

**Please return to school**

**by October 7, 2022**

***~Thank You***



1145 Delsea Drive, Building B • Westville Grove, NJ 08093 • Phone: 856-812-6030 • Website: adsschool.org

**Student Mask Preference
School Year 2022-2023**

The Archbishop Damiano School Health & Safety Plan dated September 27, 2022, outlines different exclusion timelines for students that wear a mask during school hours, and those that are not able to do so if the student tests positive for COVID-19. At Archbishop Damiano School there are many students that are medically fragile, and we continue to follow layered prevention guidelines for medically fragile populations.

Below are parental wishes for my child to wear a mask, or not during school hours and acknowledgment of the exclusion timeframes associated with my choice. I understand that the staff at Archbishop Damiano school will support my choice and will assist my child in proper mask safety.

**Directions:**

Please complete the bottom portion of the page and return to your child’s teacher no later than Friday, October 7, 2022. Wearing a face mask during school hours is mandated for all staff, visitors, and volunteers at Archbishop Damiano School. Students are not mandated to wear face masks because of specific medical/health related issues.

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  I request my child **TO** wear a face mask while at school for the duration of the school day. I understand that he/she must wear it consistently from the time they leave my home to the time they return and will only be unmasked during lunch and snack times. School staff will support my child in proper mask wearing during the school day and communicate to me if my child experiences any challenges at school wearing a mask.

[ ]  I request my child **NOT** to wear a face mask while at school. I understand that the exclusion period will be 10 days if he/she test positive for COVID-19.

[ ]  I acknowledge that I have reviewed the Health and Safety guidelines and will reach out to my child’s teacher at any time should my wishes for my child to wear a mask while at school change.

Parent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Michele McCloskey, M.A. • Executive Director/Principal