

**Our Lady of Perpetual Help School
2021-2022
Mask Option**

Family Name _____

Child _____ Grade _____

Child _____ Grade _____

Child _____ Grade _____

Child _____ Grade _____

_____ I will be sending my children to school in masks**

_____ Inside Only

_____ Outside Only

_____ Both inside and Outside

_____ I will **NOT** be sending my children to school in masks.***

Date: _____

Signature _____

Parent or Guardian

Checked by:	Date:
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