STUDENT ACCOUNTABILITY AND REQUIRED HEALTH PROTOCOLS SIGNATURE PAGE



COVID-19 GUIDANCE | Last updated 10/12/20

Student's Signature

PLEASE SIGN AND RETURN THIS FORM TO YOUR CHILD'S SCHOOL.

By signing and returning this page, you acknowledge that you have received and understand the expectations outlined in the WCPSS "Student Accountability and Required Health Protocols" This form will be kept at your child's school.	
Parent or Guardian's Signature	Date
To enable us to properly record that you have returned this s below and ask your student to sign to acknowledge receipt a the WCPSS "Student Accountability and Required Health Pro	and understanding of expectations outlined in
Student's Name	Student's Grade

Date