



**PARENT AND STUDENT AGREEMENT**  
**RE: RETURN TO SCHOOL PROTOCOLS AND DAILY SCREENING 2020–2021**

- I confirm that I have received, read, and fully understood the entirety of the Ashbury College Return to School Protocols 2020–2021, including the expectations of parents and students, and the importance of cooperation by parents and members of the School community in ensuring a healthy and safe return to school.
- I acknowledge and understand that the Protocols are subject to change based on applicable public health guidance, legislation, and directives, and that notice of amendments will be shared by the School. I acknowledge and agree that it is my responsibility to review these amendments as may be issued from time to time.
- I confirm that I will comply with, and will reinforce to my child for their compliance, the expectations of the School with respect to the safety protocols for the 2020-2021 school year, including daily screening completed by parents and students or in the case of boarders, students with boarding staff.

_____	_____	_____
Name of Student (Please Print)	Date of Birth	Signature of Student

_____	_____	_____
Name of Parent/Guardian (Please Print)	Date	Signature of Parent or Guardian

_____	_____	_____
Name of Parent/Guardian (Please Print)	Date	Signature of Parent or Guardian

This form should be completed and returned to the school upon arrival to campus in September 2020.