

Student In-School Agreement



- Are you sick with flu-like symptoms?
_____YES _____No
- Have you been tested for COVID-19 in the last 14 days?
_____YES _____No
- Have you been exposed to a positive COVID-19 case in the last 14 days?
_____YES _____No

Print Name: _____

Date: _____

Student In-School Agreement



- Are you sick with flu-like symptoms?
_____YES _____No
- Have you been tested for COVID-19 in the last 14 days?
_____YES _____No
- Have you been exposed to a positive COVID-19 case in the last 14 days?
_____YES _____No

Print Name: _____

Date: _____