



PARENT ACKNOWLEDGEMENT FORM

2020-21 School Reopening Plan

I _____ (Print Full Names)

confirm that I/we have read the St. Louis School 2020-21 Re-opening Plan (version .2) and understand that it describes the COVID-19 safety protocols the school has established and must follow per the approval of New York State. I/we agree to follow the safety protocols outlined within the re-opening plan.

Parent (Signature)

Parent (Signature)

Date