



## SOUTHWICK-TOLLAND-GRANVILLE REGIONAL SCHOOL DISTRICT

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As we approach the start of the 2020-2021 academic year and the return to in-person learning with new safety requirements, our first priority is the health and safety of our community— students, faculty, and staff. The risks of COVID-19 are evident to all, and we are each called on to bear personal responsibility to help protect the health and safety of the entire community. Recognizing this responsibility, I will do my part to limit the spread of COVID-19 by adhering to the following terms:

1. I will monitor myself daily for any acute onset of new COVID-19 like symptoms including fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, or diarrhea. I will stay home if I am exhibiting any of these symptoms.
2. I will stay home if I have had close contact with a person diagnosed with COVID-19, and I will notify the school nurse of the reason for the absence.
3. I will follow the Massachusetts COVID-19 Travel Order which became effective August 1, 2020.
4. I will practice good personal hygiene consistent with recommended COVID-19 health and safety measures when in school by:
  - a. maintaining six feet of physical distancing between myself and any other person unless my work with students requires closer contact,
  - b. frequent hand washing for twenty seconds,
  - c. frequent use of hand sanitizers,
  - d. wearing a face covering over the nose and mouth at all times except when eating or during designated mask breaks.

**If I report to work in person, my signature below will serve as an attestation that I am not experiencing acute onset of new COVID-19 like symptoms that are not due to other known causes, have not been in close contact with someone diagnosed with COVID-19, and have not recently returned from travel to a Massachusetts identified higher-risk state or a CDC identified country with a travel risk assessment of moderate to high.**

Signed,

\_\_\_\_\_  
\_\_\_\_\_  
(Signature)  
(Printed Name)