

UNIONTOWN AREA SCHOOL DISTRICT

205 Wilson Avenue
Uniontown, PA 15401

Telephone: 724-438-4501
FAX: 724-437-7007

District Website: www.uasdraiders.org

Mindy Harris
Curriculum Coordinator K-12
Ext. 1653

Dr. Charles D. Machesky
Superintendent
Ext. 1606

Dr. Kelly L. Swartz
Special Education Coordinator K-12
Ext. 1609

Sally Matthews
Business Manager/Federal Programs
Ext. 1643

Dr. Daniel Bosnic
Asst. to the Superintendent
Ext. 1606

Robert D. Smalley
Director of Buildings and Grounds
Ext. 1652

David A. Winfrey
Director of Transportation
Ext. 1624

Miss Jaclyn S. Blackson
Board Secretary
Ext. 1606

Donald M. Gmitter
School Police/Truancy Officer/
Homeless Liaison
Ext. 1611

Request for Mask Exemption for Religious Reasons

This form must be completed in order to request that a person be exempted for religious reasons from compliance with the requirements imposed by the Pennsylvania Secretary of Health and the Centers for Disease Control (CDC) that all persons wear a facial covering (mask) inside of school buildings and on school transportation vehicles. Requests will be considered and either granted or denied in accordance with the student established by Pennsylvania's Religious Freedom Protection Act, Act of December 9, 2002, P.L. 1701, No. 214, 71 P.S. & 2401 et seq.

For a district staff member or visitor to request exemption, completed forms must be submitted to the office of the superintendent. **Request for students must be submitted to the office of the building principal.** Requests for students under the age of 18 shall be completed and submitted by the student's parent of guardian.

Name(s) of person whom exemption is requested: _____

Status (check one): ___ Student ___ Staff member ___ Visitor

(Continued)

Please provide the information described below in items 1-3. **Failure to complete the entire form or provide all information specified in applicable items may result in denial of your request.**

1.) Identify or describe the religious faith or sincerely held religious beliefs that would be substantially burdened by having to wear a mask or other facial covering:

2.) Describe in detail how wearing a mask or other facial covering would significantly constrain or inhibit conduct or expression that is mandated by your religious faith. Specify where in any applicable religious text, scripture or other document it is stated that the affected conduct or expression is mandated or the wearing of a mask or other facial covering is prohibited.

3.) Please provide the name and email address or telephone number for at least one recognized religious leader of your faith who can confirm the information provided by you in this request.

Based on the information provided above regarding religious reasons, I request that the person named above be exempted from the requirement to wear a mask or other facial covering in school buildings. **Please note, the Federal Government will continue to require passengers of school transportation to wear masks. {Please note that even if it appears that wearing a mask or other facial covering may substantially burden the practice of your religious faith, exemption still may be denied if it is determined that the face covering requirement is justified by a compelling reason in the public interest and is the least restrictive means of fulfilling the public interest.}**

Date:

Signature of person submitting this request: _____

Printed name of person submitting this request: _____

I verify the statements made in this request are true and correct to the best of my knowledge and belief. I understand that false statements made herein are subject to the penalties of Title 18, Section 4904 of the Pennsylvania consolidated Statutes, relating to unsworn falsification to authorities. _____ (initial)