

November 30, 2020

In order for your child(ren) to return to on-campus learning, post-Thanksgiving break, please answer the following questions:

1. My child(ren) has (have) been in contact with anyone who currently has tested positive for COVID-19.

	Yes (True)	No (False)				
2.	During Thanksgiving bre	eak, did members	rs of your household travel out of state or country?			
	Yes	_ No				
3.	During Thanksgiving bre	eak, did your hous	ehold gath	her at any time with more than two other households?		
	Yes	No				
-	nswered "Yes" to any of the per 11th.	"Yes" to any of the above questions, your child(ren) will need to be remote learners through				
f you ha	ave answered "No" to the	se questions, plea	se continu	ue with this questionnaire and answer the following:		
1.	Does your student have	one of the following symptoms? and/or chills Yes No Yes No				
	Fever of 100.4 or greate	er and/or chills	Yes	No		
	Cough		Yes	No		
	Difficulty breathing		Yes	No		
	Loss of taste/smell		Yes	No		
	If you answered "Yes" to any of the above symptoms, your child(ren) will need to be remoting may return per policy.					
2.	Does your student have two or more of the following symptoms?					
	Congestion/running nos	e	Yes	No		
	Nausea/vomiting/diarrhe	ea	Yes	No		
	Sore throat		Yes	No		
	Headache		Yes	No		
	Fatigue/muscle or body	aches	Yes	No		
If you answered "Yes" to any two of the above sympto and may return per policy.				ptoms, your child(ren) will need to be remote learners		
certify	that the answers to the al	pove questions are	e true to th	he best of my knowledge.		
Parent Signature		 Date	Studer	Student Name(s)/Grade(s)		