



## School Year 2020-21: Dansville Commitment Form

Parent/Guardian:	Parent/Guardian:
Address:	Address:
Primary Phone:	Primary Phone:
Email Address:	Email Address:
Employer Name:	Employer Name:
Work Phone:	Work Phone:

Name of Child(ren) in Household	<i>Place an "x" for each child</i>		<i>Requires Transportation</i>	
	Attending 100% Remotely	Attending In Person	To School From	After School To
			__Home __Childcare	__Home __Childcare
			__Home __Childcare	__Home __Childcare
			__Home __Childcare	__Home __Childcare
			__Home __Childcare	__Home __Childcare
			__Home __Childcare	__Home __Childcare
			__Home __Childcare	__Home __Childcare

**Verification: I will conduct a symptoms check of the above child(ren) every day regardless if it is an in person attendance day and 7 days/week.**

Parent/Guardian:	
Signature:	Date:

	YES	NO
I have a thermometer.		
My child has a medical condition and is unable to wear a mask or has a health or safety concern <i>(medical documentation from a licensed medical practitioner required and must be attached).</i>		

Emergency Contact	Phone	Phone

<b>Childcare Transportation ONLY</b>			
AM Pick Up		PM Drop Off	
Caregiver:	_____ Monday	Caregiver:	_____ Monday
Address:	_____ Tuesday	Address:	_____ Tuesday
	_____ (which days)		_____ (which days)
Phone:	_____ Thursday	Phone:	_____ Thursday
Effective Date:	_____ Friday	Effective Date:	_____ Friday

Childcare sites must be located within Dansville School District boundaries; transportation will be provided to ONLY one location other than the home address; once transportation schedule is established, it must remain consistent; if arrangements change, please complete a new form.