East Tampa Academy 2021-2022 Student Face Mask Opt-Out Form

Please fill out this form if you **DO NOT** wish for your student to be required to wear a mask while in the care of East Tampa Academy.

You will need to **complete one form for each student** you are choosing to opt out of wearing a mask at school.

The Centers for Disease Control and Prevention (CDC) recommends universal indoor masking for all teachers, staff, students, and visitors to K-12 schools, regardless of vaccination status.

More information on the CDC guidance for COVID-19 prevention in K-12 schools can be found on the CDC website at https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-guidance.html

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Student First Name  ____________________________________________________________________________________________

Student Last Name  ____________________________________________________________________________________________

Student Grade Level  ____________________________

Student Date of Birth  ____________________________

I am providing notice that my child will be opting out of East Tampa Academy policies that require masks or face coverings.

☐ YES

Parent First and Last Name  ____________________________________________________________________________________________

Parent telephone number  ___________________________________________________________

I attest that, to the best of my knowledge, the information provided is true and accurate and that I am the custodial parent or legal guardian of the student listed above.

☐ YES

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**This form must be completed and submitted to the East Tampa Academy main office or to Mr. Anderson, School Director.**

East Tampa Academy is a Hillsborough County Public Charter School

08/08/21