Notre Dame Academy Masking Protocols

Each one helps his neighbor, one says to the other, "Courage!" Isaiah 41:6

In general, masks/facial coverings must always be worn when inside the school building. Students and employees will be provided with one Lands End mask with ND logo. Additional LE masks will be available for purchase. Students and employees may bring their own solid-colored masks with the following parameters:

- Masks must cover mouth and nose
- Masks must be solid colored
- Masks may not have pictures, logos, embroidery, etc.
- Scarfs, wraps, masks with vents, face shields are not a substitute for masks.

Face shields may be worn with a mask.

Students or employees who forget their mask will receive a mask for the day.

Masks are not required when eating or drinking. Employees who are working individually with no other persons in an office or classroom may remove their mask.

During Physical Education classes masks and social distancing are required.

When outside the school building, masks are not required if the student/employee is able to maintain more than a 8 foot distance from the next person.

Any exceptions to this policy require the 'Request for Exemption' to be completed and submitted to the administration for approval. Submission of the request does not guarantee an exemption will be granted.

Updates may be made when recommended by our Health Care Consultant, Prevea.

August 24, 2020

Notre Dame Academy
Student Face Covering Exemption Request

Student Name: _____ Grade Level_____

Parent(s) Name: _____

Is Student currently receiving Special Education Services? YES NO

Does Student currently have a Section 504 accommodation Plan? YES NO

Note: Requests for students with existing Service Plans and/or Section 504 Plans may be referred to their assigned plan coordinator – Please complete the rest of the form.

Requests for student exemption from the school's face covering requirement are evaluated on a case-by-case basis and consistent with Section 504 of the Rehabilitation Act. NDA will evaluate whether the student has a disability that requires accommodation(s) so that the student is able to participate in the educational program. By submitting this request, you are asserting that your child has a medical condition (physical or mental health related) that impairs one or more major life activities and as a result is not able to access the educational program while complying with the face covering requirement. Final determination is made based on the analysis of multiple sources of information and may be granted or denied as appropriate.

Section 1. Explanation of Reason for Request:

Parents must provide specific information regarding the student's medical condition (disability) that qualifies the student for an accommodation relative to the face covering requirement. Medical verification of the student's circumstances need not be provided with this request, but can be if available and may be requested to assist in reaching a final determination. The school will consider such documentation if provided, as well as other evidence including the student's existing records, student health records, staff observations, parent input, etc. If insufficient information is provided upon which a determination of eligibility can be based, the request may be denied or more information requested.

A. Please specify the medical condition that restricts or prohibits your child's ability to safely wear a face covering while at school:
   _____
   _____
   _____
   _____
   _____
   _____

B. Are you providing or have you provided documentation from a health care provider: YES NO (attach any documentation you have obtained to this request).

C. Are you providing any other information or evidence to support your request? Please describe here and attach any documentation to this Form when submitted.

_____
_____
_____
_____
_____

Section 2. Analysis of Potential Accommodation

A. Is your child able to wear any type of face covering (e.g. disposable surgical masks, N-95 respirator mask, cloth mask, scarf, balaclava, etc.)?

_____
_____
_____
_____

B. Is your child able to wear a face covering for any amount of time or for limited periods of time throughout the day, or not at all? Please provide any information that will assist in this evaluation.

_____
_____
_____
_____

C. Is your child able to wear a face shield (a covering that does not fit close to the face, but shields the student's face)? If not, please explain?

_____
_____
_____

D. If your child is unable to wear either face covering or a face shield, will you be opting for virtual instruction?

_____
_____

By submitting this form, I am requesting an exemption from the school's face covering requirement for my child and agree that the following statements are accurate:

1. My request is based on a good faith and sincere belief that wearing a face covering is medically inappropriate for my child, due to my child's medical condition.
2. I will inform school administration in the event the circumstances described in this request, or other documentation provided along with it change in any way;
3. In addition to this request, I understand that I must comply with and participate in NDA's standard evaluation process for student 504 Plan eligibility and development.
4. I understand this process is not guaranteed to result in a finding that my child qualifies for the exemption I am requesting and that if he/she does not qualify, the student will still be required to comply with the face covering rule.

Signed: _____

Date:_____

Print Name: _____