



I, as a student of Boyle Street Education Centre, will take the COVID - 19 self-assessment every day to check my health condition before coming to school.

If I have any symptoms of COVID-19, or if I have been in contact with anyone who may have a suspected or confirmed case of COVID-19, I will not come to school. Then, I will phone the school to let them know of my situation.

I will ask for help to get tested as quickly as possible for a return to school and will inform the school regarding the results of the test.

Signed _____

Date _____