



Student COVID School Closure Scheduling Request

GoldStar is dedicated to helping our students maintain some sort of consistency during this time of inconsistency. While we will do our very best to find coverage for your student it will be based on what our staff availability is and we cannot guarantee coverage. Please fill out the following with the most accurate details that you have.

Students Name:	
Start Date of School Closure:	
Return Date to School:	

COVID Exposure & Schedule Questionnaire	
1.	Choose one of the following that best describes your child's school exposure: <ul style="list-style-type: none">☆ My child was in the same classroom or bus with an individual that tested positive.☆ My child was in the same classroom or bus with an individual that tested positive but did not have close contact for an extended period of time.☆ My child was not in the same classroom or bus but did have close contact for an extended period of time with the individual that tested positive.☆ My child did not have any contact with the individual that tested positive.
2.	Has your child experienced any of the following symptoms in the last 72 hours: <ul style="list-style-type: none">☆ Fever (100.4 degrees or higher)☆ Cough☆ Shortness of breath☆ Sore throat☆ Chills☆ Headache or body aches☆ Nausea, diarrhea, vomiting
3.	Has anyone in your household experienced any of the following symptoms in the last 72 hours: <ul style="list-style-type: none">☆ Fever (100.4 degrees or higher)☆ Cough☆ Shortness of breath☆ Sore throat☆ Chills☆ Headache or body aches☆ Nausea, diarrhea, vomiting
4.	What is the additional hours requested for services: Monday: _____ Tuesday: _____ Wednesday: _____ Thursday: _____ Friday: _____