: social, political, and economic philosophies as well as mere personal preferences are not religious beliefs)

Religious Accommodation Certification

I certify that my statement is true and accurate and I hold a sincere religious belief that is the basis for my request that my child be provided a religious accommodation. I understand that the accommodation requested above may not be granted but that Lynchburg City Schools will attempt to provide a reasonable accommodation that does not create any undue hardship.

Parent/Guardian Name:	Parent/Guardian Telephone:
Signature of Parent/Guardian:	Date:

For Office Use Only Received By:	Date:
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