



Imagine Schools

Permission to Opt Out Imagine Face Mask Requirement

Effective August 30th, Imagine Schools has updated the COVID-19 mitigation strategies and requires facemasks for all students and adults while inside any Imagine facility through September 28, 2021. Visitors on campus remain limited at this time, and are also required to wear face masks while inside school facilities. A full copy of mitigation strategies is available through the [Imagine Schools-AZ Mitigation Plan](#).

[The Center for Disease Control](#) (CDC) recommends universal indoor masking by all students, staff, teachers, and visitors to K-12 schools, regardless of vaccination status in areas of substantial or high transmission of the virus. The Arizona Department of Health Services has endorsed this recommendation and has urged the public to follow suit.

Any student not wearing a mask and identified as a close contact will be subject to a 7-10 day quarantine as required by Maricopa Department of Public Health and Pinal County Health Department. **Wearing a face mask will greatly reduce the quarantining of unvaccinated students.** Per the CDC, ADHS, MCDPH, and PCHD, a student who is within 3-6 feet of an infected student is not considered a close contact if both students were wearing face masks at all times indoors. This is called the [K-12 School Close Contact Exception](#). Working together we can keep our students in school learning.

If your child is not wearing a mask and tests positive for COVID-19, all unvaccinated students determined to be a close contact to them will be required to quarantine, whether or not they were masked, per [MCDPH and PCHD](#).

By signing below, you acknowledge the information above and are expressly stating that you are choosing to opt your student out of Imagine Schools' face mask requirement.

This opt out form does not cover bus transportation. Due to federal regulation, all school buses require masks, no exceptions.

Please submit one form per child and return the form to your child's front office. Contact your child's school with any questions.

School Name: _____

Student's Name: _____

Student Grade Level: _____

Student Homeroom Teacher: _____

Parent's Name: _____

Signature of Parent or Legal Guardian

Date