Dear P	arent,
option for you quarar	close contact with a COVID-19 individual at school your child will be quarantined, there are three is for your child to be permitted to return to school. Please determine which option will be best ur child. If your child has received the vaccine for COVID-19 they will not be required to attine but will need to wear a mask when returning to school for the next 14 days. Proof of e is required to return.
	OPTION 1 – QUARANTINE FOR A FULL 14 DAYS. No testing is required to return, and no enhanced precautions required.
	OPTION 2 - QUARANTINE FOR 10 DAYS. When student returns, they will need to stay in mask for the remainder of their 14-day quarantine and socially distance during lunch (stay at least 6 feet apart from others while eating). Stay home should symptoms of COVID-19 appear.
	OPTION 3 – QUARANTINE FOR 7 DAYS, HAVE A NEGATIVE COVID-19 TEST ON DAY 5, 6, OR 7 AND RETURN ON DAY-8. PLEASE USE INFORMATION BELOW TO RETURN USING OPTION 3.
sociall	student returns, they will need to stay in mask for the remainder of their 14-day quarantine and y distance during lunch (stay at least 6 feet apart from others while eating). Stay home should oms of COVID-19 appear.
and p	ive test will need to be onroof will need to be provided to school before they return on DAY 8 (THIS WILL BE THE FIRST DAY TO RETURN TO SCHOOL AND/OR A CURRICULAR ACTIVITIES)
If you	have questions, please contact your school nurse at or by e-mail
Thank	s you,

School Nurse