

SUBJECT LINE: **Required Action for all students who attend in-person learning**

[Arabic Translation](#)

[Spanish Translation](#)

[Portuguese Translation](#)

Dear Parents of \_\_\_\_\_(student first name)\_\_\_\_\_,

**This is a VERY IMPORTANT notice about your child's return to school in person next week on March 1st. Your child may NOT return in person until this required action is completed.**

As we did at the beginning of the school year, families are REQUIRED to “attest” to their child’s good health BEFORE they return to in-person learning. In order to do this, you will complete the attached Google Attestation Form that asks you the questions listed below for your child. To make the process easier, you no longer need to record the temperature reading on the form, as it is noted earlier in the form that your child does NOT have a temperature.. Please continue to check your child's temperature each morning before coming to school. **It is essential that you complete and submit this form BEFORE \_\_\_(student first name)\_\_\_ reports to school.** If you have more than one child in Westborough Public Schools, you will receive an email like this for each child.

By signing this form, you are stating that:

- Your child meets the health criteria to return to school on their first day.
- Importantly, it also states that you will continue to ask your family these questions EVERY day before your child goes to school.

You do NOT need to complete a new form every day, but if your answers to any of the questions change during the school year and you can no longer “attest” that your child meets the health criteria to return to school, you should NOT send your child to school and you should call the school and speak with the school nurse or principal.

The questions to consider each day:

1. Is your child or is anyone in your family/close contacts currently diagnosed with COVID-19?
2. In the past 10 days has your child experienced any symptoms of COVID-19: Fever (temp  $\geq 100.0$ ) or chills, cough (not due to other known cause such as chronic cough), shortness of breath or difficulty breathing, new loss of taste or smell, sore throat,

headache (when in combination with other symptoms), muscle or body aches, GI Symptoms: Nausea, vomiting, diarrhea, fatigue (when in combination with other symptoms), congestion or runny nose, (not due to other known causes such as allergies) when in combination with other symptoms?

3. In the past 14 days has anyone in your family/close contacts experienced any symptoms of COVID-19?
4. In the past 14 days has your child travelled outside of the states that Massachusetts designates as low-risk states (See: Low Risk Travel States at <https://www.mass.gov/info-details/covid-19-travel-order#lower-risk-states->)?
5. If you answered YES to question 4, has your child been tested according to the state guideline? (See: Quarantine and Testing Requirements at <https://www.mass.gov/info-details/covid-19-travel-order#quarantine-requirement-and-testing-options->) Please notify your school nurse and principal of your testing status.
6. By completing this form, I certify that my child's daily attendance at school is an attestation that he/she continues to meet all of the above criteria. If the answer to any of the above questions changes in the future, I will notify my child's school immediately and I will NOT send my child to school until I speak with the school and confirm that my child may attend.

Wishing you continued good health.

Sincerely,  
Principal

GOOGLE FORM LINKS FOR ALL SCHOOLS:

### **Armstrong**

[AES English](#)  
[AES Arabic](#)  
[AES Portuguese](#)  
[AES Spanish](#)

### **Fales**

[FES English](#)  
[FES Arabic](#)

[FES Portuguese](#)  
[FES Spanish](#)

## **Gibbons**

[GMS English](#)  
[GMS Arabic](#)  
[GMS Portuguese](#)  
[GMS Spanish](#)

## **Hastings**

[HES English](#)  
[HES Arabic](#)  
[HES Portuguese](#)  
[HES Spanish](#)

## **Mill Pond**

[MPS English](#)  
[MPS Arabic](#)  
[MPS Portuguese](#)  
[MPS Spanish](#)

## **WECC**

[WECC English](#)  
[WECC Arabic](#)  
[WECC Portuguese](#)  
[WECC Spanish](#)

## **WHS**

[WHS English](#)  
[WHS Arabic](#)  
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[WHS Spanish](#)

