**STUDENT HEALTH QUESTIONAIRE**

**Please complete and bring to first lesson of the new term**

□ My child has not been diagnosed with COVID-19 in the past 2 weeks.

□ My child has not shown any symptoms of COVID-19 or come in close

 contact with anyone exhibiting these symptoms.

 □ My Child has not travelled outside of the UK in the past 2 weeks.

□ My child will not attend class if he/she show any COVID-19 symptoms.

 □ My child will follow all rules posted in the studio to keep themselves

 and others safe.

Students Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_