



ROBBINSDALE Area Schools

Individual focus. Infinite potential.

Shortened Quarantine Request (for Close-Contacts)

Per the new MDH close contact guidelines, students who have one close contact experience may be considered for an earlier return date to school if they meet certain criteria. MDH continues to advise the safest option for students is to remain in quarantine for the full 14 days. However, we understand there may be certain situations that could allow for a shortened quarantine period. Robbinsdale Area Schools will consider requests for an earlier return on a case-by-case basis after 10 full days of quarantine. At this time, the district is not approving 7-day quarantines for a return to school or programs.

To request an early return for your student, please fill out the following areas and return the form to your Building COVID-19 Coordinator/school nurse. For ALL early returns, students must have no symptoms and have had only one close contact exposure.

*If a household member is positive for COVID, you do not qualify for early return and need to quarantine for the full 14 days.

Student Name: _____

Parent/Guardian Name(s): _____

Age, Grade, School: _____

Date of Last Exposure to COVID: _____

Requested Early Return Date (must be later than 10 full days of quarantine): _____

Example: Student had their last exposure to the individual with COVID on 12/1/2020. The first day of quarantine begins on 12/2 and continues through the tenth day on 12/11. The earliest return date that could be requested would be 12/12.



10 DAY QUARANTINE REQUEST (Return after finishing 10 full days of quarantine. Forms will not be approved prior to 10 full days.)

Check the following that apply to your child (ALL must be checked to qualify):

- 1) My student has no symptoms
- 2) My student has NOT tested positive for COVID-19

- 3) No one in my student's household has tested positive for COVID-19
- 4) My student does not live or work in a building where it's hard to stay away from others and easy to spread the virus to multiple people, like a long-term care facility.
- 5) My student's contact with someone with COVID-19 had a beginning and an end. For example, your close contact happened at:
 - School
 - Sports event
 - Work
 - Social gathering
 - You traveled outside of Minnesota for reasons other than crossing the border for work, study, medical care, or personal safety or security, and all of the above are true. Note: Your "exposure" period ends upon arrival back home. For more information, see [Protect Yourself and Others: Traveling](#).
- 6) After the 10 day quarantine, I agree to monitor my student for symptoms through day 14 and keep them home if **any** symptoms would appear.

By signing this, you agree that the above checkmarks are all correct.

Parent Signature (Please type your name) _____ Date _____

Please list a preferred phone number or email address for follow-up on your request _____

Return this form by email to your Building COVID-19 Coordinator/School Nurse for approval. Families have the option to drop off the form at the front office as well.

Armstrong HS: [Anna Hjerpe](#)
Cooper HS: [Samantha Kraft](#)
Crystal Learning Center: [Heidi Haines](#)
Forest: [Megan Haefs](#)
FAIR Pilgrim Lane: [Erin Haefs](#)
FAIR Crystal: [Jennifer Rainerson](#)
Highview: [Jana Schneider](#)
Lakeview: [Erin Haefs](#)
Meadow Lake: [Jennifer Rainerson](#)
New Hope Learning Center: [Heidi Haines](#)
Neill: [Mattie Melin](#)

Noble: [Sydney Franz](#)
Northport: [Sydney Franz](#)
Plymouth MS: [Sharon Cassidy](#)
Robbinsdale MS: [Val Minder](#)
Robbinsdale Transition Center: [Heidi Haines](#)
RSI: [Mattie Melin](#)
Sandburg MS: [Jana Schneider](#)
SEA: [Megan Haefs](#)
Sonneshyn: [Cindy Rogers-Block](#)
Zachary Lane: [Cindy Rogers-Block](#)

COVID Coordinators will follow-up with families regarding request status.