## On-Campus Enrollment Medical Affirmation for 2021-2022 Academic School Year

1,	, on behalf of myself and my student(s),
	,,,,, affirm
the fol	lowing for the benefit of Calvary Chapel Rialto Christian School (CCRCS):
1.	I understand that, except for major life changes (such as moving, job loss, etc.) I am making a year-long commitment to On-Campus Enrollment. I understand that if the government mandates school closures due to COVID-19, CCRCS will employ remote learning as we did in Spring 2020. Recognizing CCRCS is committed to providing the same level of education in both platforms, I agree that tuition for remote learning will be the same as on-campus instruction.
2.	Within the past 6 months, my Student has not visited any of the following countries China, South Korea, Belgium, Czech Republic, Denmark, Estonia, Finland, France Germany, Greece, Hungary, Iceland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg Malta, Netherlands, Norway, Poland, Portugal, Slovakia, Lovenia, Spain, Sweden Switzerland, United Kingdom or any other country under travel restrictions, as determined by the US Department of State.
3.	My Student has not been diagnosed with or tested positive for COVID-19.
4.	My Student has no current symptoms nor have they manifested symptoms within the last 10 days consistent with, or indicative of, a viral infection associated with COVID-19 including fever, cough or respiratory issues (such as shortness of breath and/or persistent pain or pressure in the chest area).
5.	I agree to comply with safety measures outlined in the CDPH's "COVID-19 Industry Guidance for Schools and School-Based Programs" handbook and "Safety Protocols" issued by CCRCS. I understand these guidelines may be adjusted to match the changing conditions of the pandemic.
6.	I understand it is my responsibility to communicate with CCRCS immediately if my child or my family experiences COVID-19 related health issues which may impact others in the school.

Printed

Date

Signature