

Mingo County Schools

Mask Choice Form

ATTENTION: Form must be signed and returned to the school.

*** Masks are highly recommended for students and staff.

*** Students who do not return forms with a choice marked will be required to wear a mask at school and on buses until the school receives a form with a choice marked.

**** Mask choice will be honored unless the district declares universal masking for all during periods of high COVID transmission.

Parents and Families,

Mingo County Schools will honor your choice regarding face-coverings for your child. The district may require all students and staff to wear face coverings during periods of high COVID transmission. Students whose families require a mask must comply. If a student does not comply, the student will call home for direction and school-home communication. Discipline or a directive regarding the mask must come from the family, not the school, on this singular issue.

Child's Full Name _____
 First Middle Last

Child's Grade _____

Please clearly mark the line indicating the choice for your child, print and sign your name, and date the form. A form is required for each student.

_____ I DO want my child to wear a mask at all times while at school, except when eating.

_____ I DO NOT want my child to wear a mask at school.

Parent/Guardian Printed Name _____

Parent/Guardian Signature _____

Date of Signature _____

For Office Use Only

Form Received By: _____ Date: _____