

Nixa Public Schools
Mask Accommodation Request (Student)

Student Name: _____ Student ID Number: _____
School Attending: _____ Date of Birth: _____
Parent Name: _____
Preferred Phone/Preferred Email: _____

In order for Nixa Public Schools to properly evaluate your request for an accommodation related to the Nixa Public Schools mask/face covering policy, Nixa Public Schools requests that you provide answers to the questions below to the best of your ability. For students age 17 or younger, the request should be completed by a parent or guardian.

1. What is the physical or mental condition for which an accommodation is requested?

2. Are one or more major life activities affected by the condition? YES or NO
If yes, identify the major life activities affected (e.g. breathing, speaking, hearing):

3. How long is the condition expected to last? _____
4. What accommodations are you requesting? _____

5. Please describe any accommodations or assistive technologies you currently use:

6. Add any comments and attach any documents that you feel may be helpful in consideration of your request: _____

7. Please provide the name and contact information of the healthcare professional who is treating you for this condition and have that person complete the attached Treating Professional Form. Unless you have a condition that is readily apparent, your request will not be considered until the Treating Professional Form is received. By signing this form you give the District permission to contact the Treating Professional to verify and discuss this information.

Your signature below verifies that, to the best of your knowledge, the information provided above is true and accurate.

Signature (parent/guardian if student is 17 or younger)

Date

Printed Name

Relationship to Student

Return to the Nixa Public Schools Special Services Department at 301 S. Main St.