



## STPPS Student Medical or Disability Impact Exceptions Request Form

The St. Tammany Parish School Board requires all requests for exceptions to one or more provisions in Chapter 4 of Bulletin 741, including the face coverings requirement, to be submitted using the present form. Forms must be accompanied by appropriate documentation to support the requested exception. Once you have completed the form, please provide same with substantiating documentation to the principal of the school in which the student is or will be enrolled for review and processing.

### **STUDENT INFORMATION:**

Student Name: \_\_\_\_\_ Date Request Submitted: \_\_\_\_\_

Grade: \_\_\_\_\_ Name of School: \_\_\_\_\_

**IDENTIFY MEDICAL OR DISABILITY ISSUE THAT AFFORDS NEED FOR EXCEPTION.** Please describe the specific medical or disability issue for which the student seeks an exception or accommodation:

\_\_\_\_\_.

**IDENTIFY ACCOMMODATION OR EXCEPTION SOUGHT.** Please describe the specific accommodation or exception being requested:

\_\_\_\_\_.

**ATTACH MEDICAL DOCUMENTATION.** Please attach documentation from the student's qualified medical professional or healthcare provider specifically identifying the medical or disability issue that affords the need for the referenced exception. In addition, please state the following:

Physician Contact Information:

Name of Physician: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**IS THIS REQUEST RELATED TO A SERVICE OR ACCOMMODATION AFFORDED IN ONE OF THE FOLLOWING EXISTING PLANS? If so, please check those that apply:**

504 Plan     Individualized Education Plan (IEP)     Individualized Health Plan (IHP)

I, the undersigned parent or legal guardian, attest that the information contained herein is true and accurate to the best of my knowledge. I authorize the release of necessary confidential information regarding the student's medical or disability issue to relevant administrators as deemed necessary for consideration of this application.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal Name: \_\_\_\_\_ Date Application Received: \_\_\_\_\_

\*\*\*If an existing 504 Plan, IEP, or IHP is referenced above, a School Building Level Meeting was called to review this application and the existing plan to determine if the exception is needed to avoid a conflict therewith, and whether the existing 504 Plan, IEP, or IHP should be modified to alleviate the need for the exception. The recommendation of the School Building Level Meeting is attached hereto and is being forwarded with the application for review by the Superintendent or his/her designee. This documentation shall be incorporated into the student's school record and, if applicable, made a part of the student's 504 Plan, IEP, or IHP.

Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Superintendent/Designee:  Approve  Deny    Signature/Date: \_\_\_\_\_