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Return To School Acknowledgement

As a community, we all play a crucial role in keeping our students, staff, and families safe and reducing the risk of exposure to COVID-19. To further that goal, Saint Peter Catholic Academy has put in place several preventative measures in an attempt to minimize the spread of COVID-19. By signing below, I agree to the following:

1. I acknowledge that I have read the School Re-Opening Plan which is available on the School Website along with the online links to the Centers for Disease Control (CDC) and Occupational Safety and Health Administration (OSHA) and have reviewed these Materials with my child(ren). While on Academy premises, my child(ren), myself, and all other family members or legal guardians agree to abide by all the policies and measures in the Materials and understand this is necessary to protect the health of my child(ren) and others.
2. I acknowledge that I am familiar with the Centers for Disease Control and Prevention (“CDC”) and Occupational Safety and Health Administration (“OSHA”) guidelines regarding COVID-19 and agree to review them with my child(ren), and that we will abide by them. I understand that the CDC and OSHA guidelines are regularly modified, and although the Academy will endeavor to update me, I understand that I must familiarize myself and my child(ren) with any updates.
3. I acknowledge that the Academy has implemented the Materials, the CDC guidelines, and the guidelines by OSHA for the purpose of protecting the health and safety of my child(ren) and the Academy’s employees, visitors, students, and their families.
4. I understand that if, within the past 14 days, my child(ren) or anyone living in the household with my child(ren): 1) have been diagnosed with COVID-19, 2) suspect they have COVID-19, 3) are exhibiting symptoms of COVID-19, 4) have been in close proximity to someone with a suspected or confirmed case of COVID-19, or 5) have traveled to a highly impacted area, including all those for which a Travel Advisory has been issued by New York State, my child(ren) will not arrive to school. If any of these circumstances arise, I or another legal guardian of my child(ren) will promptly notify Academy administration and understand that this notification is crucial to preventing the spread of COVID-19 at the Academy.

By signing below I agree to the Return to School Acknowledgement.

Signature of Parent: _____
 Print Name of Parent: _____
 Name(s) of Child(ren): _____

 Date: _____