

# BRIDGEPORT EXEMPTED VILLAGE SCHOOL DISTRICT

55781 National Road  
Bridgeport, Ohio 43912  
Phone: (740) 635-1713 Fax: (740) 635-6003

## ADMINISTRATION

Brent Ripley, Superintendent  
Matt King, Interim Treasurer  
Eric Meininger, Asst. Treasurer  
Joann Kazmierczak, Treasurer's Asst.



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## APPLICATION FOR EXCEPTION FROM MASK REQUIREMENT

At the July 30, 2020 board of education meeting, board policy 8450.01 Protective Facial Coverings During Pandemic/Epidemic Events, was passed. Students and staff must comply with the board policy. Pursuant to the guidelines issued by the Ohio Department of Health and the Ohio Department of Education, exceptions to the districts face coverings "mask" requirement may be made if any of the following circumstances are applicable:

1. Masks in the school setting are prohibited by law or regulation;
2. Masks are in violation of documented industry standards;
3. Masks are not advisable for health reasons;
4. Masks are in violation of the school's documented safety policies;
5. Masks are not required when the staff works alone in an assigned work area;
6. There is a functional (practical) reason for a staff member or volunteer not to wear a mask in the workplace;
7. Settings where cloth masks might present a safety hazard (i.e. science labs);
8. For individuals who have difficulty wearing a cloth face covering; or
9. To assist with communication for hearing impaired students.

Any individual seeking an exemption to the mandatory mask policy must indicate the exception he/she believes is applicable to his/her circumstance by circling the number of the reason(s) above and providing a detailed description of his/her circumstance below:

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If you are seeking an exception due to law, regulation, industry standard, or school policy, you must cite to or attach to this form a copy of the specific law, regulation, industry standard, or policy. If you are seeking an exception due to health or developmental reasons, you must attach to this form documentation from the treating physician which supports such a claim.

All applications are to be returned to: The Bridgeport School District, Attention: Superintendent's Office, 55781 National Road, Bridgeport, OH 43912.

Employee/Student Name: \_\_\_\_\_

Employee/Student/Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_