

**ST ANNE'S CATHOLIC PRIMARY SCHOOL - PARENTAL CONTRACT**

Child's Name.....

Year Group / Class.....

Parents Name.....

Emergency contact telephone number 1.....

Emergency contact telephone number 2.....

In the event of school partially reopening, I wish my child to attend and agree to abide by the following requirements:

- **I will check my child for COVID 19 symptoms (including any or all of the following: continuous cough, high temperature, loss of taste or smell) on a daily basis and will keep him/her away from school if he/she is showing any symptoms whatsoever and will inform the school immediately. I will not send my child into school if they are unwell (a child should not be sent into school if they have been given calpol)**
- My child will wear clean clothing every day (summer school uniform if possible, however we understand not everyone has this currently)
- My child will not bring any items to school except a water bottle
- All packed lunches will be in disposable packaging, no lunch boxes will be allowed
- I agree to the restrictions surrounding dropping off / collecting my child
- I am aware that if my child or another child/staff member displays symptoms of COVID-19 my child's bubble will have to isolate until a test confirms if this is positive or negative

Child's Name.....

Date.....

Parent/Carer signature.....