



October 2020

Return to Post Primary School Parental Declaration Form

Student's Name: _____

Year: _____ Class Group: _____

Parents/Guardians Name: _____

Dates of Absences: _____

Name of Setting: **Presentation Secondary School, Cannon Street, Waterford**

This form is to be used when your daughter is returning to the school after any Covid-19 related absences.

DECLARATION

I have no reason to believe that my daughter has an infectious disease and she has followed all medical and public health guidance with respect to her absence from school.

Signed _____ Parent/Guardian

Date: _____

Please submit this completed form to the school office before returning to any classes. Failure to return the completed form will be viewed as a breach in the Health and Safety Control of Covid-19 Policy for students