Winston School Student Site Attendance Agreement

By completing this form, you confirm and attest that you and your student will abide by the most current guidelines of the County of San Diego Public Health Order.

☐ Before my student arrives on campus, I will complete, on behalf of my student, the health questionnaire found on the homepage of the Winston School website. Please visit www.thewinstonschool.org and click on the heart icon.

☐ I understand that, upon arrival, my student will participate in a COVID-19 health screening.

☐ My student will follow School policies as documented in the Parent and Student Handbook, including COVID-related appendices.

☐ I hereby agree and acknowledge that my student’s participation on-site is completely voluntary.

☐ I will not allow my student to participate in any activities if any member of my household has any of the following new or worsening signs or symptoms of possible COVID-19:

  ☐ Cough, Shortness of breath or difficulty breathing, Chills, Repeated shaking with chills, Muscle pain, Headache, Sore throat, Loss of taste or smell, Diarrhea, Feeling feverish or a measured temperature greater than or equal to 100.4 degrees Fahrenheit, or known close contact with a person who is lab confirmed to have COVID-19.

  ☐ I further agree that if any member of my household experiences these symptoms, I will notify The Winston School at osiris.romero@thewinstonschool.org.

☐ I agree to immediately notify osiris.romero@thewinstonschool.org if any of the following are true:

  ☐ My student develops COVID-19 symptoms or tests positive for COVID-19.

  ☐ A member of my family unit tests positive for COVID-19.

☐ I will not allow my student to return to Winston School activities if my student or any individual in my household is diagnosed with COVID-19, until the CDC and County of San Diego criteria for return have been met.

☐ I agree to, whenever possible, to drop off and pick up my student from School while staying inside my vehicle.

☐ I agree to adhere to social distancing guidelines including not allowing carpooling for unrelated students from different households.

☐ I agree to instruct my student on the School’s policies for wearing a mask, physical contact and maintaining a social distance from others.

☐ I agree to ensure that my student has washed or sanitized their hands and is wearing a mask before entering the school.

☐ I agree to advise my student to handle and care for their own belongings such as water bottles, snacks, etc. Bring sufficient water as Winston drinking fountains are not available for use.

☐ I agree to follow any instruction from Winston staff regarding health and safety protocols, as they are amended from day to day.

☐ I understand that if my student cannot or will not comply with rules, it will result in immediate dismissal from the School site.

________________________________________ __________
Parent Signature Date