



APSB

ACADEMIC PATHWAYS to
SUCCESSFUL BEGINNINGS

ALLEN PARISH SCHOOL BOARD

Mr. Kent Reed, Superintendent
www.allen.k12.la.us

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1111 W. 7th Avenue
Oberlin, Louisiana 70655

Mr. Kevin Tyler, President, District 7
Phone (337) 639-4311
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Mask Accommodation Request Form

Please complete the following:

Student Name: _____ DOB: _____

School: _____ Grade: _____

Parent/Guardian Name: _____

Parent/Guardian Address: _____

Parent/Guardian Phone Number: (Cell) _____ (Home) _____

Please thoroughly describe the medical condition that will keep your child from wearing a mask at school, the accommodation you are requesting, and explain in detail the reasons why the accommodation is needed. Your information will be kept confidential and will not be shared except when legally permitted.

I acknowledge that if my asymptomatic/unvaccinated child is identified as a close contact:

- That by my child not wearing a mask, he/she will not be eligible for the LDH Close Contact student exemption, which states : if BOTH the positive case and the close contact are engaged in consistent and correct use of a well-fitting face mask, then those close contacts do not need to quarantine.
- That my child will only be eligible for the early return from quarantine option if they agree to wear a mask through the full 14 day quarantine period. If not, the full 14 days of quarantine will be enforced and the student may return to school on day 15 with the mask accommodation exemption in place.

Please attach a valid physician's order for mask accommodation request.

Physician's Name _____

Physician's Address _____

Physician Phone Number: _____

****This form must be accompanied by a valid physician's order**

Parent/Guardian Signature _____ Date _____

Please submit completed form and physician's order to the Allen Parish School Board.