



ST. ANDREW'S SCHOOLS

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Family Travel Declaration

I declare that I am the parent or legal guardian of the student identified on this Family Travel Declaration and that I have personal knowledge of the information provided in this Declaration.

I understand and acknowledge that, at the time of my student's registration for St. Andrew's Schools I attest that my student's registration is complete, truthful, and accurate in every respect. I further understand and acknowledge that the information provided in this Declaration is important information that is relevant to my student's registration, and that St. Andrew's Schools will make decisions about my student's registration in reliance on the information that I provide herein.

Is your answer to **any** of the following questions "**Yes**"?

- Has your student visited or lived in a Level 2 or higher country (as defined by the World Health Organization) at any time between February 22, 2020, and the date that you are completing this Declaration?
- Will your student visit or live in a Level 2 or higher country between the time this Declaration is completed and their start date?
- Has your student had contact with any person who visited or lived in a Level 2 or higher country at any time between February 22, 2020, and the date that you are completing this Declaration? (Contact includes, but is not limited to, your student being in the same room or a car with the person.)
- Will your student have contact with any person who visited or lived in a Level 2 or higher country since February 22, 2020, between the time this Declaration is completed and their start date? (Contact includes, but is not limited to, your student being in the same room or a car with the person.)

If your answer to ANY of the above questions is "**Yes**" then you must reply "**Yes**" below. You may only answer "No" if you can truthfully answer "No" to **ALL** of the above questions.

Yes

No

Print and sign your name below to agree.

Parent/Guardian First & Last Name: _____

Parent/Guardian Signature: _____

Student First & Last Name: _____

By signing my name above I declare that all information provided in this Declaration about my student is complete, truthful, and accurate in every respect.