

Hello!

In order to expedite morning drop off, please perform the following screening with your child(ren) before arriving at school:

1. Does your child have any symptoms associated with COVID-19 including but not limited to fever, or chills, cough, shortness of breath, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, or diarrhea?
2. Has your child been in contact with anyone who has tested positive for COVID-19 infection in the past 14 days?
3. Has your child been in contact with anyone who is currently in quarantine for suspected COVID-19?
4. Has your child traveled out of NYS in the past 24 hours?
5. Has your child received a positive COVID-19 test result in the past 14 days?
6. Does your child have a temperature of 100.0 degrees F or higher?

Thank you for your assistance with this process 😊