

OPT-OUT FORM: To Be Completed by Parent/Guardian

Deadline for opting out is Friday September 10th, 2021

<u>Parent/Guardian Information</u> : All sections required – please print clearly	
Parent/Guardian Print Name:	
Parent/Guardian Home Address:	
Parent/Guardian Tel./Mobile #:	
Parent/Guardian Email Address:	
Best way to contact you:	
<u>Child/Student Information</u> : All sections required – please print clearly	
Child/Student Print Name:	
Child/Student Date of Birth:	
Child/Student School:	
Child/Student Home Address:	

By signing below, I attest that:

- I have signed this form freely and voluntarily, and I am legally authorized to make decisions for the child named above
- I DO NOT consent for my child to be tested for COVID-19 infection.
- I understand that if I am a student age 18 or older, or may otherwise legally consent to my own health care, reference to “my child” refer to me and I may sign this form on my own behalf.

ONLY ORIGINAL SIGNATURES ACCEPTED – NO COPIES OR SCANS

Signature of Parent/Guardian (if child is under age 18):		Date:
Signature of Student (if age 18 or over)		Date:

Vision Statement

Streator Township High School prepares its graduates to live and adapt in a changing world by offering a challenging academic and career-ready curriculum with a solid technological foundation and a comprehensive extracurricular program in a safe and effective learning environment.

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