



HOUSTON COUNTY HIGH SCHOOL

920 Highway 96
Warner Robins, Georgia 31088
Phone (478) 988-6340 Fax (478) 988-6341

Dr. Douglas Rizer
Principal
Karma Hayes
Jay Jones
Melanie Moore
Trinity Rawlins
Assistant Principals
Jason Brett
**Athletic Director/
Assistant Principal**
Ryan Crawford
Chief of Athletics

Student Name: _____ Grade: _____

As a safety precaution based on current Department of Public Health guidance, your student has been identified as a close contact. A close contact is defined as someone who was within 6 feet of a positive person during the infectious period for a cumulative total of 15 minutes or more over a 24-hour period.

To best support student health and well-being, procedures for student quarantining have changed. Students identified as a close contact may continue to attend school and attend extra-curricular activities, but they will be required to wear a mask in the school setting for the full 10 days of their assigned quarantine period. Students who were determined as a close contact and who choose not to wear a mask in the school setting will be required to quarantine for the full 10 days from their exposure. If you choose to quarantine your student at home, he/she will access Google Classroom to continue with classwork as assigned. **Your student will be responsible for turning in all assigned work on or prior to their return date.** Should your student exhibit any symptoms, please inform the school, as adjustments may be necessary for quarantining.

Your student's exposure date was on _____; his/her 10-day quarantine date ends _____, with a return to school date of _____.

Please indicate what your intentions are below, and return this letter to the main office:

_____ My student will wear a mask and attend school during the 10-day quarantine. We will monitor him/her closely for symptoms, and take mitigation measures such as masking and physical distancing in order to prevent the potential spread of COVID-19.

_____ My student will quarantine at home for the full 10 days. I understand that when my student returns, he/she will be required to take assessments as scheduled for the course.

Parent Signature: _____ Date: _____