



**Munro & Dickenson Trust**  
**HAMPTON SCHOOL**  
**BOARDING COVID AGREEMENT 2020**

Name of Student: \_\_\_\_\_ Grade: \_\_\_/\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

1. a. For the purpose of possible contact tracing, indicate whether during the period from March 13, 2020 to present, your daughter/ward visited any quarantined communities? Yes:  No:

b. State the visited Community/Communities: \_\_\_\_\_

2. Was anyone home quarantined in your daughter's/ward's immediate household for the period March 13, 2020 to present? Yes:  No:

3. a. Has your daughter/ward travelled abroad since March 13, 2020? Yes:  No:

b. Country(ies) Visited: \_\_\_\_\_

4. If you answered yes to 3 a. above, state the period of travel.

From: \_\_\_\_\_ To: \_\_\_\_\_

Parent(s)/Guardian Information:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Parish: \_\_\_\_\_ Parish: \_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Telephone #: \_\_\_\_\_

E-mail: \_\_\_\_\_ E-mail: \_\_\_\_\_

Health Disclosure: Please disclose any health conditions that the Administration/Boarding Staff of Hampton School must be aware of, which may necessitate specialized care for your daughter/ward:

\_\_\_\_\_

***Hampton School does not accept any form of liability for any boarder for her failure to conform to the given safety and security measures, outlined in the Boarding Rules, School Rules and Disaster Risk Management Act pertaining to COVID19 on the school compound or after her departure from the school compound.***

*I hereby certify that the information given above is accurate and complete to the best of my knowledge. I pledge to abide by all rules and will also provide the necessary support to my daughter/ward in order to ensure her compliance with the Boarding Rules, School Rules and Disaster Risk Management Act pertaining to COVID19.*

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*I hereby declare that I understand and will comply with all rules and regulations listed in the Boarding Rules, School Rules and Disaster Risk Management Act pertaining to COVID19.*

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal/Vice-Principal: \_\_\_\_\_ Date: \_\_\_\_\_