



Return to Educational Facility Parental Declaration Form

Child's Name:	Principal Name: Geraldine Troy
Parent/Guardian Name:	
Name of School: St Paul's Secondary School, Greenhills	
This form is to be used when children are returning to school after any absence.	
Declaration: I have no reason to believe that my child has infectious disease and I have followed all medical and public health guidance with respect to exclusion of my child from educational facilities.	
Signed _____	
Date: _____	