**Student Name** : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Class** : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please Print)

**Parent/Guardian Name***: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* **Date** : *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

(Please Print)

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| --- | --- | --- |
| **Verify in writing:** |  | **Verify electronically:**[*https://covid-19.ontario.ca/school-screening/*](https://covid-19.ontario.ca/school-screening/)Students may alternatively complete screening on their own device, where age appropriate, and present on arrival.  |
| I/we confirm the student (above) received a “pass” on the COVID School Screening Tool. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parent/Guardian Name (Print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parent/Guardian Signature |
|  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Please initial each morning prior to attending school.**By initialing below, I/we confirm the Ontario COVID-19 School Screening has been completed for my child and my child has passed the screening.

|  |  |
| --- | --- |
| **Date** | **Parent/guardian initials** |
| January 3, 2022 | **NO SCHOOL. Delayed Entry.** |
| January 4, 2022 | **NO SCHOOL. Delayed Entry.** |
| January 5, 2022 |  |
| January 6, 2022 |  |
| January 7, 2022 |  |
| January 10, 2022 |  |
| January 11, 2022 |  |
| January 12, 2022 |  |
| January 13, 2022 |  |
| January 14, 2022 |  |

Daily self-screening for all students continues to be a requirement to come to school. Thank you for working together to keep our school safe 😊 |