

Max Tanner, Superintendent
Tony Sappington, Asst. Superintendent



Breanna Rogers, Finance Manager
Danna McGuire, Activity Fund Custodian
Cindy Lovelace, Payroll Clerk

Dear Parent/Guardian,

The safety of your child and our staff is of the utmost importance as we return to school. During the year, we are asking you to check your child for signs of COVID-19 on a daily basis. Below is a checklist of the statements we would like you to screen for each day. If your child exhibits any of the following signs, indicated by answering yes to the questions below, please keep them at home. This checklist must be used for each child in your household. The screening questions are listed below:

1. Does your child have a temperature of 100.4 degrees or more today?
2. Does your child have a sore throat?
3. Does your child have a persistent cough?
4. Does your child have a loss of smell or taste?
5. Does your child have shortness of breath?
6. Has your child been in close contact with someone who has tested positive for COVID-19?

By sending your child to school, you are certifying that you have answered “no” to each of the screening questions. Our staff will also be screening themselves prior to coming to school. In addition to this screening, each person entering the school building (students, staff, and visitors) will be required to submit to a temperature check.

Please sign below that you understand your parental responsibility in regards to this health screening, and return the bottom portion of this form to your child’s school.

I commit to screening my child each day prior to sending them to school. Furthermore, I understand that if the answer to any of the screening questions is “yes”, my child is not permitted to attend school on campus and I should contact the office for further directions.

Student Name: _____

Grade: _____

Parent Name: _____

Parent Signature: _____