



# Face Mask Religious Accommodation Request

Dinwiddie County Public Schools  
2021-2022

Student Information	
Student Last Name:	Student First Name:
Date of Birth:	Grade:
Parent/Guardian Phone:	Parent/Guardian Email:
School:	

I request that Dinwiddie County Public Schools (DCPS) staff review the recommendation regarding the use of a face mask while in the school building. I understand that:

1. The Federal Center for Disease Control and Prevention (CDC) recommends universal indoor masking for all teachers, staff, students, and visitors to K-12 schools, regardless of vaccination status.
2. If my child does not wear a face mask while in the school building and during school provided transportation, then my child may be at increased risk of contracting Covid-19;
3. To protect others from the transmission of Covid-19, the school staff may take additional virus transmission mitigation precautions, including: requiring my child to wear a face shield; requiring my child to use a protective barrier around their desk; requiring my child to be physically distanced (more than 6 feet from other students), etc.;
4. The school may consider alternative learning environments for my child, including placement in a separate classroom or at a different school building; and
5. If my child is deemed a close contact, he/she may be required to quarantine based upon the VDH Quarantine protocol.

Describe the accommodation (s) you are requesting and applicable time period or frequency. _____ _____ _____
Please provide any additional information that may be helpful in processing your religious accommodation request. _____ _____ _____

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Submitting this form does not guarantee that your request will be granted.*

This completed form must be returned in its entirety to the DCPS Student Services Coordinator,  
Michelle Powell, via fax at 804-469-4197 or via email to cpowell@dcpsnet.org.

---

**DCPS Internal Use Only**

**Date Received:** \_\_\_\_\_ **Approved:**  Yes  No **Parent Notification:** \_\_\_\_\_

**SBO Staff Signature:** \_\_\_\_\_ **School Notification:** \_\_\_\_\_