

## In-Person Learning 5 days a week Memorandum of Understanding

Name of parent/ guardian: \_\_\_\_\_

Name of student(s): \_\_\_\_\_

By signing this agreement for distance learning during the 2020 – 2021 school year, I understand will abide by the following terms and conditions:

- I have read the “Safety Precautions and Policies for the return of a limited number of students” document and my family will abide by all of the safety precautions and policies outlined by the administration.
- My child understands that when she/he is in the school building, s/he will comply with all directives including:
  - wearing a face mask at all times (except outdoors when indicated),
  - having an extra face mask in their backpack,
  - using hand sanitizers and/or handwashing for 20 seconds, and
  - complying with all social distancing requirements.
- As a parent/guardian, I am aware that an appointment is required before being able to visit the school building and I will comply with the face covering and social distancing requirements.
  - I will also ensure that I self-screen for any sickness (such as a body temperature over 100.4°F) and my child(ren) and others before visiting the school with an appointment.
  - As a parent/guardian, I am aware that my decision to not make an appointment or comply with social distancing and face covering requirements will result in either staff not granting access to the building or immediate removal from the school.
- As a parent/guardian, I am aware that failure to pick up a sick child promptly or intentionally sending a sick child to school is grounds for the administration to change my child’s instructional delivery to distance only for the remainder of the quarter.
- As a parent/guardian, I am aware that I have opted for in-person for the first quarter (August 25 – October 28). I am aware that I cannot change my preference during the first quarter.
- As a parent/guardian, I am aware that if my child or someone in our household has tested positive for COVID-19 or is exhibiting symptoms, that the school reserves the right to change the learning instruction to distance learning only until they have received a doctor’s note that they can return to the building.
- As a parent/guardian, I am aware of all the associated risks of my child attending the school and will not hold the school responsible in the event that my child or any family member becomes ill.
- As a parent/guardian, I am aware that I have the choice to either change or keep the same preference for the second quarter.
- As a parent/guardian, I am aware that I can contact the school at 301-937-7154 or email [secretary@stjosrcs.org](mailto:secretary@stjosrcs.org) if I have any questions or concerns.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date