



**Imagine Schools- Chancellor Campus**  
3333 High Ridge Road  
Boynton Beach, FL 33426  
561-585-1189  
Stephanie Standley, Principal  
stephanie.standley@imagineschools.org

October 21, 2021

Dear Imagine-Chancellor Families:

On October 20<sup>th</sup>, 2021, the Governing Board of The Learning Excellence Foundation of South Palm Beach, Inc. d/b/a Imagine Schools Chancellor Campus held a special meeting regarding the current mask mandate at the school. The Board voted to provide parents with the following updated options regarding face masks **effective Monday, October 25<sup>th</sup>, 2021:**

1. Send your child to school wearing a mask
2. Submit a mask opt-out form (see attachment) to the school indicating you do not wish for your student to wear a face mask (*Note: If you previously submitted an opt-out form, there is no need to resubmit*)

If you elect option 2 and have not submitted an opt out form for your child, please do so immediately. Students without the opt out form will be required to wear a mask.

The Board voted to revisit this topic every 30 days as well as hold an emergency meeting if the positivity rate rises above 3% at the school and/or 5% in Palm Beach County.

Thank you for your support and cooperation.

Sincerely,  
*Stephanie Standley*  
Stephanie Standley  
Principal

CC: Governing Board  
Rod Sasse, Executive Vice President, Imagine Schools, Inc.  
Susan Onori, Regional Director, Imagine Schools, Inc.





**Imagine Schools- Chancellor Campus**  
3333 High Ridge Road  
Boynton Beach, FL 33426  
561-585-1189  
Stephanie Standley, Principal  
stephanie.standley@imagineschools.org

**Face Mask Opt-Out Form**

Face masks will be required for all students when inside of the school building and on bus transportation unless their parent/guardian chooses to opt-out of this requirement. If you don't want your child to wear a facial covering, please complete this opt-out form and return to your child's teacher. If you have multiple children at the school, please complete a form for each of your children. Staff will in no way question or harass your child about wearing a mask regarding your decision.

**Student First and Last Name:** \_\_\_\_\_

**Grade:** \_\_\_\_\_

- As the parent/guardian of the student listed above, I choose for my child to OPT-OUT of wearing a face mask for the 21-22 school year.

**Parent/Guardian Name:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

