

Student In-School Agreement



- Are you sick with flu-like symptoms?

_____ YES _____ NO

- Have you or a family member been tested for COVID-19 in the last 14 days due to a confirmed COVID-19 exposure or symptoms?

_____ YES _____ NO

- Have you been exposed to a positive COVID-19 case in the last 14 days?

_____ YES _____ NO

Print Name:

Date: _____