



Parent/Guardian Opt-out Form

Please complete and sign this form and have your student return it to their homeroom teacher if you desire your student not to wear a properly fitting face covering when inside Mecklenburg County Public School facilities.

A separate form is required for each student, please.

Student's School: _____

Student Name (Last, First, MI): _____

Homeroom Teacher Name: _____

Student grade: _____

Please note! Proper masking is still required, regardless of opt out status, for all students when:

- accessing MCPS school buses or school vehicles.
- exhibiting any COVID-19 symptoms while waiting to see the school nurse or administrator
- waiting for parents to pick them up after they have been seen by the nurse or school administrator who determines a mask is necessary for health reasons
- they are required by athletic/academic practice or competition rules; and
- they are visitors to school events that require masks (such as indoor sporting events)

I understand the Centers for Disease Control recommends all persons in schools wear properly fitting face coverings to help slow the spread of the COVID-19 virus and prevent infection. I further understand that a positive case in school may result in my unmasked child being quarantined a longer time (please see the [Interim COVID-19 Guidance](#)) than those that are masked.

I do not wish my student to wear a properly fitting face covering when in school facilities, except for the times/conditions noted above.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

Please return this completed and signed form to your student's homeroom teacher.