

BCS Return To School Parents Survey

GENERAL INFORMATION

Email address

Parents names

Contact name & telephone number



My child/children is in (choose all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> 2-3 yr "Butterflies" | <input type="checkbox"/> 3-4 yr "Ladybirds" | <input type="checkbox"/> 4- 5 yr "Busy Bees" |
| <input type="checkbox"/> Grade R | <input type="checkbox"/> Grade 1 | <input type="checkbox"/> Grade 2 |
| <input type="checkbox"/> Grade 3 | <input type="checkbox"/> Grade 4 | <input type="checkbox"/> Grade 5 |
| <input type="checkbox"/> Grade 6 | <input type="checkbox"/> Grade 7 | |

How do you feel about sending your child back to school when school re opens:

- I want my child/children to return to school as soon as possible
- I will not be sending my child/children back to school until am more certain about the safety protocols and risks
- I WOULD PREFER to continue with remote learning until I am comfortable with sending my child back to school

What concerns you most about sending your child back to school

HEALTH SCREENING

Have you, your spouse or anyone in your household been in contact with anyone who has tested positive for COVID-19 in the last 14 days?

- Yes
- No

If yes please provide details

Have you or anyone within your household had to be tested for COVID-19?

- Yes
- No

If yes please provide details

Does your child have any of the following health conditions

- Moderate to severe asthma
- Chronic lung disease other than asthma
- Immune deficiency (including cancers, bone or organ transplant, HIV& AIDS or prolonged corticosteroid use)
- Heart conditions
- Diabetes
- Severe obesity
- Chronic liver disease
- Chronic kidney disease
- None of the above

If YES to any of the above, is the condition well controlled and being managed by a doctor?

- Yes
- No

Do you, your spouse or any other member of the household suffer from any of the following health conditions?

- Chronic lung disease other than asthma
- Immune deficiency (including cancers, bone or organ transplant, HIV& AIDS or prolonged corticosteroid use)
- Heart conditions
- Diabetes
- Severe obesity
- Chronic liver disease
- Chronic kidney disease
- None of the above

If YES to any of the above, is the condition well controlled and being managed by a doctor?



Health Professional Council of South Africa registration number (HPCSA): BK0012645

Registered Biokinetics practice number. 0428736

Simone White Biokineticist

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- Yes
- No

Are there any member of your household over 65 years of age?

- Yes
- No

BOARDING HOUSE (only fill in if your child/children is a boarder)

My child is a boarder

- Yes
- No

I will send my child back to the boarding house

- as soon as boarding is available
- as soon as I am happy that the required health and safety measures are in place

What concerns do you have about sending your child/children back to the boarding house?

Thank you for taking the time to complete this survey