



CHECK OUT FORM/EMERGENCY CONTACT

Students Name: _____ Grade: _____

Student Check Out and Emergency Information:

Haak'u Community Academy will **ONLY** allow the individuals listed below to check your child out of school. Unless indicated by court order, both parents will be able to check out the child. No one **UNDER THE AGE OF 18** will be allowed to check out your child. Per HCA Policy, a person who is listed on the **sex offender** list cannot be named as an emergency contact.

For you child(ren) safety, verbal or telephone request to add another person to the check out list WILL NOT BE HONORED. In an emergency, the parent or legal guardian can send or fax a signed request to the school.

1. Emergency procedures will be followed as outlined in the HCA Handbook. In case of an emergency, such as profuse bleeding, breathing difficulty, severe pain, suspected broken bones or head injury, and ambulance will be called to transport the child to ACL Hospital.
2. School Personnel CANNOT administer medications to children without a signed permission form. The school personnel can administer prescription medication only if the medication is provided in its original container with clear written directions. Parents are responsible to completed the Medication Administration Form provided in this packet.
3. In the case of a minor illness or injury, the school will first attempt to contact the parent/legal guardian, and then person listed on the order below. If no contact is made, your child will return to his/her classroom until their regular bus run.

1st Primary Contact: Mother/Legal Guardian

Name: _____ Phone #: _____ Work Ph #: _____

2nd Primary Contact: Father/Legal Guardian

Name: _____ Phone #: _____ Work Ph #: _____

****In case of emergency and the Primary contacts cannot be reached the following contacts are authorized to be contacted:**

Name:	Relationship to Student:	Contact Phone #:
Name:	Relationship to Student:	Contact Phone #
Name:	Relationship to Student:	Contact Phone #
Name:	Relationship to Student:	Contact Phone #
Name:	Relationship to Student:	Contact Phone #
Name:	Relationship to Student:	Contact Phone #
Name:	Relationship to Student	Contact Phone #

Parent/Guardian Signature: _____ Date: _____



STUDENT REGISTRATION FORM

STUDENT INFORMATION				
Student First Name:	Middle Name:	Last Name:	Date of Birth:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Is student a member of a Federally recognized Tribe? <input type="checkbox"/> Yes <input type="checkbox"/> No			Social Security #:	
Name of Tribe:		Tribal Census #:		
Mailing Address:				
Address: _____ City _____ State _____ Zip _____				
Physical Address:				
Address: _____ City _____ State _____ Zip _____				
Home Phone #: (with area code) ()		Other Phone#: (with area code) ()		
SCHOOL HISTORY: Is the current student registering as: Returning Student: <input type="checkbox"/> Transfer Student: <input type="checkbox"/>				
Previous School Attended: _____				
School Name: _____ Address: _____ City: _____ State: _____ Zip: _____				

Mother/Legal Guardian	Relationship to Student (Select One) <input type="checkbox"/> Biological or Adoptive Mother <input type="checkbox"/> Legal Guardian			
	First Name:	Last Name:	Email Address:	
	Address (If different from Student)		Does student reside with this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Address: _____ City _____ State _____ Zip _____		Phone #:	
	Employment:		Work Phone #:	

Father/Legal Guardian	Relationship to Student (Select One) <input type="checkbox"/> Biological or Adoptive Father <input type="checkbox"/> Legal Guardian			
	First Name:	Last Name:	Email Address:	
	Address (If different from Student)		Does student reside with this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Address: _____ City _____ State _____ Zip _____		Phone #:	
	Employment:		Work Phone #:	

FAMILY CIRCUMSTANCES: (Are there any family circumstances about which you wish the school to be aware?)



STUDENT PROTECTION

An individual may be forbidden contact with the student by way of a legal process

Please indicate if a legal document exists which forbids an individual from having contact with this student: Yes No

If you have answered yes, please provide the school with required documentation which will be retained in the students file.

EMERGENCY/MEDICAL INFORMATION

An emergency contact is someone who may be contacted if the students parent/legal guardian Is unavailable

EMERGENCY CONTACTS (NOT STUDENT'S PARENT/LEGAL GUARDIAN)

Emergency Contact #1:

Home Phone of Emergency Contact #1
()

Other Phone:
()

Emergency Contact #2:

Home Phone of Emergency Contact #2
()

Other Phone:
()

MEDICAL INFORMATION

Are there any serious medical conditions about which you wish the school should be aware? Please indicate below:

Diabetes Epilepsy Allergies (please specify) Hemophilia Heart Condition Asthma Other (please specify)

Medical Notes: _____

Is this student currently on prescribed medication: Yes No

If yes, please list all medication: _____

Does this student have any food allergies: Yes No

If yes, please list: _____

***Please provide all/any medication documentation from students health provider

DECLARATION BY PARENT/LEGAL GUARDIAN

The information provided in this document is true, correct and complete. I have identified all parents and legal guardians for this student. The individuals identified in the "parent/legal guardian" section have the right to view student information and make educational decisions for this child, unless otherwise indicated here and supported with legal documentation

Further, I recognize that **IT IS MY RESPONSIBILITY** to notify my child's school should the information change.

Parent/Guardian Signature: _____ Date: _____

FOR OFFICE USE ONLY	Received By:	Date Entered:
Immunizations:	Birth Certificate:	Physical Exam:
COVID Vaccine Card:	Social Security:	CIB:
Court Order Info:	State ID:	Teacher/Grade:



School Residence Verification Document

This document is intended to address the McKinney-Vento Act. Your answers will help the administrator determine residency documents necessary for enrollment of this student.

1. Presently, where is the student living? (Check one box)

SECTION A	SECTION B
<input type="checkbox"/> In a shelter <input type="checkbox"/> With more than one family in a house or apartment <input type="checkbox"/> In a motel, car, or campsite <input type="checkbox"/> With friends or family members (other than parent/guardian) <p>CONTINUE: IF YOU CHECKED A BOX in section A Complete #2 and the rest of this form and <u>SIGN BELOW</u></p>	<input type="checkbox"/> Choices in Section A - <u>DOES NOT APPLY</u> <p>STOP: If you checked this section, you DO NOT need to complete the rest of this form. <u>SIGN BELOW</u></p>

2. The student lives with:

<input type="checkbox"/> 1 Parent <input type="checkbox"/> 2 Parents <input type="checkbox"/> 1 Parent and another adult	<input type="checkbox"/> A relative, friend(s) or other adult(s) <input type="checkbox"/> Alone with no adults <input type="checkbox"/> An adult that is not the parent or legal guardian
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If the parent has checked Section B above, completion of this form is **NOT** required. If parent has checked Section A, this form **MUST BE** completed and provided in School Registrar immediately after completing. Form will be kept separately from the students record for audit purposes.

****Please complete ONLY if Section A was checked:**

Name of Student:	Date of Birth:	Social Security #:	Age:
Names of Parent(s)/Legal Guardian:			
Address:	City	State	Zip

Signature of Parent/Legal Guardian: _____ **Date:** _____

School Use Only-School Administrator's determination of Section A circumstances:
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SCHOOL BUS AGREEMENT

Student Safety is the most important component of the HCA bus transportation policy. School bus transportation is a privilege that can be withdrawn for unsafe behavior. To insure the safety of the children, the bus driver must be in complete charge of the bus and the occupants at all times. Students riding the bus **MUST** comply with directions given by the driver.

Students Name:	Grade:	
Physical Address:		
Place of Residence: <i>(Please give detailed description)</i>		
<hr/> <hr/> <hr/>		
Parent/Legal Guardian Name:	Home Ph#:	Work Ph #:

I understand and will abide by the following policies and procedures for student transportation:

1. Students will ride only the bus to which they are assigned.
2. Students will be allowed off and, on the bus, **ONLY** at their designated stop
3. Only permanent written requests from a parent and/or legal guardian for bus changes to be honored. All requests must be approved by the School Administrator for the availability of space for that particular bus route.
4. Disciplinary action will be enforced in accordance with bus conduct policy
5. ONLY 1 (ONE) bus change request per year will be allowed! **NO** notes or phone calls **WILL NOT BE ACCEPTED!**

Parent/Guardian Name: _____
PRINT NAME

Parent/Guardian Signature: _____ Date: _____



SCHOOL-PARENT COMPACT

Haak'u Community Academy and the parents of students agree that this compact outlines how the parents, the entire school staff, and the students will share the responsibility for improved student academic achievement and the means by which the school and parents will build and develop a partnership that will help children achieve HCA's standards.

It is the responsibility for Haak'u Community Academy to:

1. Provide high-quality curriculum and instruction in a supportive and effective learning environment that enables the participating children to meet student academic achievement standards
2. Hold parent-teacher conferences during which this compact will be discussed as it relates to the individual child's achievement. Specifically, those conferences will be held: upon request of the teacher (s), parent(s), administration, or guidance.
3. Provide parents with frequent reports on their children's progress.
4. Provide parents reasonable access to staff. Specifically, staff will be available for consultation with parents as follows: during their planning period, scheduled parent/teacher conferences, through email or phone during their normal scheduled hours.
5. Providing instruction in a way that will motivate and encourage students.
6. Providing a safe and positive atmosphere for learning.
7. Explaining assignments so that my students have a clear understanding.
8. Supplying clear evaluations of student's progress to students and parents.
9. Contacting the parents of the students in my class through notes, conferences, progress reports, or telephone calls to show an active interest in the success of my students.

It is the responsibility of the Parent/Guardian to:

1. Monitoring attendance
2. Ensure that your child comes to school rested, ready for school and dress for current weather conditions.
3. Participating, as appropriate, in decisions relating to my children's education
4. Support HCA and its goal by assisting and volunteering when possible
5. Staying informed about my child's education and communicating with the school by promptly reading all notices from the school received by my child or by mail and responding, as appropriate,
6. Helping my child daily in any way possible to meet his/her responsibilities, such as completing homework and encouraging appropriate behavior.
7. Contacting my child's teacher by notes, conferences, or telephone calls to show an active interest in my child's education

Parent/Guardian Name: _____
(PRINT NAME)

Parent/Guardian Signature: _____ Date: _____



PERMISSION SLIPS

PHOTOGRAPHS AND/OR VIDEOTAPES:

These may be during regular and special school activities. These may be used in program presentations at conferences, as part of teacher dossiers for NM Licensures, staff training or to promote positive classroom management.

We may also use special photographs or videotapes in specific projects such as program brochures or community calendars. We will not identify any student individually.

I hereby grant permission for my child, _____ to have his/her photograph and/or video images taken by the HCA staff. I understand that some of the photographs may be used in newsletters and other publications including the HCA website. We will not identify any students individually. I understand that this permission form is valid for one year for the date signed.

_____	_____	_____
Parent/Guardian Name (PRINT)	Parent/Guardian Signature	Date
_____	_____	_____
Name of HCA Staff (PRINT)	Staff Signature	Date

PERMISSION FOR PARTICIPATION ON FIELD TRIPS WITHIN THE ACOMA RESERVATION:

I hereby grant permission for my child, _____, to participate in all Haak'u Community Academy fieldtrips within Acoma Reservation area. I understand that permission slips for other fieldtrips will be sent home prior to each off-reservation fieldtrips. I understand that this permission form is valid for one year from the date signed.

_____	_____	_____
Parent/Guardian Name (PRINT)	Parent/Guardian Signature	Date
_____	_____	_____
Name of HCA Staff (PRINT)	Staff Signature	Date

PERMISSION FOR PARTICIPATION IN NATIVE AMERICAN OR OTHER CULTURAL EVENTS:

I hereby grant permission for my child, _____ to participate in Native American and other cultural activities, which promote acceptance and appreciation of diverse and unique people. I understand that this permission is valid for one year from the date signed.

_____	_____	_____
Parent/Guardian Name (PRINT)	Parent/Guardian Signature	Date
_____	_____	_____
Name of HCA Staff (PRINT)	Staff Signature	Date



LANGUAGE USAGE SURVEY

The purpose of this survey is to ensure that your child receives the highest quality education and services to which he/she is entitled. The information you provide will be used only to assist the school in making program decisions.

Students Name:	Date of Birth	Grade Level:
Answer each question by marking either YES or NO box:		
	YES	NO
1. Does the student use a language(s) other than English with his/her family/friends:		
2. Do you use a language(s) other than English with the student?		
3. Does the student understand when someone communicates with him/her in a language other than English?		
4. Does the student read in a language(s) other than English?		
5. Does the student write in a language(s) other than English?		
6. Does the student interpret for you or anyone else in a language(s) other than English?		
7. If you answered YES on one or more questions 1-6, what language(s) other than English does the student use most frequently at home? Choose the following that apply:		
<input type="checkbox"/> American Sign Language (ASL) <input type="checkbox"/> Tiwa <input type="checkbox"/> Keres <input type="checkbox"/> Tewa <input type="checkbox"/> Mescalero Apache <input type="checkbox"/> Towa <input type="checkbox"/> Spanish <input type="checkbox"/> Zuni <input type="checkbox"/> Navajo/Dine <input type="checkbox"/> Other: _____		
8. Is the student transferring from another state, district, or school? If yes, please provide location and name of school: _____	YES	NO
9. Has the student received schooling/education in a language(s) other than English? If yes, which language(s)?		
10. In what language do you prefer to receive communication from the school?		
11. In what language do you prefer to communicate with school staff?		
12. Is there anything else we should know about how to best serve your child?		
Signature of Parent/Guardian:		Date:
Translator:	Language:	Date:



HCA Laptop, Mobile Device & Technology Equipment Policy

The Haak'u Community Academy (HCA) wants to help ensure that every student attending HCA has the necessary equipment needed to access the new virtual learning platform and classwork materials as efficiently as possible. The equipment will be assigned to the student for a duration that HCA will determine appropriate, and in which the student and parent will be notified of any changes.

Please review the rules and responsibilities of being assigned the equipment. If you do not understand a specific item, feel free to ask questions about the responsibility to care for and safe guard the equipment.

STUDENT & PARENT/GUARDIAN RULES AND RESPONSIBILITIES:

- 1) Please take necessary precautions to keep the HCA device protected from damage.
- 2) Parent/Guardian may be responsible for cost of repair (if device is not properly maintained beyond normal use) or replacement if the device is damaged beyond repair or lost.
- 3) Keep the device clean to prevent spread of virus. DO NOT use harsh chemicals or liquids that may damage the device; and always store in a safe location.
- 4) Please DO NOT allow or install any software or hardware, or change the system configurations. All software/hardware changes or installations will need to be approved and installed by the HCA-IT department only.
- 5) Contact HCA-IT department for all issue relating to the device.
 - a) If the issues are a result of regular use related to daily tasks, HCA will work to resolve the issue and return the device to the student
- 6) In the case of theft or accidental damages to the device, the student and/or parent/guardian shall immediately notify the HCA Principal.
 - a) In the case of a theft the parent/guardian must file a police report and provide a copy of the report to the HCA principal
- 7) DO NOT remove any HCA Tags or Labels on any of the devices that have been assigned to the student.
- 8) It is the student's and/or parent/guardian's responsibility to coordinate with the HCA-IT department for updates, repairs, software installation, etc.
- 9) The student is responsible for backing up all data files located on the device. The HCA-IT department is Not responsible if data becomes corrupted or accidentally deleted and /or lost.
- 10) If the student disenrolls or the device is no longer needed by the student, the parent/guardian shall Return all HCA equipment at check out from the school

I acknowledge that I have read, and understand the terms and conditions of the laptop, mobile device & Technology Equipment Policy Agreement

Student Name: _____ Parent/Guardian Signature: _____ | _____
Date

HCA Staff Signature: _____ Date: _____

****A copy of the HCA Equipment Check-Out List will be provided to the student & Parent/Guardian**



IMMUNIZATION PROCEDURE/REQUIREMENTS FOR STUDENTS

All New Mexico schools are required to comply with NM Department of Health Statutes and Immunization laws. Therefore, parents/guardians **ARE REQUIRED** to provide the school with an updated immunization record of their child by/at school registration. Records may be obtained from student's providing IHS hospital or private doctor including those received in Head Start.

The school health assistant will review immunization records and notify parents/guardians of children who are not up to date. Failure to provide the school with **updated required** immunizations will result in the student not being allowed to attend school. The student will be sent home from school until he/she receives the required immunization(s) for school enrollment. A referral to social services for neglect may be initiated.

Students not up to date with immunizations place themselves and others at risk for acquiring serious, otherwise preventable diseases.

To avoid having a student sent home from school, parents/guardians must assure the school that their child has had the following immunizations for school enrollment.

- Diphtheria/Tetanus/Pertussis (DPT/DTap/TD) must have 4 doses, 1 does must be on or after 4th birthday. 4 does sufficient if given after 4th birthday.
- Polio (OPV/IPV) must have 3 does, 1 does on or after 4th birthday. 4 does of IPV, OPV or any combination regardless of age acceptable if at least 4 weeks between doses
- Measles/Mumps/Rubella (MMR) must have 2 doses, 1 dose on or after 1st birthday, 2nd dose is recommended at age 4-8 years, 2nd does acceptable before 4 years with minimum of 28 days between doses
- Hepatitis B (Hep B) must have 3 doses series, 1st shot followed by 2nd shot, 4 weeks later, then 3rd shot 8 weeks after 2nd dose
- Chicken Pox (Varicella) must have 1 does, on or after 1st birthday, or record of having/had disease. Documentation must support history or lab record
- COVID-19 Vaccine
As with other vaccine-preventable diseases, you are best protected best from COVID-19 when you stay up to date with the recommended vaccinations. COVID-19 card must be in student file.
COVID-19 vaccines authorized:
 - Pfizer-BioNTech
 - Moderna
 - Johnson & Johnson's Janssen (J&J/Janssen)



HEALTH QUESTIONNAIRE

As an aide to protecting and promoting the health of your child, the school health office asks that you provide information about your child's past or current medically diagnosed health conditions. Contact the school personnel with any additional information about your child's health that you think is important for the school personnel to know. All information is confidential and will be entered into the student's health record, which will be made available only to appropriate staff, as needed.

Students Name:	DOB	Grade:
Does your child have any medically diagnosed health conditions or problems? (Please list) _____ _____		
Is your child currently on prescribed medications? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please list all medications and the condition for which the medication was prescribed. _____		
Does your child have any known allergies (food, drug, animals, plants, etc)? Please list all describe type of reaction to causing agent, such as rash, hives, nausea, breathing problem, etc. _____ _____		
Does your child have hearing loss? <input type="checkbox"/> YES <input type="checkbox"/> NO Does he/she wear a hearing aid? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Does your child wear contact lenses/eye glasses? <input type="checkbox"/> YES <input type="checkbox"/> NO Are glasses in good condition? <input type="checkbox"/> YES <input type="checkbox"/> NO When was you child's last complete eye examination? DATE: _____		
Has your child had any of the following illnesses or conditions?		
Chicken Pox:	YES _____ NO _____	Meningitis: YES _____ NO _____
Seizures:	YES _____ NO _____	Speech Problems: YES: _____ NO _____
Frequent ear infections:	YES _____ NO _____	Heart Problem: YES _____ NO _____
Tube in the ear:	YES _____ NO _____	Rheumatic Fever: YES: _____ NO: _____
Migraine Headaches:	YES: _____ NO: _____	Head Injury: YES: _____ NO: _____
Fainting:	YES: _____ NO: _____	Hepatitis: YES: _____ NO: _____
Asthma:	YES: _____ NO: _____	Diabetes: YES: _____ NO: _____

Parent/Guardian Name (PRINT)

Parent/Guardian Signature

Date



CONSENT OF PARENT/GUARDIAN FOR SCHOOL HEALTH SERVICES

STUDENT NAME: _____ DOB: _____ GRADE: _____

I, _____, hereby give consent to the Haak'u Community Academy to provide school health services to my child by the designated staff while he/she attends school, as needed and available. School Health Services consists primarily of:

1. First Aide for Injuries
2. Sick Care
3. Follow-up care of illnesses or injuries
4. Crisis intervention and mental health
5. Suspected child abuse/neglect
6. Reproductive health counseling (as needed)
7. General health counseling
8. Immunization tracking and reporting
9. Physical examination record and health questionnaire review
10. Health Care Plans for students with medically diagnosed health problem
11. Facilitate administering prescribed and non-prescribed medication (as per Policy & Procedure)
12. Screening for head lice (as needed)
13. Referrals to the ACL offices (as necessary, specialty clinics for further evaluation of health problems or screening failures)
14. Instruction in health issues such as health promotion/disease prevention, diabetes, asthma, basic dental care, drug/tobacco/alcohol prevention
15. EMS/Ambulance services for urgent/emergency care and/or transportation to a local health care facility for emergency medical care
16. Weight/height/blood pressure screening as necessary
17. NOTE: Parents/Guardians will be notified of any referrals made regarding their children

*******PARENTS/GUARDIANS MUST UPDATE TELEPHONE NUMBERS AS SOON AS CHANGES OCCUR**

Please provide the names of two individuals or friends who will assure the responsibility of your child in case of illness or accident if you cannot, or until you can be reached. Please notify these persons for this arrangement.

Contact #1: _____ Relationship to student: _____

Home Ph #: _____ Work Ph #: _____ Cell Ph #: _____

Contact #2: _____ Relationship to student: _____

Home Ph #: _____ Work Ph #: _____ Cell Ph #: _____



Haak'u Community Academy
School Year 20__-20__



To the Parents and Guardians of Haak'u Community Academy Students,

In an effort to protect the health and wellness of all students, Haak'u Community Academy requires that all eligible students attending school receive the COVID-19 vaccination. It is the goal of this school and Acoma Department of Education to keep students healthy and in school. In order to prevent the spread of infectious diseases, it is vital that all students are fully immunized before entering.

Haak'u Community Academy will also be implementing a "Test to Stay" approach meaning that students will be required to test 3-5 days after their last close contact with someone who tested positive for COVID-19. This mandate also includes our virtual learners. Attached is a consent form for minors to undergo COVID-19 testing at Haak'u Community Academy, if you elect to test on school premises. This is an effort to further protect students during this pandemic and to work towards keeping students with in-class learning.

Immunizations are the best defense against some of the most common and sometimes deadly infectious diseases. Please provide the school with proof of COVID-19 immunization certification or proof of medical or religious exempt.

If the school does not receive proper immunization documentation, your child runs the risk of not being allowed to attend school until after it is obtained. The school must receive immunization documentation for your child by their enrollment date.

Please contact your primary health provider to make an appointment for your child to receive the required immunization or please provide the school with the most recent documentation of the COVID-19 immunization as soon as possible.

If you have any other questions or need additional information regarding this letter please contact the Acoma Department of Education at (505) 552-6077.



CONSENT FOR MINORS UNDERGOING COVID-19 TESTING

As the parent of guarding of the minor student named below, I authorize Haak'u Community Academy personnel to collect and test a nasal sample from said students for the presence of SARS-CoV-2 in order to access and remain attending in class lecture.

The test being used is the iHealth, which is an antigen test. Antigen tests are designed to detect proteins form the virus which cause COVID-19 illness.

Furthermore, I understand the potential risks of this procedure include:

- Possible discomfort or other complication that may happen during sample collection
- Possible false positive, false negative or inconclusive test results

Potential benefits include:

- The result, along with other information, can help you make informed decisions about your care
- The results of this test may help limit the spread of COVID-19 to your family and others in our community and the campus community.

Each statement below should be **READ AND INITIALED** by either a parent or the child's guardian.
Signature by a parent or the child's guardian is required.

_____ I understand that in order to attend school, my child must be free from COVID-19 symptoms.

If, during the day, any of the following symptoms appear, my child will be separated from the rest of the class and moved to a supervised, secure area. I will be contacted, and my child **MUST** be picked up within 1 hour of being notified.

Symptoms include:

- Fever of 100.4 degrees Fahrenheit or higher
- Chills
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat



Haak'u Community Academy
School Year 20__-20__



- Congestion or runny nose
- Nausea or vomiting
- Diarrhea
- Any other symptom of illness, whether or not you believe it's related to COVID-19 understands that many of these symptoms can also be due to non-COVID-19-related issues, we must proceed with an abundance of caution during this public health emergency. Symptoms typically appear two to seven days after being infected. Your child will need to be symptom-free, without any medication, for 72 hours before returning to school.

_____ I understand that over the course of the school day, my child's temperature will be taken.

_____ I understand that my child will be required to wash their hands throughout the day using CDC-recommended handwashing procedures.

_____ I will immediately notify the Site Point of Contact if I become aware that my child has had close contact with any individual who has been diagnosed with COVID-19. The CDC defines "close contact" as being within 6 feet of an infected person for at least 15 minutes starting from two days before illness onset (or, for asymptomatic patients, two days prior to specimen collection) until the time the patient is isolated.

_____ I understand that, while present at school each day, my child will be in contact with children and employees who are also at risk of community exposure. I understand that no list of restrictions, guidelines, or practices will remove the risk of exposure to COVID-19. I understand that the members of my family play a crucial role in keeping everyone at school safe and reducing the risk of exposure by following the practices outlined herein.

I, _____, certify that I have read, understand, and agree to comply with the provisions listed herein.

Parent/Guardian Name (PRINT)

Parent/Guardian Signature

Date

Student Name

Grade