



## Test to Stay COVID-19 Rapid Test Distribution Form

This form is to be completed by Parents/Guardians for their child(ren) and by school staff members to participate in the Yonkers Public Schools Test-To-Stay Guidelines. Please complete one form for every child.

- The completed form must be returned to the school principal

Information and the forms are available on the District website:

<https://www.yonkerspublicschools.org/Covid19-Update-January-2022>.

### Test to Stay Return to School Safely

#### ONLY FOR STUDENTS

**Name of Student:** \_\_\_\_\_  
**Please Print**

**Student's 6 digit ID:** \_\_\_\_\_

**School:** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Parent/Guardian Name (Please Print)**

\_\_\_\_\_  
**Date**

**Relationship to student:** \_\_\_\_\_

**Parent/Guardian Phone Number:** \_\_\_\_\_

#### ONLY FOR STAFF

**Name of Staff Member:** \_\_\_\_\_

**School:** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Staff Member**

\_\_\_\_\_  
**Date**