



CATHOLIC DIOCESE OF ARLINGTON

Office of Catholic Schools

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Family Last Name: _____

OUR LADY OF GOOD COUNSEL OPTIONAL MASK ELECTION FORM

Governor Youngkin's Executive Order Number Two (2022), effective January 24, 2022, provides:

The parents of any child enrolled in a[n] elementary or secondary school or a school based early childcare and educational program may elect for their children not to be subject to any mask mandate in effect at the child's school or educational program.

No parent electing that a mask mandate should not apply to his or her child shall be required to provide a reason or make any certification concerning their child's health or education.

Please use the form below indicate whether you elect for your child(ren) to wear, or not wear, a face mask while at school. If you later wish to change your election, please request and complete a new form. Use one line for each child enrolled at the school. Please print information clearly, and check one of the lines on the right (for "wear" or "not wear" a mask):

| STUDENT NAME | DATE OF BIRTH | WEAR MASK | NOT WEAR MASK |
|--------------|---------------|-----------|---------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

The information above will be used for contact-tracing purposes. The school does **not** accept responsibility for enforcement if your child does not comply with your election as indicated above.

Parent Agreement:

I agree that in following with VDH/county health department guidance and in the event my child is diagnosed with Covid or is identified as a close contact, I agree to work with the school and follow the health department guidance for the purposes of quarantine and/or isolation, which may include wearing a mask per CDC guidelines for a limited number of days. During this recommended and limited period, my child will wear a well-fitting mask to cover his or her nose and mouth while at school or, in the alternative, will remain out of school for the duration of the isolation and/or quarantine period. I agree to communicate with the school regarding a plan for any missed schoolwork.

I agree that if my child begins to feel ill while at school or has symptoms of Covid while at school, they will be asked to put on a mask while waiting for their parent to pick them up.

Parent Signature: _____

Date: _____