



Student Name (PRINT): \_\_\_\_\_

Family Contact Phone No: \_\_\_\_\_

Teacher (PRINT): \_\_\_\_\_ 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 <i>(PLEASE CHECK ALL THAT APPLY)</i>	AREAS REQUIRING ACCOMMODATIONS <i>(PLEASE PROVIDE DETAILS ABOUT ACCOMMODATIONS IDENTIFIED)</i>
Religious holidays and celebrations	
School opening or closing exercises	
Prayer Space	
Dietary requirements	
Fasting	
Religious attire	
Modesty requirements in Physical Education	
Participation in daily activities and curriculum	
Other (Please describe):	

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).