



# Lawrenceburg Community School Corporation

300 Tiger Blvd, Lawrenceburg, IN 47025  
Phone: (812) 537-7200 Fax: (812) 537-0759

[www.lburg.k12.in.us](http://www.lburg.k12.in.us)

December 9, 2020

To the Parent/Guardian of the [REDACTED]:

Today, a member of the [REDACTED] received a positive test result for COVID-19. The infected member has been quarantined since exhibiting symptoms. There is a second member of the program that is being tested due to experiencing symptoms. In addition, there are other members of the program currently quarantined (due to various circumstances) with some exhibiting symptoms.

Due to the increased number of members in the program who have tested positive, are being tested, some exhibiting symptoms and/or members of the household required to quarantine, it is in the best and safest interest to quarantine the [REDACTED] starting today through December 18, 2020. Members of this class may resume activities on December 19, 2020 and we look forward to welcoming them back to school on January 4, 2021.

This letter is to inform everyone in the program in case your child begins experiencing symptoms. Please notify the school if they do. Below is a list of the symptoms impacting consideration for exclusion:

1. Fever (100.4 Degrees Fahrenheit or Greater)
2. Chills
3. Cough
4. Shortness of Breath or Difficulty Breathing
5. Fatigue
6. Muscle or Body Aches
7. Headache
8. New Loss of Taste or Smell
9. Sore Throat
10. Congestion or Runny Nose
11. Nausea or Vomiting
12. Diarrhea

Please reach out to your student's school nurse or principal with questions.

Sincerely,

Karl Galey, Superintendent



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December 7, 2020

To the Parent/Guardian of GMS [REDACTED] Team:

Today, a GMS [REDACTED] Team player received a positive test result for COVID-19. The infected player has been quarantined since obtaining the positive results. The parents/guardians of all players having direct contact (within 6 feet of someone who has COVID19 for at least 15 minutes) have been notified via phone. Through our contact tracing, your child is on the same team as the player and we wanted to communicate this information to all those on the team.

This letter is to inform everyone in the classroom in case your child begins experiencing symptoms. Please notify the school if they do. Below is a list of the symptoms impacting consideration for exclusion:

1. Fever (100.4 Degrees Fahrenheit or Greater)
2. Chills
3. Cough
4. Shortness of Breath or Difficulty Breathing
5. Fatigue
6. Muscle or Body Aches
7. Headache
8. New Loss of Taste or Smell
9. Sore Throat
10. Congestion or Runny Nose
11. Nausea or Vomiting
12. Diarrhea

For those called and are quarantined due to being a direct contact, it is recommended, but not required to be tested. Under the new quarantine guidelines, students may get a (rapid or PCR) COVID-19 test on days 5, 6 or 7 after exposure and return with a negative result on day 8. Please remember that a student may not return prior to obtaining test results. The second option would be to wait 10 days after exposure and return on day 11 if untested and no symptoms arise.

Please reach out to your student's school nurse or principal with questions.

Sincerely,

Karl Galey, Superintendent



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December 7, 2020

To the Parent/Guardian of [REDACTED]:

Today, a member of [REDACTED] class received a positive test result for COVID-19. The infected member has been quarantined since obtaining the positive results. The parents/guardians of all students having direct contact (within 6 feet of someone who has COVID19 for at least 15 minutes) have been notified via phone. Through our contact tracing, your child is in the same class as the member and we wanted to communicate this information to all those in the class.

This letter is to inform everyone in the classroom in case your child begins experiencing symptoms. Please notify the school if they do. Below is a list of the symptoms impacting consideration for exclusion:

1. Fever (100.4 Degrees Fahrenheit or Greater)
2. Chills
3. Cough
4. Shortness of Breath or Difficulty Breathing
5. Fatigue
6. Muscle or Body Aches
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Please reach out to your student's school nurse or principal with questions.

Sincerely,

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December 7, 2020

To the Parent/Guardian of [REDACTED] Small Group:

Today a member of [REDACTED] small group received a positive test result for COVID-19. The infected member has been quarantined since obtaining the positive results. The parents/guardians of all students having direct contact (within 6 feet of someone who has COVID19 for at least 15 minutes) have been notified via phone. Through our contact tracing, your child is in the same group as the member and we wanted to communicate this information to all those in the class.

This letter is to inform everyone in the group in case your child begins experiencing symptoms. Please notify the school if they do. Below is a list of the symptoms impacting consideration for exclusion:

1. Fever (100.4 Degrees Fahrenheit or Greater)
2. Chills
3. Cough
4. Shortness of Breath or Difficulty Breathing
5. Fatigue
6. Muscle or Body Aches
7. Headache
8. New Loss of Taste or Smell
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For those called and are quarantined due to being a direct contact, it is recommended, but not required to be tested. Under the new quarantine guidelines, students may get a (rapid or PCR) COVID-19 test on days 5, 6 or 7 after exposure and return with a negative result on day 8. Please remember that a student may not return prior to obtaining test results. The second option would be to wait 10 days after exposure and return on day 11 if untested and no symptoms arise.

Please reach out to your student's school nurse or principal with questions.

Sincerely,

Karl Galey, Superintendent



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December 6, 2020

To the Parent/Guardian of [REDACTED]:

Yesterday, a member of [REDACTED] class received a positive test result for COVID-19. The infected member has been quarantined since obtaining the positive results. The parents/guardians of all students having direct contact (within 6 feet of someone who has COVID19 for at least 15 minutes) have been notified via phone. Through our contact tracing, your child is in the same class as the member and we wanted to communicate this information to all those in the class.

This letter is to inform everyone in the classroom in case your child begins experiencing symptoms. Please notify the school if they do. Below is a list of the symptoms impacting consideration for exclusion:

1. Fever (100.4 Degrees Fahrenheit or Greater)
2. Chills
3. Cough
4. Shortness of Breath or Difficulty Breathing
5. Fatigue
6. Muscle or Body Aches
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Please reach out to your student's school nurse or principal with questions.

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December 6, 2020

To the Parent/Guardian of [REDACTED] (Middle/High School) Riders:

Yesterday, a rider of the [REDACTED] middle/high school route tested positive for COVID-19. The parents/guardians of all students having direct contact (within 6 feet of someone who has COVID-19 for at least 15 minutes) have been notified via phone. Through our contact tracing, your child is on the same bus as the student and we wanted to communicate this information to all those on the same bus.

This letter is to inform everyone on the bus in case your child begins experiencing symptoms. Please notify the school if they do. Below is a list of the symptoms impacting consideration for exclusion:

1. Fever (100.4 Degrees Fahrenheit or Greater)
2. Chills
3. Cough
4. Shortness of Breath or Difficulty Breathing
5. Fatigue
6. Muscle or Body Aches
7. Headache
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November 30, 2020

To the Parent/Guardian of [REDACTED] Class:

Yesterday, a student in [REDACTED] Class received a positive test result for COVID-19. The infected student has been quarantined since obtaining the positive results. The parents or guardians of all students having direct contact (within 6 feet of someone who has COVID-19 for at least 15 minutes) have been notified via phone. Through our contact tracing, your child is in the same class as the student and we wanted to communicate this information to all those in the class.

This letter is to inform everyone in the classroom in case your child begins experiencing symptoms. Please notify the school if they do. Below is a list of the symptoms impacting consideration for exclusion:

1. Fever (100.4 Degrees Fahrenheit or Greater)
2. Chills
3. Cough
4. Shortness of Breath or Difficulty Breathing
5. Fatigue
6. Muscle or Body Aches
7. Headache
8. New Loss of Taste or Smell
9. Sore Throat
10. Congestion or Runny Nose
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12. Diarrhea

For those called and are quarantined due to direct contact, it is recommended, but not required to be tested. If you do a test and it comes back negative, you must still remain quarantined for 14 days. If you test positive, you may return after at least 10 calendar days have passed since your symptoms first appeared.

The Indiana State Department of Health and Dearborn County Health Officer have both stated that often positive COVID-19 results may be occurring from weekend activities. Parents are encouraged to monitor their child more closely on the weekends (activities and interactions).

Please reach out to your student's school nurse or principal with questions.

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November 30, 2020

To the Parent/Guardian of [REDACTED] Class:

Yesterday, a student in [REDACTED] Class received a positive test result for COVID-19. The infected student has been quarantined since obtaining the positive results. The parents or guardians of all students having direct contact (within 6 feet of someone who has COVID-19 for at least 15 minutes) have been notified via phone. Through our contact tracing, your child is in the same class as the student and we wanted to communicate this information to all those in the class.

This letter is to inform everyone in the classroom in case your child begins experiencing symptoms. Please notify the school if they do. Below is a list of the symptoms impacting consideration for exclusion:

1. Fever (100.4 Degrees Fahrenheit or Greater)
2. Chills
3. Cough
4. Shortness of Breath or Difficulty Breathing
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The Indiana State Department of Health and Dearborn County Health Officer have both stated that often positive COVID-19 results may be occurring from weekend activities. Parents are encouraged to monitor their child more closely on the weekends (activities and interactions).

Please reach out to your student's school nurse or principal with questions.

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November 30, 2020

To the Parent/Guardian of the Students that Eat Lunch in the LHS Aux Gym during Second Lunch:

A student that eats lunch in the LHS Aux Gym during the second lunch received a positive test result for COVID-19. The infected student has been quarantined since obtaining the positive results. The parents or guardians of all students having direct contact (within 6 feet of someone who has COVID-19 for at least 15 minutes) have been notified via phone. Through our contact tracing, your child is in the same lunch as the student and we wanted to communicate this information to all those in the lunch.

This letter is to inform everyone in the LHS Aux Gym during Second Lunch in case your child begins experiencing symptoms. Please notify the school if they do. Below is a list of the symptoms impacting consideration for exclusion:

1. Fever (100.4 Degrees Fahrenheit or Greater)
2. Chills
3. Cough
4. Shortness of Breath or Difficulty Breathing
5. Fatigue
6. Muscle or Body Aches
7. Headache
8. New Loss of Taste or Smell
9. Sore Throat
10. Congestion or Runny Nose
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12. Diarrhea

For those called and are quarantined due to direct contact, it is recommended, but not required to be tested. If you do a test and it comes back negative, you must still remain quarantined for 14 days. If you test positive, you may return after at least 10 calendar days have passed since your symptoms first appeared.

The Indiana State Department of Health and Dearborn County Health Officer have both stated that often positive COVID-19 results may be occurring from weekend activities. Parents are encouraged to monitor their child more closely on the weekends (activities and interactions).

Please reach out to your student's school nurse or principal with questions.

Sincerely,

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November 30, 2020

To the Parent/Guardian of [REDACTED] Class:

Yesterday, a student in [REDACTED] Class received a positive test result for COVID-19. The infected student has been quarantined since obtaining the positive results. The parents or guardians of all students having direct contact (within 6 feet of someone who has COVID-19 for at least 15 minutes) have been notified via phone. Through our contact tracing, your child is in the same class as the student and we wanted to communicate this information to all those in the class.

This letter is to inform everyone in the classroom in case your child begins experiencing symptoms. Please notify the school if they do. Below is a list of the symptoms impacting consideration for exclusion:

1. Fever (100.4 Degrees Fahrenheit or Greater)
2. Chills
3. Cough
4. Shortness of Breath or Difficulty Breathing
5. Fatigue
6. Muscle or Body Aches
7. Headache
8. New Loss of Taste or Smell
9. Sore Throat
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11. Nausea or Vomiting
12. Diarrhea

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The Indiana State Department of Health and Dearborn County Health Officer have both stated that often positive COVID-19 results may be occurring from weekend activities. Parents are encouraged to monitor their child more closely on the weekends (activities and interactions).

Please reach out to your student's school nurse or principal with questions.

Sincerely,

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November 29, 2020

To the Parent/Guardian of [REDACTED] class:

On Friday, a member of [REDACTED] class tested positive for COVID-19. The infected member has been quarantined since obtaining the results. The parents or guardians of all students having direct contact (within 6 feet of someone who has COVID19 for at least 15 minutes) have been notified via phone. Through our contact tracing, your child is in the same class as the infected member and we wanted to communicate this information to all those in the class.

This letter is to inform everyone in the classroom in case your child begins experiencing symptoms. Please notify the school if they do. Below is a list of the symptoms impacting consideration for exclusion:

1. Fever (100.4 Degrees Fahrenheit or Greater)
2. Chills
3. Cough
4. Shortness of Breath or Difficulty Breathing
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6. Muscle or Body Aches
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For those called and are quarantined due to direct contact, it is recommended, but not required to be tested. If you do a test and it comes back negative, you must still remain quarantined for 14 days. If you test positive, you may return 10 days from the date of the test.

Please reach out to your student's school nurse or principal with questions.

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Karl Galey, Superintendent



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November 29, 2020

To the Parent/Guardian of Bus (Primary/Elementary School) Riders:

On Friday, a Central Elementary School student tested positive for COVID-19 after showing symptoms last week. The parents/guardians of all students having direct contact (within 6 feet of someone who has COVID19 for at least 15 minutes) have been notified via phone. Through our contact tracing, your child is in the same bus as the student and we wanted to communicate this information to all those on the same bus.

This letter is to inform everyone on the bus in case your child begins experiencing symptoms. Please notify the school if they do. Below is a list of the symptoms impacting consideration for exclusion:

1. Fever (100.4 Degrees Fahrenheit or Greater)
2. Chills
3. Cough
4. Shortness of Breath or Difficulty Breathing
5. Fatigue
6. Muscle or Body Aches
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12. Diarrhea

For those called and are quarantined due to direct contact, it is recommended, but not required to be tested. If you do a test and it comes back negative, you must still remain quarantined for 14 days. If you test positive, you may return 10 days from the date of the test.

Please reach out to your student's school nurse or principal with questions.

Sincerely,

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November 29, 2020

To the Parent/Guardian of [REDACTED] Class:

Today, a student in [REDACTED] 1 Class received a positive test result for COVID-19. The infected student has been quarantined since obtaining the positive results. The parents or guardians of all students having direct contact (within 6 feet of someone who has COVID-19 for at least 15 minutes) have been notified via phone. Through our contact tracing, your child is in the same class as the student and we wanted to communicate this information to all those in the class.

This letter is to inform everyone in the classroom in case your child begins experiencing symptoms. Please notify the school if they do. Below is a list of the symptoms impacting consideration for exclusion:

1. Fever (100.4 Degrees Fahrenheit or Greater)
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3. Cough
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The Indiana State Department of Health and Dearborn County Health Officer have both stated that often positive COVID-19 results may be occurring from weekend activities. Parents are encouraged to monitor their child more closely on the weekends (activities and interactions).

Please reach out to your student's school nurse or principal with questions.

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November 29, 2020

To the Parent/Guardian of the [REDACTED] Program:

Today a member of the [REDACTED] program received a positive test result for COVID-19. The infected member has been quarantined since obtaining the positive results. The parents/guardians of all members having direct contact (within 6 feet of someone who has COVID19 for at least 15 minutes) have been notified via phone. Through our contact tracing, your child is in the same program as the member and we wanted to communicate this information to all those in the program.

This letter is to inform everyone on the team in case your athlete begins experiencing symptoms. Please notify the school if they do. Below is a list of the symptoms impacting consideration for exclusion:

1. Fever (100.4 Degrees Fahrenheit or Greater)
2. Chills
3. Cough
4. Shortness of Breath or Difficulty Breathing
5. Fatigue
6. Muscle or Body Aches
7. Headache
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Please reach out to your student's school nurse or principal with questions.

Sincerely,

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November 29, 2020

To the Parent/Guardian of the [REDACTED] Team:

Last night, a member of the [REDACTED] Team received a positive test result for COVID-19. The infected member has been quarantined since obtaining the positive results. The parents/guardians of all members having direct contact (within 6 feet of someone who has COVID19 for at least 15 minutes) have been notified via phone. Through our contact tracing, your child is on the same team as the member and we wanted to communicate this information to all those in the program.

This letter is to inform everyone on the team in case your athlete begins experiencing symptoms. Please notify the school if they do. Below is a list of the symptoms impacting consideration for exclusion:

1. Fever (100.4 Degrees Fahrenheit or Greater)
2. Chills
3. Cough
4. Shortness of Breath or Difficulty Breathing
5. Fatigue
6. Muscle or Body Aches
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November 28, 2020

To the Parent/Guardian of [REDACTED] (Middle/High School) Riders:

Last night (11.27.20), a rider of the [REDACTED] middle/high school route tested positive for COVID-19. The parents/guardians of all students having direct contact (within 6 feet of someone who has COVID-19 for at least 15 minutes) have been notified via phone. Through our contact tracing, your child is on the same bus as the student and we wanted to communicate this information to all those on the same bus.

This letter is to inform everyone on the bus in case your child begins experiencing symptoms. Please notify the school if they do. Below is a list of the symptoms impacting consideration for exclusion:

1. Fever (100.4 Degrees Fahrenheit or Greater)
2. Chills
3. Cough
4. Shortness of Breath or Difficulty Breathing
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November 28, 2020

To the Parent/Guardian of [REDACTED] class:

Today, a member of [REDACTED] class tested positive for COVID-19 after showing symptoms. The infected member has been quarantined since obtaining the results. The parents or guardians of all students having direct contact (within 6 feet of someone who has COVID19 for at least 15 minutes) have been notified via phone. Through our contact tracing, your child is in the same class as the infected member and we wanted to communicate this information to all those in the class.

This letter is to inform everyone in the classroom in case your child begins experiencing symptoms. Please notify the school if they do. Below is a list of the symptoms impacting consideration for exclusion:

1. Fever (100.4 Degrees Fahrenheit or Greater)
2. Chills
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November 28, 2020

To the Parent/Guardian of [REDACTED] Participants,

Last night (11.27.20) a student in [REDACTED] received a positive test result for COVID-19. The infected student has been quarantined since obtaining the positive results. The parents or guardians of all students having direct contact (within 6 feet of someone who has COVID-19 for at least 15 minutes) have been notified via phone. Through our contact tracing, your child is in the same group as the student and we wanted to communicate this information to all those in the class.

This letter is to inform everyone in the classroom in case your child begins experiencing symptoms. Please notify the school if they do. Below is a list of the symptoms impacting consideration for exclusion:

1. Fever (100.4 Degrees Fahrenheit or Greater)
2. Chills
3. Cough
4. Shortness of Breath or Difficulty Breathing
5. Fatigue
6. Muscle or Body Aches
7. Headache
8. New Loss of Taste or Smell
9. Sore Throat
10. Congestion or Runny Nose
11. Nausea or Vomiting
12. Diarrhea

For those called and are quarantined due to direct contact, it is recommended, but not required to be tested. If you do a test and it comes back negative, you must still remain quarantined for 14 days. If you test positive, you may return after at least 10 calendar days have passed since your symptoms first appeared.

The Indiana State Department of Health and Dearborn County Health Officer have both stated that often positive COVID-19 results may be occurring from weekend activities. Parents are encouraged to monitor their child more closely on the weekends (activities and interactions).

Please reach out to your student's school nurse or principal with questions.

Sincerely,

Karl Galey, Superintendent





# Lawrenceburg Community School Corporation

300 Tiger Blvd, Lawrenceburg, IN 47025  
Phone: (812) 537-7200 Fax: (812) 537-0759

[www.lburg.k12.in.us](http://www.lburg.k12.in.us)

November 28, 2020

To the Parent/Guardian of [REDACTED] 1 Class:

Last night (11.27.20) a student in [REDACTED] Class received a positive test result for COVID-19. The infected student has been quarantined since obtaining the positive results. The parents or guardians of all students having direct contact (within 6 feet of someone who has COVID-19 for at least 15 minutes) have been notified via phone. Through our contact tracing, your child is in the same class as the student and we wanted to communicate this information to all those in the class.

This letter is to inform everyone in the classroom in case your child begins experiencing symptoms. Please notify the school if they do. Below is a list of the symptoms impacting consideration for exclusion:

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November 28, 2020

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November 28, 2020

To the Parent/Guardian of the Students that Eat Lunch in the LHS Cafeteria during Third Lunch:

Last night (11.27.20) a student that eats lunch in the LHS Cafeteria during the third lunch received a positive test result for COVID-19. The infected student has been quarantined since obtaining the positive results. The parents or guardians of all students having direct contact (within 6 feet of someone who has COVID-19 for at least 15 minutes) have been notified via phone. Through our contact tracing, your child is in the same lunch as the student and we wanted to communicate this information to all those in the lunch.

This letter is to inform everyone in the Aux Gym during Second Lunch in case your child begins experiencing symptoms. Please notify the school if they do. Below is a list of the symptoms impacting consideration for exclusion:

1. Fever (100.4 Degrees Fahrenheit or Greater)
2. Chills
3. Cough
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5. Fatigue
6. Muscle or Body Aches
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November 28, 2020

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November 28, 2020

To the Parent/Guardian of the [REDACTED] Program:

Today a member of the [REDACTED] program received a positive test result for COVID-19. The infected member has been quarantined since obtaining the positive results. The parents/guardians of all members having direct contact (within 6 feet of someone who has COVID19 for at least 15 minutes) have been notified via phone. Through our contact tracing, your child is in the same program as the member and we wanted to communicate this information to all those in the program.

This letter is to inform everyone on the team in case your athlete begins experiencing symptoms. Please notify the school if they do. Below is a list of the symptoms impacting consideration for exclusion:

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3. Cough
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Sincerely,

Karl Galey, Superintendent





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November 23, 2020

To the Parent/Guardian of [REDACTED] (Middle High School) Riders:

Today, a rider of the [REDACTED] middle/high school route tested positive for COVID-19. The parents/guardians of all students having direct contact (within 6 feet of someone who has COVID-19 for at least 15 minutes) have been notified via phone. Through our contact tracing, your child is on the same bus as the student and we wanted to communicate this information to all those on the same bus.

This letter is to inform everyone on the bus in case your child begins experiencing symptoms. Please notify the school if they do. Below is a list of the symptoms impacting consideration for exclusion:

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November 23, 2020

To the Parent/Guardian of [REDACTED]:

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November 23, 2020

To the Parent/Guardian of the Students that Eat Lunch in the LHS Cafeteria during First Lunch:

Today a student that eats lunch in the LHS Cafeteria during the first lunch received a positive test result for COVID-19. The infected student has been quarantined since obtaining the positive results. The parents or guardians of all students having direct contact (within 6 feet of someone who has COVID-19 for at least 15 minutes) have been notified via phone. Through our contact tracing, your child is in the same lunch as the student and we wanted to communicate this information to all those in the lunch.

This letter is to inform everyone in the Aux Gym during Second Lunch in case your child begins experiencing symptoms. Please notify the school if they do. Below is a list of the symptoms impacting consideration for exclusion:

1. Fever (100.4 Degrees Fahrenheit or Greater)
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November 23, 2020

To the Parent/Guardian of Those Who are Seated in the Gym Before School:

A student received a positive test result for COVID-19. The infected student and family have been quarantined since obtaining the results. The parents/guardians of all students having direct contact (within 6 feet of someone who has COVID19 for at least 15 minutes) have been notified via phone. Through our contact tracing, your child is seated in the gym before school along with the student and we wanted to communicate this information.

This letter is to inform everyone who was near the infected student in the gym before school in case your child begins experiencing symptoms. Please notify the school if they do. Below is a list of the symptoms impacting consideration for exclusion:

1. Fever (100.4 Degrees Fahrenheit or Greater)
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November 23, 2020

To the Parent/Guardian of the [REDACTED] Program:

Today a member of the [REDACTED] program received a positive test result for COVID-19. The infected member has been quarantined since obtaining the positive results. The parents/guardians of all members having direct contact (within 6 feet of someone who has COVID19 for at least 15 minutes) have been notified via phone. Through our contact tracing, your child is in the same program as the member and we wanted to communicate this information to all those in the program.

This letter is to inform everyone on the team in case your athlete begins experiencing symptoms. Please notify the school if they do. Below is a list of the symptoms impacting consideration for exclusion:

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November 23, 2020

To the Parent/Guardian of [REDACTED] (Middle High School) Riders:

Today, a rider of the [REDACTED] middle/high school route tested positive for COVID-19. The parents/guardians of all students having direct contact (within 6 feet of someone who has COVID-19 for at least 15 minutes) have been notified via phone. Through our contact tracing, your child is on the same bus as the student and we wanted to communicate this information to all those on the same bus.

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November 23, 2020

To the Parent/Guardian of [REDACTED] Class:

Today a student in [REDACTED] class received a positive test result for COVID-19. The infected student has been quarantined since obtaining the positive results. The parents or guardians of all students having direct contact (within 6 feet of someone who has COVID-19 for at least 15 minutes) have been notified via phone. Through our contact tracing, your child is in the same class as the student and we wanted to communicate this information to all those in the class.

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November 23, 2020

To the Parent/Guardian of the Students that Eat Lunch [REDACTED]:

Today a student that eats lunch in the [REDACTED] received a positive test result for COVID-19. The infected student has been quarantined since obtaining the positive results. The parents or guardians of all students having direct contact (within 6 feet of someone who has COVID-19 for at least 15 minutes) have been notified via phone. Through our contact tracing, your child is in the same lunch as the student and we wanted to communicate this information to all those in the lunch.

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November 23, 2020

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A student received a positive test result for COVID-19. The infected student and family have been quarantined since obtaining the results. The parents/guardians of all students having direct contact (within 6 feet of someone who has COVID19 for at least 15 minutes) have been notified via phone. Through our contact tracing, your child is seated in the gym before school along with the student and we wanted to communicate this information.

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November 23, 2020

To the Parent/Guardian of [REDACTED] Class:

Today a student in [REDACTED] class received a positive test result for COVID-19. The infected student has been quarantined since obtaining the positive results. The parents or guardians of all students having direct contact (within 6 feet of someone who has COVID-19 for at least 15 minutes) have been notified via phone. Through our contact tracing, your child is in the same class as the student and we wanted to communicate this information to all those in the class.

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Karl Galey, Superintendent





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November 22, 2020

To the Parent/Guardian of [REDACTED] (Primary/Elementary School) Riders:

Today, a rider of the [REDACTED] primary/elementary school route tested positive for COVID-19. The parents/guardians of all students having direct contact (within 6 feet of someone who has COVID-19 for at least 15 minutes) have been notified via phone. Through our contact tracing, your child is on the same bus as the student and we wanted to communicate this information to all those on the same bus.

This letter is to inform everyone on the bus in case your child begins experiencing symptoms. Please notify the school if they do. Below is a list of the symptoms impacting consideration for exclusion:

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Please reach out to your student's school nurse or principal with questions.

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# Lawrenceburg Community School Corporation

300 Tiger Blvd, Lawrenceburg, IN 47025  
Phone: (812) 537-7200 Fax: (812) 537-0759

[www.lburg.k12.in.us](http://www.lburg.k12.in.us)

November 22, 2020

To the Parent/Guardian of [REDACTED] Class:

Today a student in [REDACTED] class received a positive test result for COVID-19. The infected student has been quarantined since obtaining the positive results. The parents or guardians of all students having direct contact (within 6 feet of someone who has COVID-19 for at least 15 minutes) have been notified via phone. Through our contact tracing, your child is in the same class as the student and we wanted to communicate this information to all those in the class.

This letter is to inform everyone in the classroom in case your child begins experiencing symptoms. Please notify the school if they do. Below is a list of the symptoms impacting consideration for exclusion:

1. Fever (100.4 Degrees Fahrenheit or Greater)
2. Chills
3. Cough
4. Shortness of Breath or Difficulty Breathing
5. Fatigue
6. Muscle or Body Aches
7. Headache
8. New Loss of Taste or Smell
9. Sore Throat
10. Congestion or Runny Nose
11. Nausea or Vomiting
12. Diarrhea

For those called and are quarantined due to direct contact, it is recommended, but not required to be tested. If you do a test and it comes back negative, you must still remain quarantined for 14 days. If you test positive, you may return after at least 10 calendar days have passed since your symptoms first appeared.

The Indiana State Department of Health and Dearborn County Health Officer have both stated that often positive COVID-19 results may be occurring from weekend activities. Parents are encouraged to monitor their child more closely on the weekends (activities and interactions).

Please reach out to your student's school nurse or principal with questions.

Sincerely,

Karl Galey, Superintendent



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November 22, 2020

To the Parent/Guardian of the [REDACTED] Lunch:

Today a student that eats lunch [REDACTED] received a positive test result for COVID-19. The infected student has been quarantined since obtaining the positive results. The parents or guardians of all students having direct contact (within 6 feet of someone who has COVID-19 for at least 15 minutes) have been notified via phone. Through our contact tracing, your child is in the same lunch as the student and we wanted to communicate this information to all those in the lunch.

This letter is to inform everyone in the Aux Gym during Second Lunch in case your child begins experiencing symptoms. Please notify the school if they do. Below is a list of the symptoms impacting consideration for exclusion:

1. Fever (100.4 Degrees Fahrenheit or Greater)
2. Chills
3. Cough
4. Shortness of Breath or Difficulty Breathing
5. Fatigue
6. Muscle or Body Aches
7. Headache
8. New Loss of Taste or Smell
9. Sore Throat
10. Congestion or Runny Nose
11. Nausea or Vomiting
12. Diarrhea

For those called and are quarantined due to direct contact, it is recommended, but not required to be tested. If you do a test and it comes back negative, you must still remain quarantined for 14 days. If you test positive, you may return after at least 10 calendar days have passed since your symptoms first appeared.

The Indiana State Department of Health and Dearborn County Health Officer have both stated that often positive COVID-19 results may be occurring from weekend activities. Parents are encouraged to monitor their child more closely on the weekends (activities and interactions).

Please reach out to your student's school nurse or principal with questions.

Sincerely,

Karl Galey, Superintendent



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November 22, 2020

To the Parent/Guardian of [REDACTED] Class:

Last night (Saturday, November 21, 2020) a student in [REDACTED] class received a positive test result for COVID-19. The infected student has been quarantined since obtaining the positive results. The parents or guardians of all students having direct contact (within 6 feet of someone who has COVID-19 for at least 15 minutes) have been notified via phone. Through our contact tracing, your child is in the same class as the student and we wanted to communicate this information to all those in the class.

This letter is to inform everyone in the classroom in case your child begins experiencing symptoms. Please notify the school if they do. Below is a list of the symptoms impacting consideration for exclusion:

1. Fever (100.4 Degrees Fahrenheit or Greater)
2. Chills
3. Cough
4. Shortness of Breath or Difficulty Breathing
5. Fatigue
6. Muscle or Body Aches
7. Headache
8. New Loss of Taste or Smell
9. Sore Throat
10. Congestion or Runny Nose
11. Nausea or Vomiting
12. Diarrhea

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The Indiana State Department of Health and Dearborn County Health Officer have both stated that often positive COVID-19 results may be occurring from weekend activities. Parents are encouraged to monitor their child more closely on the weekends (activities and interactions).

Please reach out to your student's school nurse or principal with questions.

Sincerely,

Karl Galey, Superintendent



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November 20, 2020

To the Parent/Guardian of [REDACTED] class:

This evening, a member of [REDACTED] class tested positive for COVID-19 after showing symptoms. The infected student and family have been quarantined since obtaining the results. The parents or guardians of all students having direct contact (within 6 feet of someone who has COVID19 for at least 15 minutes) have been notified via phone. Through our contact tracing, your child is in the same class as the student and we wanted to communicate this information to all those in the class.

This letter is to inform everyone in the classroom in case your child begins experiencing symptoms. Please notify the school if they do. Below is a list of the symptoms impacting consideration for exclusion:

1. Fever (100.4 Degrees Fahrenheit or Greater)
2. Chills
3. Cough
4. Shortness of Breath or Difficulty Breathing
5. Fatigue
6. Muscle or Body Aches
7. Headache
8. New Loss of Taste or Smell
9. Sore Throat
10. Congestion or Runny Nose
11. Nausea or Vomiting
12. Diarrhea

For those called and are quarantined due to direct contact, it is recommended, but not required to be tested. If you do a test and it comes back negative, you must still remain quarantined for 14 days. If you test positive, you may return 10 days from the date of the test.

Please reach out to your student's school nurse or principal with questions.

Sincerely,

Karl Galey, Superintendent





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November 20, 2020

To the Parent/Guardian of [REDACTED] Class:

Today a student in [REDACTED] class received a positive test result for COVID-19. The infected student has been quarantined since obtaining the positive results. The parents/guardians of all students having direct contact (within 6 feet of someone who has COVID19 for at least 15 minutes) have been notified via phone. Through our contact tracing, your child is in the same class as the student and we wanted to communicate this information to all those in the class.

This letter is to inform everyone in the classroom in case your child begins experiencing symptoms. Please notify the school if they do. Below is a list of the symptoms impacting consideration for exclusion:

1. Fever (100.4 Degrees Fahrenheit or Greater)
2. Chills
3. Cough
4. Shortness of Breath or Difficulty Breathing
5. Fatigue
6. Muscle or Body Aches
7. Headache
8. New Loss of Taste or Smell
9. Sore Throat
10. Congestion or Runny Nose
11. Nausea or Vomiting
12. Diarrhea

For those called and are quarantined due to direct contact, it is recommended, but not required to be tested. If you do a test and it comes back negative, you must still remain quarantined for 14 days. If you test positive, you may return after at least 10 calendar days have passed since your symptoms first appeared.

The Indiana State Department of Health and Dearborn County Health Officer have both stated that often positive COVID-19 results may be occurring from weekend activities. Parents are encouraged to monitor their child more closely on the weekends (activities and interactions).

Please reach out to your student's school nurse or principal with questions.

Sincerely,

Karl Galey, Superintendent



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November 20, 2020

To the Parent/Guardian of the [REDACTED] Program:

Today a member of the [REDACTED] program received a positive test result for COVID-19. The infected member has been quarantined since obtaining the positive results. The parents/guardians of all members having direct contact (within 6 feet of someone who has COVID19 for at least 15 minutes) have been notified via phone. Through our contact tracing, your child is in the same program as the member and we wanted to communicate this information to all those in the program.

This letter is to inform everyone on the team in case your athlete begins experiencing symptoms. Please notify the school if they do. Below is a list of the symptoms impacting consideration for exclusion:

1. Fever (100.4 Degrees Fahrenheit or Greater)
2. Chills
3. Cough
4. Shortness of Breath or Difficulty Breathing
5. Fatigue
6. Muscle or Body Aches
7. Headache
8. New Loss of Taste or Smell
9. Sore Throat
10. Congestion or Runny Nose
11. Nausea or Vomiting
12. Diarrhea

For those called and are quarantined due to direct contact, it is recommended, but not required to be tested. If you do a test and it comes back negative, you must still remain quarantined for 14 days. If you test positive, you may return after at least 10 calendar days have passed since your symptoms first appeared.

Please reach out to your student's school nurse or principal with questions.

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November 20, 2020

To the Parent/Guardian of the [REDACTED] Program:

Today a member of the [REDACTED] program received a positive test result for COVID-19. The infected member has been quarantined since obtaining the positive results. The parents/guardians of all members having direct contact (within 6 feet of someone who has COVID19 for at least 15 minutes) have been notified via phone. Through our contact tracing, your child is in the same program as the member and we wanted to communicate this information to all those in the program.

This letter is to inform everyone on the team in case your athlete begins experiencing symptoms. Please notify the school if they do. Below is a list of the symptoms impacting consideration for exclusion:

1. Fever (100.4 Degrees Fahrenheit or Greater)
2. Chills
3. Cough
4. Shortness of Breath or Difficulty Breathing
5. Fatigue
6. Muscle or Body Aches
7. Headache
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10. Congestion or Runny Nose
11. Nausea or Vomiting
12. Diarrhea

For those called and are quarantined due to direct contact, it is recommended, but not required to be tested. If you do a test and it comes back negative, you must still remain quarantined for 14 days. If you test positive, you may return after at least 10 calendar days have passed since your symptoms first appeared.

Please reach out to your student's school nurse or principal with questions.

Sincerely,

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November 19, 2020

To the Parent/Guardian of [REDACTED] Class:

Today a student in [REDACTED] class received a positive test result for COVID-19. The infected student has been quarantined since obtaining the positive results. The parents/guardians of all students having direct contact (within 6 feet of someone who has COVID19 for at least 15 minutes) have been notified via phone. Through our contact tracing, your child is in the same class as the student and we wanted to communicate this information to all those in the class.

This letter is to inform everyone in the classroom in case your child begins experiencing symptoms. Please notify the school if they do. Below is a list of the symptoms impacting consideration for exclusion:

1. Fever (100.4 Degrees Fahrenheit or Greater)
2. Chills
3. Cough
4. Shortness of Breath or Difficulty Breathing
5. Fatigue
6. Muscle or Body Aches
7. Headache
8. New Loss of Taste or Smell
9. Sore Throat
10. Congestion or Runny Nose
11. Nausea or Vomiting
12. Diarrhea

For those called and are quarantined due to direct contact, it is recommended, but not required to be tested. If you do a test and it comes back negative, you must still remain quarantined for 14 days. If you test positive, you may return after at least 10 calendar days have passed since your symptoms first appeared.

The Indiana State Department of Health and Dearborn County Health Officer have both stated that often positive COVID-19 results may be occurring from weekend activities. Parents are encouraged to monitor their child more closely on the weekends (activities and interactions).

Please reach out to your student's school nurse or principal with questions.

Sincerely,

Karl Galey, Superintendent



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November 19, 2020

To the Parent/Guardian of the [REDACTED] Program:

Today a member of the [REDACTED] program received a positive test result for COVID-19. The infected member has been quarantined since obtaining the positive results. The parents/guardians of all members having direct contact (within 6 feet of someone who has COVID19 for at least 15 minutes) have been notified via phone. Through our contact tracing, your child is in the same program as the member and we wanted to communicate this information to all those in the program.

This letter is to inform everyone on the team in case your athlete begins experiencing symptoms. Please notify the school if they do. Below is a list of the symptoms impacting consideration for exclusion:

1. Fever (100.4 Degrees Fahrenheit or Greater)
2. Chills
3. Cough
4. Shortness of Breath or Difficulty Breathing
5. Fatigue
6. Muscle or Body Aches
7. Headache
8. New Loss of Taste or Smell
9. Sore Throat
10. Congestion or Runny Nose
11. Nausea or Vomiting
12. Diarrhea

For those called and are quarantined due to direct contact, it is recommended, but not required to be tested. If you do a test and it comes back negative, you must still remain quarantined for 14 days. If you test positive, you may return after at least 10 calendar days have passed since your symptoms first appeared.

Please reach out to your student's school nurse or principal with questions.

Sincerely,

Karl Galey, Superintendent





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November 18, 2020

To the Parent/Guardian of Bus █ (Middle/High School) Riders:

Today a Greendale Middle School student tested positive for COVID-19. The infected student and family have been quarantined since obtaining the results. The parents/guardians of all students having direct contact (within 6 feet of someone who has COVID19 for at least 15 minutes) have been notified via phone. Through our contact tracing, your child is in the same bus as the student and we wanted to communicate this information to all those on the same bus.

This letter is to inform everyone on the bus in case your child begins experiencing symptoms. Please notify the school if they do. Below is a list of the symptoms impacting consideration for exclusion:

1. Fever (100.4 Degrees Fahrenheit or Greater)
2. Chills
3. Cough
4. Shortness of Breath or Difficulty Breathing
5. Fatigue
6. Muscle or Body Aches
7. Headache
8. New Loss of Taste or Smell
9. Sore Throat
10. Congestion or Runny Nose
11. Nausea or Vomiting
12. Diarrhea

For those called and are quarantined due to direct contact, it is recommended, but not required to be tested. If you do a test and it comes back negative, you must still remain quarantined for 14 days. If you test positive, you may return 10 days from the date of the test.

Please reach out to your student's school nurse or principal with questions.

Sincerely,

Karl Galey, Superintendent



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November 18, 2020

To the Parent/Guardian of [REDACTED] Students that sit in the LHS Gym Before School:

Today a [REDACTED] student that sits in the LHS Gym before school received a positive test result for COVID-19. The infected student has been quarantined since obtaining the positive results. The parents/guardians of all students having direct contact (within 6 feet of someone who has COVID19 for at least 15 minutes) have been notified via phone. Through our contact tracing, your child is in the same class as the student and we wanted to communicate this information to all those in the class.

This letter is to inform everyone in the classroom in case your child begins experiencing symptoms. Please notify the school if they do. Below is a list of the symptoms impacting consideration for exclusion:

1. Fever (100.4 Degrees Fahrenheit or Greater)
2. Chills
3. Cough
4. Shortness of Breath or Difficulty Breathing
5. Fatigue
6. Muscle or Body Aches
7. Headache
8. New Loss of Taste or Smell
9. Sore Throat
10. Congestion or Runny Nose
11. Nausea or Vomiting
12. Diarrhea

For those called and are quarantined due to direct contact, it is recommended, but not required to be tested. If you do a test and it comes back negative, you must still remain quarantined for 14 days. If you test positive, you may return after at least 10 calendar days have passed since your symptoms first appeared.

The Indiana State Department of Health and Dearborn County Health Officer have both stated that often positive COVID-19 results may be occurring from weekend activities. Parents are encouraged to monitor their child more closely on the weekends (activities and interactions).

Please reach out to your student's school nurse or principal with questions.

Sincerely,

Karl Galey, Superintendent



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November 18, 2020

To the Parent/Guardian of [REDACTED] Class:

Today a student in [REDACTED] class received a positive test result for COVID-19. The infected student has been quarantined since obtaining the positive results. The parents/guardians of all students having direct contact (within 6 feet of someone who has COVID19 for at least 15 minutes) have been notified via phone. Through our contact tracing, your child is in the same class as the student and we wanted to communicate this information to all those in the class.

This letter is to inform everyone in the classroom in case your child begins experiencing symptoms. Please notify the school if they do. Below is a list of the symptoms impacting consideration for exclusion:

1. Fever (100.4 Degrees Fahrenheit or Greater)
2. Chills
3. Cough
4. Shortness of Breath or Difficulty Breathing
5. Fatigue
6. Muscle or Body Aches
7. Headache
8. New Loss of Taste or Smell
9. Sore Throat
10. Congestion or Runny Nose
11. Nausea or Vomiting
12. Diarrhea

For those called and are quarantined due to direct contact, it is recommended, but not required to be tested. If you do a test and it comes back negative, you must still remain quarantined for 14 days. If you test positive, you may return after at least 10 calendar days have passed since your symptoms first appeared.

The Indiana State Department of Health and Dearborn County Health Officer have both stated that often positive COVID-19 results may be occurring from weekend activities. Parents are encouraged to monitor their child more closely on the weekends (activities and interactions).

Please reach out to your student's school nurse or principal with questions.

Sincerely,

Karl Galey, Superintendent



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November 14, 2020

To the Parent/Guardian of [REDACTED]

Today (Saturday, 11/14/20), a [REDACTED] received a positive test result for COVID-19. The infected student and family have been quarantined since obtaining the results. The parents/guardians of all students having direct contact (within 6 feet of someone who has COVID19 for at least 15 minutes) have been notified via phone. Through our contact tracing, your athlete has practiced with this wrestler and we wanted to communicate this information.

In case your child begins experiencing symptoms, please notify the school if they begin to experience symptoms or are tested. Below is a list of the symptoms impacting consideration for exclusion:

1. Fever (100.4 Degrees Fahrenheit or Greater)
2. Chills
3. Cough
4. Shortness of Breath or Difficulty Breathing
5. Fatigue
6. Muscle or Body Aches
7. Headache
8. New Loss of Taste or Smell
9. Sore Throat
10. Congestion or Runny Nose
11. Nausea or Vomiting
12. Diarrhea

It is recommended, but not required to be tested. If you do a test and it comes back negative, you must still remain quarantined for 14 days. If you test positive, you may return after at least 10 calendar days have passed since your symptoms first appeared or the date of your test.

Please feel free to contact the school nurse or a medical care provider if you need to seek additional guidance. If you or anyone in your household shows symptoms or tests positive, please contact your child's building principal or athletic director immediately.

Sincerely,

Karl Galey, Superintendent



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November 14, 2020

To the Parent/Guardian of [REDACTED] Class:

Today (Saturday, 11/14/20), a student in [REDACTED] class received a positive test result for COVID-19. The infected student and family have been quarantined since obtaining the results. The parents/guardians of all students having direct contact (within 6 feet of someone who has COVID19 for at least 15 minutes) have been notified via phone. Through our contact tracing, your child is in the same class as the student and we wanted to communicate this information to all those in the class.

This letter is to inform everyone in the classroom in case your child begins experiencing symptoms. Please notify the school if they do. Below is a list of the symptoms impacting consideration for exclusion:

1. Fever (100.4 Degrees Fahrenheit or Greater)
2. Chills
3. Cough
4. Shortness of Breath or Difficulty Breathing
5. Fatigue
6. Muscle or Body Aches
7. Headache
8. New Loss of Taste or Smell
9. Sore Throat
10. Congestion or Runny Nose
11. Nausea or Vomiting
12. Diarrhea

For those called and are quarantined due to direct contact, it is recommended, but not required to be tested. If you do a test and it comes back negative, you must still remain quarantined for 14 days. If you test positive, you may return after at least 10 calendar days have passed since your symptoms first appeared.

The Indiana State Department of Health and Dearborn County Health Officer have both stated that often positive COVID-19 results may be occurring from weekend activities. Parents are encouraged to monitor their child more closely on the weekends (activities and interactions).

Please reach out to your student's school nurse or principal with questions.

Sincerely,

Karl Galey, Superintendent





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November 13, 2020

To the Parent/Guardian of Grade 2 DLI Students,

On November 12, 2020 a student in each DLI grade 2 classroom tested positive. Today, a second student in Senora Martin's class tested positive. We are also waiting on test results for a student in Mrs. Marshall's class. With two students positive in one class and the potential for two students to be positive in the second class, we are going to transition to eLearning instruction starting Monday, November 16, 2020. All students in the grade 2 DLI program may return to school on Monday, November 30, 2020 for in person instruction.

Additional instructions for eLearning will be forthcoming from Mrs. Marshall and Senora Martin. You can expect to have 1.5 hours of instruction in English with Mrs. Marshall and 1.5 hours of instruction in Spanish with Senora Martin each day.

Please direct instructional questions to the classroom teachers. Please reach out with questions to the administration with additional questions.

Sincerely,

Karl Galey, Superintendent



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November 13, 2020

To the Parent/Guardian of [REDACTED]s class:

Earlier today, a member of [REDACTED]s class tested positive for COVID-19 after showing symptoms over the weekend. The infected member has been quarantined since the infected member began exhibiting symptoms this past weekend. The parents/guardians of all students having direct contact (within 6 feet of someone who has COVID19 for at least 15 minutes) have been notified via phone. Through our contact tracing, your child is in the same class as the student and we wanted to communicate this information to all those in the class.

This letter is to inform everyone in the classroom in case your child begins experiencing symptoms. Please notify the school if they do. Below is a list of the symptoms impacting consideration for exclusion:

1. Fever (100.4 Degrees Fahrenheit or Greater)
2. Chills
3. Cough
4. Shortness of Breath or Difficulty Breathing
5. Fatigue
6. Muscle or Body Aches
7. Headache
8. New Loss of Taste or Smell
9. Sore Throat
10. Congestion or Runny Nose
11. Nausea or Vomiting
12. Diarrhea

For those called and are quarantined due to direct contact, it is recommended, but not required to be tested. If you do a test and it comes back negative, you must still remain quarantined for 14 days. If you test positive, you may return 10 days from the date of the test.

Please reach out to your student's school nurse or principal with questions.

Sincerely,

Karl Galey, Superintendent



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November 13, 2020

To the Parent/Guardian of [REDACTED] at GMS:

Yesterday after school, a Greendale Middle School student tested positive for COVID-19 after showing symptoms. The infected student and family have been quarantined since obtaining the results. The parents/guardians of all students having direct contact (within 6 feet of someone who has COVID19 for at least 15 minutes) have been notified via phone. Through our contact tracing, your child eats breakfast in the Commons and we wanted to communicate this information to all those eating near the student.

This letter is to inform everyone [REDACTED] in case your child begins experiencing symptoms. Please notify the school if they do. Below is a list of the symptoms impacting consideration for exclusion:

1. Fever (100.4 Degrees Fahrenheit or Greater)
2. Chills
3. Cough
4. Shortness of Breath or Difficulty Breathing
5. Fatigue
6. Muscle or Body Aches
7. Headache
8. New Loss of Taste or Smell
9. Sore Throat
10. Congestion or Runny Nose
11. Nausea or Vomiting
12. Diarrhea

For those called and are quarantined due to direct contact, it is recommended, but not required to be tested. If you do a test and it comes back negative, you must still remain quarantined for 14 days. If you test positive, you may return 10 days from the date of the test.

Please reach out to your student's school nurse or principal with questions.

Sincerely,

Karl Galey, Superintendent



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November 13, 2020

To the Parent/Guardian of [REDACTED] at GMS:

Yesterday after school, a Greendale Middle School student tested positive for COVID-19 after showing symptoms. The infected student and family have been quarantined since obtaining the results. The parents/guardians of all students having direct contact (within 6 feet of someone who has COVID19 for at least 15 minutes) have been notified via phone. Through our contact tracing, your child attends after school tutoring and we wanted to communicate this information to all those who may have been near the infected students at after school tutoring.

This letter is to inform everyone attending [REDACTED] in case your child begins experiencing symptoms. Please notify the school if they do. Below is a list of the symptoms impacting consideration for exclusion:

1. Fever (100.4 Degrees Fahrenheit or Greater)
2. Chills
3. Cough
4. Shortness of Breath or Difficulty Breathing
5. Fatigue
6. Muscle or Body Aches
7. Headache
8. New Loss of Taste or Smell
9. Sore Throat
10. Congestion or Runny Nose
11. Nausea or Vomiting
12. Diarrhea

For those called and are quarantined due to direct contact, it is recommended, but not required to be tested. If you do a test and it comes back negative, you must still remain quarantined for 14 days. If you test positive, you may return 10 days from the date of the test.

Please reach out to your student's school nurse or principal with questions.

Sincerely,

Karl Galey, Superintendent



# Lawrenceburg Community School Corporation

300 Tiger Blvd, Lawrenceburg, IN 47025

Phone: (812) 537-7200 Fax: (812) 537-0759

[www.lburg.k12.in.us](http://www.lburg.k12.in.us)

November 13, 2020

To the Parent/Guardian of [REDACTED] (Middle/High School) Riders:

Yesterday after school, a Greendale Middle School student tested positive for COVID-19 after showing symptoms. The infected student and family have been quarantined since obtaining the results. The parents/guardians of all students having direct contact (within 6 feet of someone who has COVID19 for at least 15 minutes) have been notified via phone. Through our contact tracing, your child is in the same bus as the student and we wanted to communicate this information to all those on the same bus.

This letter is to inform everyone on the bus in case your child begins experiencing symptoms. Please notify the school if they do. Below is a list of the symptoms impacting consideration for exclusion:

1. Fever (100.4 Degrees Fahrenheit or Greater)
2. Chills
3. Cough
4. Shortness of Breath or Difficulty Breathing
5. Fatigue
6. Muscle or Body Aches
7. Headache
8. New Loss of Taste or Smell
9. Sore Throat
10. Congestion or Runny Nose
11. Nausea or Vomiting
12. Diarrhea

For those called and are quarantined due to direct contact, it is recommended, but not required to be tested. If you do a test and it comes back negative, you must still remain quarantined for 14 days. If you test positive, you may return 10 days from the date of the test.

Please reach out to your student's school nurse or principal with questions.

Sincerely,

Karl Galey, Superintendent





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November 13, 2020

To the Parent/Guardian of [REDACTED] Period 1 Class:

Yesterday after school, a student in [REDACTED] class received a positive test result for COVID-19. The infected student and family have been quarantined since obtaining the results. The parents/guardians of all students having direct contact (within 6 feet of someone who has COVID19 for at least 15 minutes) have been notified via phone. Through our contact tracing, your child is in the same class as the student and we wanted to communicate this information to all those in the class.

This letter is to inform everyone in the classroom in case your child begins experiencing symptoms. Please notify the school if they do. Below is a list of the symptoms impacting consideration for exclusion:

1. Fever (100.4 Degrees Fahrenheit or Greater)
2. Chills
3. Cough
4. Shortness of Breath or Difficulty Breathing
5. Fatigue
6. Muscle or Body Aches
7. Headache
8. New Loss of Taste or Smell
9. Sore Throat
10. Congestion or Runny Nose
11. Nausea or Vomiting
12. Diarrhea

For those called and are quarantined due to direct contact, it is recommended, but not required to be tested. If you do a test and it comes back negative, you must still remain quarantined for 14 days. If you test positive, you may return after at least 10 calendar days have passed since your symptoms first appeared.

The Indiana State Department of Health and Dearborn County Health Officer have both stated that often positive COVID-19 results may be occurring from weekend activities. Parents are encouraged to monitor their child more closely on the weekends (activities and interactions).

Please reach out to your student's school nurse or principal with questions.

Sincerely,

Karl Galey, Superintendent



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November 13, 2020

To the Parent/Guardian of [REDACTED] Period 2 Class:

Yesterday after school, a student in [REDACTED] class received a positive test result for COVID-19. The infected student and family have been quarantined since obtaining the results. The parents/guardians of all students having direct contact (within 6 feet of someone who has COVID19 for at least 15 minutes) have been notified via phone. Through our contact tracing, your child is in the same class as the student and we wanted to communicate this information to all those in the class.

This letter is to inform everyone in the classroom in case your child begins experiencing symptoms. Please notify the school if they do. Below is a list of the symptoms impacting consideration for exclusion:

1. Fever (100.4 Degrees Fahrenheit or Greater)
2. Chills
3. Cough
4. Shortness of Breath or Difficulty Breathing
5. Fatigue
6. Muscle or Body Aches
7. Headache
8. New Loss of Taste or Smell
9. Sore Throat
10. Congestion or Runny Nose
11. Nausea or Vomiting
12. Diarrhea

For those called and are quarantined due to direct contact, it is recommended, but not required to be tested. If you do a test and it comes back negative, you must still remain quarantined for 14 days. If you test positive, you may return after at least 10 calendar days have passed since your symptoms first appeared.

The Indiana State Department of Health and Dearborn County Health Officer have both stated that often positive COVID-19 results may be occurring from weekend activities. Parents are encouraged to monitor their child more closely on the weekends (activities and interactions).

Please reach out to your student's school nurse or principal with questions.

Sincerely,

Karl Galey, Superintendent



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November 13, 2020

To the Parent/Guardian of [REDACTED] Period 3 Class:

Yesterday after school, a student in [REDACTED] class received a positive test result for COVID-19. The infected student and family have been quarantined since obtaining the results. The parents/guardians of all students having direct contact (within 6 feet of someone who has COVID19 for at least 15 minutes) have been notified via phone. Through our contact tracing, your child is in the same class as the student and we wanted to communicate this information to all those in the class.

This letter is to inform everyone in the classroom in case your child begins experiencing symptoms. Please notify the school if they do. Below is a list of the symptoms impacting consideration for exclusion:

1. Fever (100.4 Degrees Fahrenheit or Greater)
2. Chills
3. Cough
4. Shortness of Breath or Difficulty Breathing
5. Fatigue
6. Muscle or Body Aches
7. Headache
8. New Loss of Taste or Smell
9. Sore Throat
10. Congestion or Runny Nose
11. Nausea or Vomiting
12. Diarrhea

For those called and are quarantined due to direct contact, it is recommended, but not required to be tested. If you do a test and it comes back negative, you must still remain quarantined for 14 days. If you test positive, you may return after at least 10 calendar days have passed since your symptoms first appeared.

The Indiana State Department of Health and Dearborn County Health Officer have both stated that often positive COVID-19 results may be occurring from weekend activities. Parents are encouraged to monitor their child more closely on the weekends (activities and interactions).

Please reach out to your student's school nurse or principal with questions.

Sincerely,

Karl Galey, Superintendent



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November 13, 2020

To the Parent/Guardian of [REDACTED] Period 4 Class:

Yesterday after school, a student in [REDACTED] class received a positive test result for COVID-19. The infected student and family have been quarantined since obtaining the results. The parents/guardians of all students having direct contact (within 6 feet of someone who has COVID19 for at least 15 minutes) have been notified via phone. Through our contact tracing, your child is in the same class as the student and we wanted to communicate this information to all those in the class.

This letter is to inform everyone in the classroom in case your child begins experiencing symptoms. Please notify the school if they do. Below is a list of the symptoms impacting consideration for exclusion:

1. Fever (100.4 Degrees Fahrenheit or Greater)
2. Chills
3. Cough
4. Shortness of Breath or Difficulty Breathing
5. Fatigue
6. Muscle or Body Aches
7. Headache
8. New Loss of Taste or Smell
9. Sore Throat
10. Congestion or Runny Nose
11. Nausea or Vomiting
12. Diarrhea

For those called and are quarantined due to direct contact, it is recommended, but not required to be tested. If you do a test and it comes back negative, you must still remain quarantined for 14 days. If you test positive, you may return after at least 10 calendar days have passed since your symptoms first appeared.

The Indiana State Department of Health and Dearborn County Health Officer have both stated that often positive COVID-19 results may be occurring from weekend activities. Parents are encouraged to monitor their child more closely on the weekends (activities and interactions).

Please reach out to your student's school nurse or principal with questions.

Sincerely,

Karl Galey, Superintendent



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November 13, 2020

To the Parent/Guardian of [REDACTED] Period 5 Class:

Yesterday after school, a student in [REDACTED]'s class received a positive test result for COVID-19. The infected student and family have been quarantined since obtaining the results. The parents/guardians of all students having direct contact (within 6 feet of someone who has COVID19 for at least 15 minutes) have been notified via phone. Through our contact tracing, your child is in the same class as the student and we wanted to communicate this information to all those in the class.

This letter is to inform everyone in the classroom in case your child begins experiencing symptoms. Please notify the school if they do. Below is a list of the symptoms impacting consideration for exclusion:

1. Fever (100.4 Degrees Fahrenheit or Greater)
2. Chills
3. Cough
4. Shortness of Breath or Difficulty Breathing
5. Fatigue
6. Muscle or Body Aches
7. Headache
8. New Loss of Taste or Smell
9. Sore Throat
10. Congestion or Runny Nose
11. Nausea or Vomiting
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The Indiana State Department of Health and Dearborn County Health Officer have both stated that often positive COVID-19 results may be occurring from weekend activities. Parents are encouraged to monitor their child more closely on the weekends (activities and interactions).

Please reach out to your student's school nurse or principal with questions.

Sincerely,

Karl Galey, Superintendent





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[www.lburg.k12.in.us](http://www.lburg.k12.in.us)

November 13, 2020

To the Parent/Guardian of [REDACTED] Period 6 Class:

Yesterday after school, a student in [REDACTED] class received a positive test result for COVID-19. The infected student and family have been quarantined since obtaining the results. The parents/guardians of all students having direct contact (within 6 feet of someone who has COVID19 for at least 15 minutes) have been notified via phone. Through our contact tracing, your child is in the same class as the student and we wanted to communicate this information to all those in the class.

This letter is to inform everyone in the classroom in case your child begins experiencing symptoms. Please notify the school if they do. Below is a list of the symptoms impacting consideration for exclusion:

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2. Chills
3. Cough
4. Shortness of Breath or Difficulty Breathing
5. Fatigue
6. Muscle or Body Aches
7. Headache
8. New Loss of Taste or Smell
9. Sore Throat
10. Congestion or Runny Nose
11. Nausea or Vomiting
12. Diarrhea

For those called and are quarantined due to direct contact, it is recommended, but not required to be tested. If you do a test and it comes back negative, you must still remain quarantined for 14 days. If you test positive, you may return after at least 10 calendar days have passed since your symptoms first appeared.

The Indiana State Department of Health and Dearborn County Health Officer have both stated that often positive COVID-19 results may be occurring from weekend activities. Parents are encouraged to monitor their child more closely on the weekends (activities and interactions).

Please reach out to your student's school nurse or principal with questions.

Sincerely,

Karl Galey, Superintendent



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November 13, 2020

To the Parent/Guardian of [REDACTED] Period 7 Class:

Yesterday after school, a student in [REDACTED] class received a positive test result for COVID-19. The infected student and family have been quarantined since obtaining the results. The parents/guardians of all students having direct contact (within 6 feet of someone who has COVID19 for at least 15 minutes) have been notified via phone. Through our contact tracing, your child is in the same class as the student and we wanted to communicate this information to all those in the class.

This letter is to inform everyone in the classroom in case your child begins experiencing symptoms. Please notify the school if they do. Below is a list of the symptoms impacting consideration for exclusion:

1. Fever (100.4 Degrees Fahrenheit or Greater)
2. Chills
3. Cough
4. Shortness of Breath or Difficulty Breathing
5. Fatigue
6. Muscle or Body Aches
7. Headache
8. New Loss of Taste or Smell
9. Sore Throat
10. Congestion or Runny Nose
11. Nausea or Vomiting
12. Diarrhea

For those called and are quarantined due to direct contact, it is recommended, but not required to be tested. If you do a test and it comes back negative, you must still remain quarantined for 14 days. If you test positive, you may return after at least 10 calendar days have passed since your symptoms first appeared.

The Indiana State Department of Health and Dearborn County Health Officer have both stated that often positive COVID-19 results may be occurring from weekend activities. Parents are encouraged to monitor their child more closely on the weekends (activities and interactions).

Please reach out to your student's school nurse or principal with questions.

Sincerely,

Karl Galey, Superintendent



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[www.lburg.k12.in.us](http://www.lburg.k12.in.us)

November 13, 2020

To the Parent/Guardian of [REDACTED] Period 8 Class:

Yesterday after school, a student in [REDACTED]'s class received a positive test result for COVID-19. The infected student and family have been quarantined since obtaining the results. The parents/guardians of all students having direct contact (within 6 feet of someone who has COVID19 for at least 15 minutes) have been notified via phone. Through our contact tracing, your child is in the same class as the student and we wanted to communicate this information to all those in the class.

This letter is to inform everyone in the classroom in case your child begins experiencing symptoms. Please notify the school if they do. Below is a list of the symptoms impacting consideration for exclusion:

1. Fever (100.4 Degrees Fahrenheit or Greater)
2. Chills
3. Cough
4. Shortness of Breath or Difficulty Breathing
5. Fatigue
6. Muscle or Body Aches
7. Headache
8. New Loss of Taste or Smell
9. Sore Throat
10. Congestion or Runny Nose
11. Nausea or Vomiting
12. Diarrhea

For those called and are quarantined due to direct contact, it is recommended, but not required to be tested. If you do a test and it comes back negative, you must still remain quarantined for 14 days. If you test positive, you may return after at least 10 calendar days have passed since your symptoms first appeared.

The Indiana State Department of Health and Dearborn County Health Officer have both stated that often positive COVID-19 results may be occurring from weekend activities. Parents are encouraged to monitor their child more closely on the weekends (activities and interactions).

Please reach out to your student's school nurse or principal with questions.

Sincerely,

Karl Galey, Superintendent



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Phone: (812) 537-7200 Fax: (812) 537-0759

[www.lburg.k12.in.us](http://www.lburg.k12.in.us)

November 13, 2020

To the Parent/Guardian of [REDACTED] (Middle/High School) Riders:

Yesterday after school, a Greendale Middle School student tested positive for COVID-19 after showing symptoms. The infected student and family have been quarantined since obtaining the results. The parents/guardians of all students having direct contact (within 6 feet of someone who has COVID19 for at least 15 minutes) have been notified via phone. Through our contact tracing, your child is in the same bus as the student and we wanted to communicate this information to all those on the same bus.

This letter is to inform everyone on the bus in case your child begins experiencing symptoms. Please notify the school if they do. Below is a list of the symptoms impacting consideration for exclusion:

1. Fever (100.4 Degrees Fahrenheit or Greater)
2. Chills
3. Cough
4. Shortness of Breath or Difficulty Breathing
5. Fatigue
6. Muscle or Body Aches
7. Headache
8. New Loss of Taste or Smell
9. Sore Throat
10. Congestion or Runny Nose
11. Nausea or Vomiting
12. Diarrhea

For those called and are quarantined due to direct contact, it is recommended, but not required to be tested. If you do a test and it comes back negative, you must still remain quarantined for 14 days. If you test positive, you may return 10 days from the date of the test.

Please reach out to your student's school nurse or principal with questions.

Sincerely,

Karl Galey, Superintendent



# Lawrenceburg Community School Corporation

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[www.lburg.k12.in.us](http://www.lburg.k12.in.us)

November 13, 2020

To the Parent/Guardian of [REDACTED] Class:

Earlier today, a member of [REDACTED] Class tested positive for COVID-19 after showing symptoms earlier this week. In this case, a member of the household tested positive prior to the student testing positive. The parents/guardians of all students having direct contact (within 6 feet of someone who has COVID19 for at least 15 minutes) have been notified via phone. Through our contact tracing, your child is in the same class as the member and we wanted to communicate this information to all those in the class.

This letter is to inform everyone in the classroom in case your child begins experiencing symptoms. Please notify the school if they do. Below is a list of the symptoms impacting consideration for exclusion:

1. Fever (100.4 Degrees Fahrenheit or Greater)
2. Chills
3. Cough
4. Shortness of Breath or Difficulty Breathing
5. Fatigue
6. Muscle or Body Aches
7. Headache
8. New Loss of Taste or Smell
9. Sore Throat
10. Congestion or Runny Nose
11. Nausea or Vomiting
12. Diarrhea

For those called and are quarantined due to direct contact, it is recommended, but not required to be tested. If you do a test and it comes back negative, you must still remain quarantined for 14 days. If you test positive, you may return 10 days from the date of the test.

Please reach out to your student's school nurse or principal with questions.

Sincerely,

Karl Galey, Superintendent





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[www.lburg.k12.in.us](http://www.lburg.k12.in.us)

November 12, 2020

To the Parent/Guardian of [REDACTED] class:

Earlier today, a member of [REDACTED] class tested positive for COVID-19 after showing symptoms last week. In this case, a member of the household tested positive prior to the students testing positive. The parents/guardians of all students having direct contact (within 6 feet of someone who has COVID19 for at least 15 minutes) have been notified via phone. Through our contact tracing, your child is in the same class as the member and we wanted to communicate this information to all those in the class.

This letter is to inform everyone in the classroom in case your child begins experiencing symptoms. Please notify the school if they do. Below is a list of the symptoms impacting consideration for exclusion:

1. Fever (100.4 Degrees Fahrenheit or Greater)
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3. Cough
4. Shortness of Breath or Difficulty Breathing
5. Fatigue
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7. Headache
8. New Loss of Taste or Smell
9. Sore Throat
10. Congestion or Runny Nose
11. Nausea or Vomiting
12. Diarrhea

For those called and are quarantined due to direct contact, it is recommended, but not required to be tested. If you do a test and it comes back negative, you must still remain quarantined for 14 days. If you test positive, you may return 10 days from the date of the test.

Please reach out to your student's school nurse or principal with questions.

Sincerely,

Karl Galey, Superintendent



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November 12, 2020

To the Parent/Guardian of [REDACTED] class:

Earlier today, a member of [REDACTED] class tested positive for COVID-19 after showing symptoms last week. In this case, a member of the household tested positive prior to the student testing positive. The parents/guardians of all students having direct contact (within 6 feet of someone who has COVID19 for at least 15 minutes) have been notified via phone. Through our contact tracing, your child is in the same class as the member and we wanted to communicate this information to all those in the class. n

This letter is to inform everyone in the classroom in case your child begins experiencing symptoms. Please notify the school if they do. Below is a list of the symptoms impacting consideration for exclusion:

1. Fever (100.4 Degrees Fahrenheit or Greater)
2. Chills
3. Cough
4. Shortness of Breath or Difficulty Breathing
5. Fatigue
6. Muscle or Body Aches
7. Headache
8. New Loss of Taste or Smell
9. Sore Throat
10. Congestion or Runny Nose
11. Nausea or Vomiting
12. Diarrhea

For those called and are quarantined due to direct contact, it is recommended, but not required to be tested. If you do a test and it comes back negative, you must still remain quarantined for 14 days. If you test positive, you may return 10 days from the date of the test.

Please reach out to your student's school nurse or principal with questions.

Sincerely,

Karl Galey, Superintendent



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[www.lburg.k12.in.us](http://www.lburg.k12.in.us)

November 9, 2020

To the Parent/Guardian of [REDACTED] (Primary/Elementary School) Riders:

Earlier today, multiple Lawrenceburg Primary School students tested positive for COVID-19 after showing symptoms. In these cases, members of the household tested positive prior to the students testing positive. The parents/guardians of all students having direct contact (within 6 feet of someone who has COVID19 for at least 15 minutes) have been notified via phone. Through our contact tracing, your child is in the same bus as the student and we wanted to communicate this information to all those on the same bus.

This letter is to inform everyone on the bus in case your child begins experiencing symptoms. Please notify the school if they do. Below is a list of the symptoms impacting consideration for exclusion:

1. Fever (100.4 Degrees Fahrenheit or Greater)
2. Chills
3. Cough
4. Shortness of Breath or Difficulty Breathing
5. Fatigue
6. Muscle or Body Aches
7. Headache
8. New Loss of Taste or Smell
9. Sore Throat
10. Congestion or Runny Nose
11. Nausea or Vomiting
12. Diarrhea

For those called and are quarantined due to direct contact, it is recommended, but not required to be tested. If you do a test and it comes back negative, you must still remain quarantined for 14 days. If you test positive, you may return 10 days from the date of the test.

Please reach out to your student's school nurse or principal with questions.

Sincerely,

Karl Galey, Superintendent



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[www.lburg.k12.in.us](http://www.lburg.k12.in.us)

November 12, 2020

To the Parent/Guardian of LHS Students:

It was just reported today that a LHS student began experiencing COVID-19 symptoms on November 3, 2020 and has not attended school since November 2, 2020. This student tested positive this week. Since it has been more than 10 days from contact with the positive COVID-19 student and LCSC has a planned eLearning Day tomorrow, we are not requiring any students to quarantine as it would only be for one day. This decision was made in conjunction with Dr. Eliason, Dearborn County Health Officer.

Through our contact tracing, your child may have been exposed as a close contact on November 2, 2020, but due to the length of time and some uncertainty no quarantine is being required. We wanted to communicate this information to those who may have been close contacts to closely monitor any symptoms your child may experience. If your child begins to experience any symptoms, please have them stay home and we recommend them to be tested.

Below is a list of the symptoms impacting consideration for exclusion:

1. Fever (100.4 Degrees Fahrenheit or Greater)
2. Chills
3. Cough
4. Shortness of Breath or Difficulty Breathing
5. Fatigue
6. Muscle or Body Aches
7. Headache
8. New Loss of Taste or Smell
9. Sore Throat
10. Congestion or Runny Nose
11. Nausea or Vomiting
12. Diarrhea

Please reach out to your student's school nurse or principal with questions.

Sincerely,

Karl Galey, Superintendent



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November 12, 2020

To the Parent/Guardian of [REDACTED] class:

Earlier today, a member of [REDACTED] class tested positive for COVID-19 after showing symptoms last week. In this case, a member of the household tested positive prior to the students testing positive. The parents/guardians of all students having direct contact (within 6 feet of someone who has COVID19 for at least 15 minutes) have been notified via phone. Through our contact tracing, your child is in the same class as the member and we wanted to communicate this information to all those in the class.

This letter is to inform everyone in the classroom in case your child begins experiencing symptoms. Please notify the school if they do. Below is a list of the symptoms impacting consideration for exclusion:

1. Fever (100.4 Degrees Fahrenheit or Greater)
2. Chills
3. Cough
4. Shortness of Breath or Difficulty Breathing
5. Fatigue
6. Muscle or Body Aches
7. Headache
8. New Loss of Taste or Smell
9. Sore Throat
10. Congestion or Runny Nose
11. Nausea or Vomiting
12. Diarrhea

For those called and are quarantined due to direct contact, it is recommended, but not required to be tested. If you do a test and it comes back negative, you must still remain quarantined for 14 days. If you test positive, you may return 10 days from the date of the test.

Please reach out to your student's school nurse or principal with questions.

Sincerely,

Karl Galey, Superintendent





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November 9, 2020

To the Parent/Guardian of [REDACTED] class:

Earlier today, a member of [REDACTED] class tested positive for COVID-19 after showing symptoms last week. The parents/guardians of all students having direct contact (within 6 feet of someone who has COVID19 for at least 15 minutes) have been notified via phone. Through our contact tracing, your child is in the same class as the member and we wanted to communicate this information to all those in the class.

This letter is to inform everyone in the classroom in case your child begins experiencing symptoms. Please notify the school if they do. Below is a list of the symptoms impacting consideration for exclusion:

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Please reach out to your student's school nurse or principal with questions.

Sincerely,

Karl Galey, Superintendent



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300 Tiger Blvd, Lawrenceburg, IN 47025  
Phone: (812) 537-7200 Fax: (812) 537-0759

[www.lburg.k12.in.us](http://www.lburg.k12.in.us)

November 9, 2020

To the Parent/Guardian of [REDACTED] class:

Earlier today, a member of [REDACTED] class tested positive for COVID-19 after showing symptoms last week. The parents/guardians of all students having direct contact (within 6 feet of someone who has COVID19 for at least 15 minutes) have been notified via phone. Through our contact tracing, your child is in the same class as the member and we wanted to communicate this information to all those in the class.

This letter is to inform everyone in the classroom in case your child begins experiencing symptoms. Please notify the school if they do. Below is a list of the symptoms impacting consideration for exclusion:

1. Fever (100.4 Degrees Fahrenheit or Greater)
2. Chills
3. Cough
4. Shortness of Breath or Difficulty Breathing
5. Fatigue
6. Muscle or Body Aches
7. Headache
8. New Loss of Taste or Smell
9. Sore Throat
10. Congestion or Runny Nose
11. Nausea or Vomiting
12. Diarrhea

For those called and are quarantined due to direct contact, it is recommended, but not required to be tested. If you do a test and it comes back negative, you must still remain quarantined for 14 days. If you test positive, you may return 10 days from the date of the test.

Please reach out to your student's school nurse or principal with questions.

Sincerely,

Karl Galey, Superintendent



# Lawrenceburg Community School Corporation

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November 3, 2020

To the Parent/Guardian of [REDACTED] class:

Earlier today, a member of [REDACTED] class tested positive for COVID-19 after showing symptoms last week. The parents/guardians of all students having direct contact (within 6 feet of someone who has COVID19 for at least 15 minutes) have been notified via phone. Through our contact tracing, your child is in the same class as the member and we wanted to communicate this information to all those in the class.

This letter is to inform everyone in the classroom in case your child begins experiencing symptoms. Please notify the school if they do. Below is a list of the symptoms impacting consideration for exclusion:

1. Fever (100.4 Degrees Fahrenheit or Greater)
2. Chills
3. Cough
4. Shortness of Breath or Difficulty Breathing
5. Fatigue
6. Muscle or Body Aches
7. Headache
8. New Loss of Taste or Smell
9. Sore Throat
10. Congestion or Runny Nose
11. Nausea or Vomiting
12. Diarrhea

For those called and are quarantined due to direct contact, it is recommended, but not required to be tested. If you do a test and it comes back negative, you must still remain quarantined for 14 days. If you test positive, you may return 10 days from the date of the test.

Please reach out to your student's school nurse or principal with questions.

Sincerely,

Karl Galey, Superintendent



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October 19, 2020

To the Parent/Guardian of Bus 13 Riders:

Earlier today, a Lawrenceburg Primary School student tested positive for COVID-19 after being tested last week. The infected student has been quarantined since testing positive last week. The parents/guardians of all students having direct contact (within 6 feet of someone who has COVID-19 for at least 15 minutes) have been notified via phone. Through our contact tracing, your child is in the same bus as the student and we wanted to communicate this information to all those on the same bus.

This letter is to inform everyone on the bus in case your child begins experiencing symptoms. Please notify the school if they do. Below is a list of the symptoms impacting consideration for exclusion:

1. Fever (100.4 Degrees Fahrenheit or Greater)
2. Chills
3. Cough
4. Shortness of Breath or Difficulty Breathing
5. Fatigue
6. Muscle or Body Aches
7. Headache
8. New Loss of Taste or Smell
9. Sore Throat
10. Congestion or Runny Nose
11. Nausea or Vomiting
12. Diarrhea

For those called and are quarantined due to direct contact, it is recommended, but not required to be tested. If you do a test and it comes back negative, you must still remain quarantined for 14 days. If you test positive, you may return 10 days from the date of the test.

Please reach out to your student's school nurse or principal with questions.

Sincerely,

Karl Galey, Superintendent



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October 19, 2020

To the Parent/Guardian of Mrs. Browning's "Morning Preschool" Class:

On Thursday, October 15, 2020, a student in Mrs. Cady's "Afternoon Preschool" Class tested positive for COVID-19 after a sibling in the home exhibited symptoms. The infected student has not attended preschool since being tested last Thursday. The parents/guardians of all students having direct contact (within 6 feet of someone who has COVID19 for at least 15 minutes) have been notified via phone. Due to the nature of this environment all "Afternoon Preschool" students and staff will quarantine for 14 days from the last contact.

This letter is to inform everyone in the classroom in case your child begins experiencing symptoms since this is a shared classroom. The environment is cleaned after each use. Please notify the school if they do. Below is a list of the symptoms impacting consideration for exclusion:

1. Fever (100.4 Degrees Fahrenheit or Greater)
2. Chills
3. Cough
4. Shortness of Breath or Difficulty Breathing
5. Fatigue
6. Muscle or Body Aches
7. Headache
8. New Loss of Taste or Smell
9. Sore Throat
10. Congestion or Runny Nose
11. Nausea or Vomiting
12. Diarrhea

Please reach out to your student's school nurse or principal with questions.

Sincerely,

Karl Galey, Superintendent





# Lawrenceburg Community School Corporation

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October 19, 2020

To the Parent/Guardian of Mrs. Cady's "Afternoon Preschool" Class:

On Thursday, October 15, 2020, a student in Mrs. Cady's "Afternoon Preschool" Class tested positive for COVID-19 after a sibling in the home exhibited symptoms. The infected student has not attended preschool since being tested last Thursday. The parents/guardians of all students having direct contact (within 6 feet of someone who has COVID19 for at least 15 minutes) have been notified via phone. Due to the nature of this environment all "Afternoon Preschool" students and staff will quarantine for 14 days from the last contact.

This letter is to inform everyone in the classroom in case your child begins experiencing symptoms.

Please notify the school if they do. Below is a list of the symptoms impacting consideration for exclusion:

1. Fever (100.4 Degrees Fahrenheit or Greater)
2. Chills
3. Cough
4. Shortness of Breath or Difficulty Breathing
5. Fatigue
6. Muscle or Body Aches
7. Headache
8. New Loss of Taste or Smell
9. Sore Throat
10. Congestion or Runny Nose
11. Nausea or Vomiting
12. Diarrhea

For those called and are quarantined due to direct contact, it is recommended, but not required to be tested. If you do a test and it comes back negative, you must still remain quarantined for 14 days. If you test positive, you may return 10 days from the date of the test.

Students and staff may return to school on Friday, October 30, 2020.

Please reach out to your student's school nurse or principal with questions.

Sincerely,

Karl Galey, Superintendent



# Lawrenceburg Community School Corporation

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August 25, 2020

To the Parent/Guardian of [REDACTED] Period 1 Class:

Earlier today, a student in [REDACTED] class received a positive test result for COVID-19. The infected student and family have been quarantined since obtaining the results. The parents/guardians of all students having direct contact (within 6 feet of someone who has COVID19 for at least 15 minutes) have been notified via phone. Through our contact tracing, your child is in the same class as the student and we wanted to communicate this information to all those in the class.

This letter is to inform everyone in the classroom in case your child begins experiencing symptoms. Please notify the school if they do. Below is a list of the symptoms impacting consideration for exclusion:

1. Fever (100.4 Degrees Fahrenheit or Greater)
2. Chills
3. Cough
4. Shortness of Breath or Difficulty Breathing
5. Fatigue
6. Muscle or Body Aches
7. Headache
8. New Loss of Taste or Smell
9. Sore Throat
10. Congestion or Runny Nose
11. Nausea or Vomiting
12. Diarrhea

For those called and are quarantined due to direct contact, it is recommended, but not required to be tested. If you do a test and it comes back negative, you must still remain quarantined for 14 days. If you test positive, you may return after at least 10 calendar days have passed since your symptoms first appeared.

The Indiana State Department of Health and Dearborn County Health Officer have both stated that often positive COVID-19 results may be occurring from weekend activities. Parents are encouraged to monitor their child more closely on the weekends (activities and interactions).

Please reach out to your student's school nurse or principal with questions.

Sincerely,

Karl Galey, Superintendent



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August 25, 2020

To the Parent/Guardian of [REDACTED] Period 2 Class:

Earlier today, a student in [REDACTED] class received a positive test result for COVID-19. The infected student and family have been quarantined since obtaining the results. The parents/guardians of all students having direct contact (within 6 feet of someone who has COVID19 for at least 15 minutes) have been notified via phone. Through our contact tracing, your child is in the same class as the student and we wanted to communicate this information to all those in the class.

This letter is to inform everyone in the classroom in case your child begins experiencing symptoms. Please notify the school if they do. Below is a list of the symptoms impacting consideration for exclusion:

1. Fever (100.4 Degrees Fahrenheit or Greater)
2. Chills
3. Cough
4. Shortness of Breath or Difficulty Breathing
5. Fatigue
6. Muscle or Body Aches
7. Headache
8. New Loss of Taste or Smell
9. Sore Throat
10. Congestion or Runny Nose
11. Nausea or Vomiting
12. Diarrhea

For those called and are quarantined due to direct contact, it is recommended, but not required to be tested. If you do a test and it comes back negative, you must still remain quarantined for 14 days. If you test positive, you may return after at least 10 calendar days have passed since your symptoms first appeared.

The Indiana State Department of Health and Dearborn County Health Officer have both stated that often positive COVID-19 results may be occurring from weekend activities. Parents are encouraged to monitor their child more closely on the weekends (activities and interactions).

Please reach out to your student's school nurse or principal with questions.

Sincerely,

Karl Galey, Superintendent



# Lawrenceburg Community School Corporation

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August 25, 2020

To the Parent/Guardian of [REDACTED] Class:

Earlier today, a student in [REDACTED] class received a positive test result for COVID-19. The infected student and family have been quarantined since obtaining the results. The parents/guardians of all students having direct contact (within 6 feet of someone who has COVID19 for at least 15 minutes) have been notified via phone. Through our contact tracing, your child is in the same class as the student and we wanted to communicate this information to all those in the class.

This letter is to inform everyone in the classroom in case your child begins experiencing symptoms. Please notify the school if they do. Below is a list of the symptoms impacting consideration for exclusion:

1. Fever (100.4 Degrees Fahrenheit or Greater)
2. Chills
3. Cough
4. Shortness of Breath or Difficulty Breathing
5. Fatigue
6. Muscle or Body Aches
7. Headache
8. New Loss of Taste or Smell
9. Sore Throat
10. Congestion or Runny Nose
11. Nausea or Vomiting
12. Diarrhea

For those called and are quarantined due to direct contact, it is recommended, but not required to be tested. If you do a test and it comes back negative, you must still remain quarantined for 14 days. If you test positive, you may return after at least 10 calendar days have passed since your symptoms first appeared.

The Indiana State Department of Health and Dearborn County Health Officer have both stated that often positive COVID-19 results may be occurring from weekend activities. Parents are encouraged to monitor their child more closely on the weekends (activities and interactions).

Please reach out to your student's school nurse or principal with questions.

Sincerely,

Karl Galey, Superintendent



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August 25, 2020

To the Parent/Guardian of [REDACTED] Class:

Earlier today, a member of [REDACTED] class received a positive test result for COVID-19. The infected student and family have been quarantined since obtaining the results. The parents/guardians of all students having direct contact (within 6 feet of someone who has COVID19 for at least 15 minutes) have been notified via phone. Through our contact tracing, your child is in the same class as the student and we wanted to communicate this information to all those in the class.

This letter is to inform everyone in the classroom in case your child begins experiencing symptoms. Please notify the school if they do. Below is a list of the symptoms impacting consideration for exclusion:

1. Fever (100.4 Degrees Fahrenheit or Greater)
2. Chills
3. Cough
4. Shortness of Breath or Difficulty Breathing
5. Fatigue
6. Muscle or Body Aches
7. Headache
8. New Loss of Taste or Smell
9. Sore Throat
10. Congestion or Runny Nose
11. Nausea or Vomiting
12. Diarrhea

For those called and are quarantined due to direct contact, it is recommended, but not required to be tested. If you do a test and it comes back negative, you must still remain quarantined for 14 days. If you test positive, you may return after at least 10 calendar days have passed since your symptoms first appeared.

Please reach out to your student's school nurse or principal with questions.

Sincerely,

Karl Galey, Superintendent





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August 25, 2020

To the Parent/Guardian of [REDACTED] Period 5 Class:

Earlier today, a student in [REDACTED] class received a positive test result for COVID-19. The infected student and family have been quarantined since obtaining the results. The parents/guardians of all students having direct contact (within 6 feet of someone who has COVID19 for at least 15 minutes) have been notified via phone. Through our contact tracing, your child is in the same class as the student and we wanted to communicate this information to all those in the class.

This letter is to inform everyone in the classroom in case your child begins experiencing symptoms. Please notify the school if they do. Below is a list of the symptoms impacting consideration for exclusion:

1. Fever (100.4 Degrees Fahrenheit or Greater)
2. Chills
3. Cough
4. Shortness of Breath or Difficulty Breathing
5. Fatigue
6. Muscle or Body Aches
7. Headache
8. New Loss of Taste or Smell
9. Sore Throat
10. Congestion or Runny Nose
11. Nausea or Vomiting
12. Diarrhea

For those called and are quarantined due to direct contact, it is recommended, but not required to be tested. If you do a test and it comes back negative, you must still remain quarantined for 14 days. If you test positive, you may return after at least 10 calendar days have passed since your symptoms first appeared.

The Indiana State Department of Health and Dearborn County Health Officer have both stated that often positive COVID-19 results may be occurring from weekend activities. Parents are encouraged to monitor their child more closely on the weekends (activities and interactions).

Please reach out to your student's school nurse or principal with questions.

Sincerely,

Karl Galey, Superintendent



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August 25, 2020

To the Parent/Guardian of [REDACTED] Period 6 Class:

Earlier today, a student in [REDACTED] class received a positive test result for COVID-19. The infected student and family have been quarantined since obtaining the results. The parents/guardians of all students having direct contact (within 6 feet of someone who has COVID19 for at least 15 minutes) have been notified via phone. Through our contact tracing, your child is in the same class as the student and we wanted to communicate this information to all those in the class.

This letter is to inform everyone in the classroom in case your child begins experiencing symptoms. Please notify the school if they do. Below is a list of the symptoms impacting consideration for exclusion:

1. Fever (100.4 Degrees Fahrenheit or Greater)
2. Chills
3. Cough
4. Shortness of Breath or Difficulty Breathing
5. Fatigue
6. Muscle or Body Aches
7. Headache
8. New Loss of Taste or Smell
9. Sore Throat
10. Congestion or Runny Nose
11. Nausea or Vomiting
12. Diarrhea

For those called and are quarantined due to direct contact, it is recommended, but not required to be tested. If you do a test and it comes back negative, you must still remain quarantined for 14 days. If you test positive, you may return after at least 10 calendar days have passed since your symptoms first appeared.

The Indiana State Department of Health and Dearborn County Health Officer have both stated that often positive COVID-19 results may be occurring from weekend activities. Parents are encouraged to monitor their child more closely on the weekends (activities and interactions).

Please reach out to your student's school nurse or principal with questions.

Sincerely,

Karl Galey, Superintendent



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August 25, 2020

To the Parent/Guardian of LHS Varsity and Junior Varsity Girls Soccer Teams,

Earlier today, a member of the team tested positive for COVID-19. Through our contact tracing, your child is on the same team as the student. This letter is to inform everyone on the team that the entire team is being directed by the Indiana State Department of Health and Dearborn County Health Officer to quarantine for the next 14 days with a scheduled return date of September 8, 2020, if you attended and participated in practice on Monday, August 24, 2020. In case your child begins experiencing symptoms, please notify the school if they begin to experience symptoms or are tested. Below is a list of the symptoms impacting consideration for exclusion:

1. Fever (100.4 Degrees Fahrenheit or Greater)
2. Chills
3. Cough
4. Shortness of Breath or Difficulty Breathing
5. Fatigue
6. Muscle or Body Aches
7. Headache
8. New Loss of Taste or Smell
9. Sore Throat
10. Congestion or Runny Nose
11. Nausea or Vomiting
12. Diarrhea

It is recommended, but not required to be tested. If you do a test and it comes back negative, you must still remain quarantined for 14 days. If you test positive, you may return after at least 10 calendar days have passed since your symptoms first appeared or the date of your test.

Please feel free to contact the school nurse or a medical care provider if you need to seek additional guidance. If you or anyone in your household shows symptoms or tests positive, please contact your child's building principal or athletic director immediately.

Sincerely,

Karl Galey, Superintendent