2020-2021 Return to School In-Person and Hybrid Learning Required Acknowledgments

The West Allegheny School District is committed to the safety of our students and staff. We have adhered to the health organizations' recommendations to reopen our schools for in-person instruction. Our success with in-person instruction is dependent upon our staff, students and families complying with our enhanced safety procedures. If your child/ren are returning to school for in-person instruction, please complete the below acknowledgments. It is critical that you review the expectations with your child in order to protect them, your family and our West A family at school.

| 1. Student last name | | | | | |
|-------------------------------|----------------|----------------|-------------|-----------------|-----------|
| 2. Student first name | | | | | |
| | | | | | |
| 3. Student six digit ID numbe | r (provided in | the email that | t contained | the link to thi | s survey) |

4. Mask/Face Covering Compliance Procedures

I understand that my child is required to wear a mask on the school bus, on school property and in the school. My child is required to wear a mask during hallway transitions and while actively engaging in instruction in all classrooms. I acknowledge that my child will be provided with face covering breaks in the classroom, while they are working independently at their desks and maintaining six feet of social distancing, lasting no longer than 10 minutes at a time as per new PA Department of Health orders received on August 17, 2020. More than one face-covering break may occur during class periods as dependent on amount of independent work.

| I will provide my child with the appropriate face covering/mask to use daily at school. I will provide my child with a face covering that covers his/her nose and mouth and that is secured to the head with ties, straps, or loops over the ears or is wrapped around the |
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| lower face. |
| I Agree |
| 5. Social Distancing Procedures and Hallway Transition Procedures |
| The West Allegheny School District has provided at least six feet of social distancing in all classrooms. I acknowledge that my child will abide the social distancing measures in place and maintain six feet of distance in their assigned seat in all classrooms and where appropriate in cafeteria spaces. |
| I further acknowledge that my child will follow all appropriate hallway directional configurations, s/he will not congregate in any hallway or unsupervised location, and will move through the hallway maintaining as much social distancing as feasible. |
| I Agree |
| 6. Home Health Screen |
| I agree to complete the daily health screen with my child(ren) prior to sending them to school. I acknowledge that any "yes" answer on the daily home health screen requires my son/daughter to remain home for the day in order to symptom check. |
| Prior to sending my child back to school after an illness, I agree to call the school nurse to discuss re-admittance to school. |
| Home Health Screen 2020-2021 |
| I Agree |
| 7. Travel Quarantine Guidelines |

The West Allegheny School District is complying with the Allegheny County Health Department Travel Guidance. As such, if your child is traveling to a state that is designated as high risk due to high positivity rates, I will notify the school principal and/or school nurse to discuss return to school and whether a 14-day quarantine and/or testing is

| necessary prior to my son/daugnter's return to school. | | | | |
|---|--|--|--|--|
| Link to high risk states: PA Department of Health Travel Guidance | | | | |
| I Agree | | | | |
| 3. COVID Exposure and/or Return from Illness Guidelines | | | | |
| I agree to report to my child/ren's school nurse any suspected and/or confirmed exposure impacting my child's household. By your acknowledgement, you agree to contact the school nurse prior to sending your child to school after any suspected exposure. Further, prior to returning your child to school after any illness, you agree to call the school nurse to discuss re-admittance. | | | | |
| I Agree | | | | |
| 9. Use of Disinfectant Spray Guidelines/Procedures | | | | |
| In an effort to further reduce the spread of COVID-19, the West Allegheny School District will be utilizing a Non-Hazardous disinfectant to clean high touch desk surfaces during the school day. West Allegheny students will be asked to disinfect their desks at least twice per day and anytime there is a change of class. Students in grades K-8 will disinfect their desks after being sprayed by the teacher, and 9-12 students will utilize the spray bottles provided and wipe their desks. | | | | |
| If you prefer that your child/ren not utilize the district-provided disinfectant, you agree to provide your child with household disinfectant wipes to use on a daily basis so they may comply with the disinfectant procedures to reduce germ spread. | | | | |
| Informational sheet on the district-provided disinfectant spray: <u>Disinfectant Information Sheet</u> | | | | |
| I Agree. I will allow my child to utilize a district-provided non-hazardous disinfectant to clean surfaces during the school day. | | | | |
| I Do Not Agree. I will send disinfectant wipes of my choice to school with my child for use in disinfecting during the school day. | | | | |

All equipment remains the property of the West Allegheny School District.

District-issued devices should be returned to the West Allegheny School District at your child's school at the conclusion of the school year or in the event your child is no longer enrolled. If the equipment is no longer being used, it should be returned to West Allegheny School District. If the equipment is damaged or malfunctions, West Allegheny School District should be notified as soon as possible. The student and parent/guardian will take all reasonable measures to prevent abuse of the equipment and will not lend it to a third party.

Insurance coverage is available for all devices that are issued to students in grades 3-12 who will take their devices home with them on a daily basis. If a family does not elect to purchase insurance coverage, the parent/guardian is responsible for the cost of replacing or repairing equipment if damaged, stolen, or lost. The device is to be used for educational purposes only. All devices are protected by web-based content filtering that is applied to the device whether it is used at home or on school property.

I Agree

11. District-provided Device Insurance Coverage

I have elected to purchase the District-provided Worth Group insurance coverage for my district-provided device. The insurance plans include unlimited claims and no deductible. Full Coverage \$27 for the year; Accidental Coverage \$19 for the year

If you have not registered for device insurance coverage and would like to do so, you may do so at the following link:

West A Device Insurance

| Yes, I have purchased the District's provided insurance coverage. I understand that coverage is provided in accordance with the insurance option that I purchased. |
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| No. I understand that I am fully responsible for the cost of any and all repairs and/or replacements resulting from loss and/or theft. |
| NA. My child is enrolled in grades K-2 and will not be taking his/her device home. |
| NA. My child is enrolled in the Free and Reduced Lunch Program and insurance coverage will be provided by West Allegheny. |

12. Student Code of Conduct

| The West Allegheny School District has revised the | student code of conduct to include |
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| important Pandemic health and safety procedures. | Please review the revisions with your |
| child. | |

| Student | Code | of | Conduct | 2020-2021 | Pandemic |
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