



STUDENT NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_ DASH#: \_\_\_\_\_

*(Please submit one form per student)*

All students and parents/guardians are required to read and sign the pledges below. Signed pledges need to be submitted to the classroom teacher on Monday, August 23, 2021 or the child's first day of school.

**COVID 19 Safety Pledge - Kindergarten-5th Grade Students**

We must work together to keep everyone safe. I promise to do my part:

- I will try my best in school everyday.
- I will let an adult know if I need help.
- I will stay home if I am sick.
- I will wear a mask/face covering my nose and mouth.
- I will stand 3-feet apart from others when at school or in public.
- I will wash my hands with soap and water all the way and many times in the day.
- If I cannot wash my hands, I will use hand sanitizer.
- I will try my best to keep my workspace and materials clean.
- I will follow my teacher's instructions.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_ DASH#: \_\_\_\_\_

*(Please submit one form per student)*

### **COVID 19 Safety Pledge - Middle School Students**

I understand that we must work together to keep ourselves, families, peers, teachers, staff, and community as safe and healthy as possible.

A combination of actions will reduce the risk of COVID-19 transmission. I must also be an active learner and care about my education.

I pledge to do my part.

#### **When I am attending school in-person:**

- I will work with my parent/guardian to conduct and submit a health and symptom screening before I go to school each day.
- I will stay home from school when I am sick. If I have any of the following symptoms, I must tell my parents or caretaker and get a COVID-19 virus test prior to returning to school or remain at home in isolation for 14 days

- Fever (100.1° Fahrenheit or higher), chills, or shaking chills
- Cough (not due to other known cause, such as chronic cough)
- Difficulty breathing or shortness of breath
- New loss of taste or smell
- Sore throat

- Headache *when in combination with other symptoms*
- Muscle aches or body aches
- Nausea, vomiting, or diarrhea
- Fatigue, when in combination with other symptoms
- Nasal congestion or runny nose (not due to other known causes, such as allergies) *when in combination with other symptoms*

- I will let my teacher know if I need help or if a challenge arises.
- I will follow and support the AFA guidelines, especially wearing a face covering/mask, practicing social distancing, and washing my hands frequently.

\*If a family member or I test positive for COVID-19, I understand that I will have to remain at home for at least 14 days and until at least 3 days have passed with no fever and there is improvement in other symptoms.

#### **If I am learning remotely:**

- I will have a dedicated space to do my school work as best as I am able.
- I will take good care of the device (e.g. Chromebook, iPad) given to me.
- I will let my teacher or parent/guardian know if I need a certain material or if I need help.
- I will try my best in school every day. I will be on time. I will pay attention to my teachers. I will submit assignments on time.
- I will contact my teacher/school if challenges arise so we can work together to resolve them.

STUDENT NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_ DASH#: \_\_\_\_\_

*(Please submit one form per student)*



**When I am not at school:**

I will be a responsible citizen and do my best to follow the following guidelines

- Wear a face covering/mask that covers my mouth and nose.
- Social distance from others who are not in my immediate circle.
- Wash hands and use hand sanitizer frequently.
- Avoid large gatherings and follow travel order requirements.

**\*\*\*Contact your health care provider if you or a household member has or may have COVID-19.\*\*\***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_ DASH#: \_\_\_\_\_

(Please submit one form per student)

### **Parents/Guardians**

We must work together to keep ourselves, children, families, staff, and community as safe and healthy as possible. A combination of actions will reduce the risk of COVID-19 transmission. We must also work together to ensure that all Al Fatih Academy students receive a high-quality education. I pledge to do my part.

#### **If/when my child is attending school in-person:**

- I will conduct and submit a health and symptom screening of my child before they go to school each day.
- My child will stay home from school when sick. If my child has any of the following symptoms, I must **CONTACT MY HEALTHCARE PROVIDER AND SCHOOL** and my child get a COVID-19 virus test prior to returning to school or remain at home in isolation for 14 days.
  - Fever (100.1° Fahrenheit or higher), chills, or shaking chills
  - Cough (not due to other known cause, such as chronic cough)
  - Difficulty breathing or shortness of breath
  - New loss of taste or smell
  - Sore throat
  - Headache *when in combination with other symptoms*
  - Muscle aches or body aches
  - Nausea, vomiting, or diarrhea
  - Fatigue, when in combination with other symptoms
  - Nasal congestion or runny nose (not due to other known causes, such as allergies) *when in combination with other symptoms*
- If my child or an immediate family member tests positive for COVID-19, my child will remain at home for at least 14 days and until at least 3 days have passed with no fever and improvement in other symptoms. A clearance note from the child's pediatrician will be required for return to school.
- I will contact my child's teacher/school if my child cannot attend school in-person or if other challenges arise so that we can work together to resolve them.
- My child and I will adhere to and support the AFA guidelines.
- I will keep my immunizations current and strongly consider a flu vaccine.

#### **If/when my child is learning remotely:**

- I will ensure my child has a dedicated space for school work as best as I am able.
- I will ensure my child has the materials they need for school work and will contact the school if something is needed.
- I will ensure my child is engaged in remote learning every day. I will contact their teacher if my child cannot engage in remote learning for the day due to illness or an extenuating circumstance.
- I will contact my child's teacher/school if challenges arise so that we can solve these together.

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**When I am in the community:**

I will be a responsible citizen and do my best to follow the health and safety guidelines

- Wear a face covering/mask that covers my mouth and nose.
- Social distance from others who are not in my immediate circle.
- Wash hands and use hand sanitizer frequently.
- Avoid large gatherings and adhere to travel order requirements outlined by AFA.
- Keep my and my families' immunizations current and strongly consider a flu vaccine.

**\*\*\*Contact your healthcare provider and school if you or a household member has or may have COVID-19.\*\*\***

Parent/Guardian #1 Name: \_\_\_\_\_

Signature Parent/Guardian #1: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian #2 Name: \_\_\_\_\_

Signature Parent/Guardian #1: \_\_\_\_\_ Date: \_\_\_\_\_