



**WildWise COVID-19 Mask Requirement
Religious Exemption Attestation – Students**

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| Student First Name | |
| Student Last Name | |

This form is for students who require a religious exemption from WildWise’s COVID-19 mask policies which are implemented as per Washington State and Kitsap County Health Department mandated requirements. Once completed, please submit your form to the Executive Director. The address can be found at the bottom of page 2.

In order to receive a religious mask exemption, this form must be filled out and signed by the parent/guardian.

TO BE COMPLETED BY PARENT

Parent’s Declaration

The required COVID-19 mask requirements are in conflict with my truly and sincerely held religious beliefs.

I agree to comply with all mitigation, health and safety measures for unmasked individuals on campus and in teaching spaces as outlined by WildWise.

I understand that it is my responsibility to comply fully with these measures in order to maintain my own and others' health and safety. In the event of a COVID-19 case or outbreak on campus, I agree to comply with WildWise’s quarantine or isolation procedures as recommended by the Center for Disease Control and Prevention and state and local health departments.

I understand that I may be excluded from in-person activity at WildWise for the duration of an outbreak and that this may result in leave from school, and absence from other activity at WildWise for the duration of the exposure risk. I may be taking part in campus and teaching space activities as an unmasked individual during the COVID-19 pandemic, and acknowledge the risk that I may contract this disease in the course of normal in-person activity at WildWise.

I will successfully complete any COVID-19 education material required by WildWise before beginning any in-person activity.

I declare that I and/or my student are a member of a religious body or a church in which the religious beliefs or teachings of the church preclude the COVID-19 mask requirements.

The information on this form is complete and correct.

Parent Signature: _____ Date: ____/____/____

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| WILDWISE OFFICE USE ONLY | Aidoneus Bishop Executive Director 26788 Highland RD NE Kingston, WA 98346 Phone – 4360.638.6179 aidoneus@wildwiseschool.org |
| Approved By: | |
| Date: | |