

Parent's Signature ____

80-22 Parsons Blvd, Queens NY 11432 | 718.380.1900 | sntschoolny.org



We Exist for Our Children

Parents: Please complete this short check each morning before your child leaves for school and present to his/her teacher. Temperatures will also be checked again in school before students are allowed to enter class. Failure to complete and present may delay or prevent student's admission to class and may lead to their having to be picked up from school.

Student's N	lame	Class	Date
If the answ profession	, , , , , , , , , , , , , , , , , , ,	e do not bring your child to	school and contact your medical
-	d has any of the following symp bility to learn and also put them	-	ble illness that may decrease the to others.
Does your	child have any of these sympton	oms:	
o Sore o Nev o astr o Diar o Nev o Sho o Fati o Mus o Nev o Cor o Nau	apperature 100.4 degrees Fahrenhe Throat v uncontrolled cough that cause matic cough, a change in their rhea, vomiting, or abdominal powers of severe headache, esprtness of breath gue scle or body aches v loss of taste or smell agestion or runny nose usea or vomiting	ses difficulty breathing (for st r cough from baseline) pain	tudents with chronic allergic/
	e student may go to school. e student may not go to school.		
least 10 mi	,	· · · · · · · · · · · · · · · · · · ·	en in close contact (within 6 feet for at nostic test for COVID-19 or who has or
	e student may go to school. e student may not go to school.		
•	hild traveled internationally or fro per the New York State Travel A	-	·
	e student may go to school. e student may not go to school.		