



PARENT DECLARATION

I _____, ID number:
_____ parent/guardian of

Hereby declare that I have read the Standard Operating Procedures of Michaelis Private School. I declare that I understand this document and will adhere to its regulations. I will also ensure that my children adhere to these regulations.

Furthermore, I will immediately notify the school of any symptoms that my child may develop, as I am required by law to do so. Symptoms may include, but may not be limited to the list below:

- Temperature
- Body Aches
- Loss of smell or taste
- Nausea
- Vomiting
- Diarrhoea
- Fatigue, weakness or tiredness

SIGNATURE

DATE