

In-Person School Backpack

Whitesboro Central School District
Student Assessment Form

Has your child experienced the following in the past 14 days:

	Yes	No
Been around anyone that has tested positive for COVID-19?		
Tested positive for COVID-19?		
Experienced any symptoms of COVID-19? <small>(Please refer to the symptoms listed on the back of this form.)</small>		
Traveled internationally or from a state with widespread community transmission of COVID-19?		

*If you marked **X** to any of these questions, please keep your child home.

Student's Name: _____ Grade: _____
Parent/Guardian's Signature: _____ Date: _____

Inspire-Cultivate-Empower

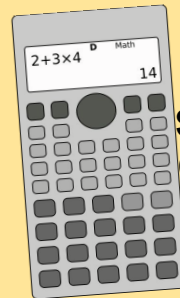


In your Hand

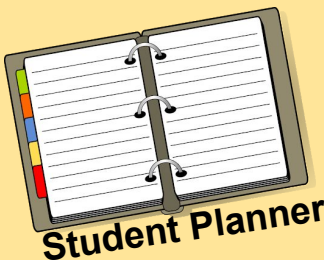


**Plug-in type
Headphones**

**1 Notebook,
1 folder,
pens/pencils &
pencil pouch**



**Scientific
Calculator**



Student Planner

Anything Extra You Need:
Musical Instrument?
Art supplies?
Forms?
Binder?

****Cell phones must remain OFF and in backpack****