



EARLY RETURN TO SCHOOL AGREEMENT

Clover School District, in accordance with current guidance from the South Carolina Department of Health and Environmental Control, allows for shortening of isolation and quarantine from COVID-19 infection and exposure under specific circumstances. **That guidance includes the use of face masks when shortening isolation or quarantine. This includes fully vaccinated and recently positive individuals.** Clover School District will offer disposable masks to meet this requirement.

If your student is fully vaccinated* or has had a positive COVID test in the last 90 days, then he or she will be able to return to school immediately. HOWEVER, the student will be required to wear a mask for the designated quarantine period.

*At least 14 days since 2nd dose AND booster for students age 16 or older if 2nd dose was more than 6 months ago.

Parent/Guardian/Legal Custodian/Foster Care Provider Information

Name: _____ Phone Number: _____

Student Information

Name: _____ Date of Birth: _____

I, (parent/guardian) _____ choose the EARLY RETURN option. My student will wear a mask at school during full isolation or quarantine period. I understand that if a mask cannot be worn, the student will forfeit the EARLY RETURN option and will complete the remainder of the isolation or quarantine period outside of school.

Both student and parent must be in agreement and acknowledge the following:

If your student has been isolating due to symptoms of COVID-19, please verify the items below:

- I verify that my student's symptoms have improved.
- I verify that my student is fever-free for the last 24-hours without fever-reducing medication.
- I verify that my student will wear a mask at school from day 6-10 of the isolation period.

If your student has been quarantined due to exposure to COVID-19, please verify the items below:

- I verify that my student has not had symptoms of COVID-19.
- I verify I will monitor my student daily for symptoms and will keep my student home if any symptoms begin.
- I verify that my student will wear a mask at school for the remainder of the designated quarantine period.

Signature of Parent/Guardian/Legal Custodian/Foster Care Provider: (if student is under the age of 18)

Date: _____

Signature of Student (if older than 18):

Date: _____