

Grace Education Academy



Together We Achieve the Extraordinary

I am providing notice that my student will be opting out of district policies that require masks or face-coverings. *

1. Student Name *

Last First

2. Grade/ Current School Year

3. Student Date of Birth *

4. Parent Name *

Parent Email *

Parent Phone *

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

Initial