

New Haven Community School District
Opt out form for 1st Semester 21-22



Name of Student: _____

Grade: _____

Teacher Name (For elementary Students only) _____

I am choosing to opt my child out of having to wear a mask during the school day hours. I understand that all **students riding a bus MUST wear a mask**, per the federal mandate.

Please check the appropriate line:

_____ My child is 12 and has been/or is eligible for a vaccine

_____ Other

Parent Signature: _____

Phone Number: _____

Date: _____

I understand that if COVID infection numbers begin to increase in my child's building or across the county, there may be a time where masks will be mandated for a set amount of days/weeks and this opt out form will not apply to that.

