



Student Name (PRINT): _____

Family Contact Phone No: _____

Teacher (PRINT): P4 Teacher Grade: _____

REQUEST FOR FAITH ACCOMMODATIONS FORM

Students and families may request accommodation(s) for religious beliefs and faith-based practices using this form.

York Region District School Board is committed to fostering well-being by building safe, healthy and inclusive learning environments where students, families, and staff feel they matter and belong. There may be circumstances where students and families request accommodations for faith purposes. Some possible areas of accommodation are included below. The board supports these requests for accommodations, including an accommodation of full withdrawal. The process begins with a dialogue with the teacher and a school administrator.

Please use the chart below to explain the nature of your request:

AREAS OF ACCOMMODATIONS (PLEASE CHECK ALL THAT APPLY)		AREAS REQUIRING ACCOMMODATIONS (PLEASE PROVIDE DETAILS ABOUT ACCOMMODATIONS IDENTIFIED)
Religious holidays and celebrations	<input type="checkbox"/>	In addition to checking the applicable boxes to the left and filling out the information at the top and bottom of the form, please also sign here if your child has permission to leave their period 4 class for prayers.
School opening or closing exercises	<input type="checkbox"/>	
Prayer Space	<input type="checkbox"/>	My child is excused every day from period 4 class to attend prayers in our school cafeteria from 2:20 - 2:35 PM.
Dietary requirements	<input type="checkbox"/>	
Fasting	<input type="checkbox"/>	Parent/Guardian Signature: _____
Religious attire	<input type="checkbox"/>	My child is excused on Friday only from their period 4 class to attend prayers in our school cafeteria from 2:20 - 2:35 PM.
Modesty requirements in Physical Education	<input type="checkbox"/>	
Participation in daily activities and curriculum	<input type="checkbox"/>	Parent/Guardian Signature: _____
Other (Please describe):		My child is excused on Friday to sign out of school and go to the local mosque for prayers at the following time: _____
		Parent/Guardian Signature: _____

Your child's teacher and/or school administrator may invite you to discuss and gather more information about your request. If you will be seeking support from a community member for this meeting, please let us know.

Parent/Guardian Name
(PRINT) _____

Parent/Guardian
Signature _____ Date _____

Student Signature
(if applicable) _____ Date _____

Would you like translation? Yes ☐ No ☐ Language _____

Personal information collected pursuant to the Education Act as amended will be used to provide access to student records as described. Please contact the Information Access and Privacy Office if more information is needed (905---727---0022 ext. 2015).

File: LEG---Consents **Retain:** 12 months from date signed in the school office.

September 2021