

GLEN ELLYN SCHOOL DISTRICT 41
Parent Request for Exemption/Accommodation
COVID-19 Saliva Test

As part of Glen Ellyn School District 41’s overall efforts to maintain a safe environment for our school community and enhance opportunities for in-person instruction for the remainder of the 2020-2021 school year, the District is implementing a program to perform a non-diagnostic COVID-19 “RT_LAMP” surveillance assay (“Surveillance”). All parents who want their student to receive in-person instruction after April 16, 2021 must complete the “Consent for COVID-19 Saliva Surveillance for Students Receiving In-Person Instruction and Participating in Extra-Curricular Activities” in order to participate in the testing program. Students of parents who chose not to complete the form must participate in the District’s remote instruction program. The District will, however, consider accommodations for those students who qualify for an exemption on the basis of religious objection or disability/health status. The first step in this process is to complete and submit this form.

Student Name: _____ Grade: _____

School Building: _____ Classroom Teacher: _____

Parent Phone Number: _____ Email Address: _____

I am requesting an accommodation based on (check one)

- Disability/Health Condition
- Religious Objection

Request for Accommodation Based on Disability/Health Condition

Parents who are requesting an accommodation based on their student’s disability or health condition which prevents them from providing the saliva sample that is used in the Surveillance program must complete the section below.

My student is provided services through (check one)

1. an Individual Education Plan (IEP)
2. Section 504 Plan or Health Plan
3. the general educational program

(If option 2 or 3 is checked, please have your health care provider complete the designated section below.)

Name of Case Manager for IEP, Section 504, or Health Plan _____

Parent Signature _____

Date _____

Health Care Provider Certification

To be completed by licensed physician, advanced practice nurse, or physician’s assistant

The above-named student has a disability/health condition, described below, that prevents them from providing a saliva sample as part of the District’s COVID-19 Surveillance program.

Name of Health Care Provider (printed)

Signature of Health Care Provider

Office Address

Date

Telephone

Request for Accommodation Based on Religious Objection

Parents who are requesting an accommodation based on a religious objection must complete the section below. Parents must provide information that shows the Surveillance program constitutes a burden on the free exercise of their specific religious beliefs and explain how the requirements of the Surveillance program conflicts with those specific beliefs. A general philosophical or moral reluctance about the program will not constitute a sufficient basis for a religious exemption from the Program.

As stated below, I am requesting an accommodation to the District’s Surveillance program based on a religious objection. This request is based upon the following specific religious beliefs which I have explained in detail below. In order to be granted an exemption or accommodation, I must demonstrate a substantial burden to my religious beliefs/practices and state specifically how the Surveillance program conflicts with my specific religious beliefs. I understand that even if I demonstrate such burden, the District may deny exemption and provide other accommodation where such burden is outweighed by the strong public interest in suppressing the spread of COVID-19.

By my signature below, I acknowledge and understand the following:

- The Superintendent or their designee is responsible for determining whether my above written statement constitutes a valid religious objection to the Surveillance program.
- The School District has the authority to request any additional information it deems necessary to make such determination.

Parent Signature

Date

Please submit this completed form to [insert name of building principal]. If you have questions about this form, you may contact [Name of School Nurse] at [insert school nurse phone/email].

The District will review the information provided and will contact you within 3 school business days to determine whether an accommodation will be granted. Until this determination is made, your student must continue attending the District’s remote instruction program.