

**NEWPORT SCHOOL DISTRICT
OUT-OF-STATE STUDENT TRAVEL**

GENERAL INFORMATION

Student Name: _____ Grade: _____

Date Departed PA: _____

Date Returned to PA: _____

COVID-19 TEST AND QUARANTINE STATUS

I certify that one of the following is true:

- Above-named student was tested 72 hours prior to his/her return to the Commonwealth of Pennsylvania, and either received a negative test result for COVID-19 prior to his/her return, or quarantined in Pennsylvania until we received negative test results.
- Above-named student was unable to test 72 hours prior to his/her return to the Commonwealth, because the trip to another state was shorter than 72 hours, and therefore s/he quarantined until we received a negative test result for COVID-19 in Pennsylvania.
- Above-named student did not test 72 hours prior to his/her return to the Commonwealth, and therefore have quarantined until we received a negative test result for COVID-19 in Pennsylvania.
- Above-named student has quarantined for 14 days upon return from travel outside the Commonwealth of Pennsylvania.

AUTHORIZATION

I attest that the above information is accurate and complete. I further attest that the above-named student has no COVID-19 symptoms and, to the best of my knowledge, the above-named student did not have close contact to a positive case. I further agree to monitor above-named student's symptoms and immediately report to the District any new or developed COVID-19 symptom.

Parent/Guardian Signature: _____ Date: _____

****Return this form to the building Administrative
Assistant****