



CATHOLIC DIOCESE OF  
ARLINGTON

## Office of Catholic Schools

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Family Last Name: \_\_\_\_\_

### ALL SAINTS CATHOLIC SCHOOL 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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Please use back of form if additional lines are needed).

The information above will be used for contract-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: \_\_\_\_\_