*Each i1dividual through posi iv leorni g experien e, wil be given Opfortu1ities O r a h his/her ull pote1tial, fa e ife O1ﬁd l , ﬁn ulﬁl me an e resf ct ul an in i1 an ev r-cha1gi g wor d.*

COVID-19 Return to School Parental Declaration Form

Please sign this form following your child's ABSENCE FROM SCHOOL FOR ONE OR MORE DAYS.

|  |  |
| --- | --- |
| **Child’s Name:** | **Teacher’s Name:** |
| **REASON FOR ABSENCE:** |
| **DECLARATION:****I have no reason to believe that my child has Covid-19 or is a close contact of someone with Covid-19 and as far as I am aware, it is safe for my child to return to school.**Name of Parent(BLOCK CAPITALS: Signature of Parent: Date:  |

Chairperson: Fr. Kevin Fallon Principal: Dr. Úna Feeley