



Return to Educational Facility Parental Declaration Form

Please return to the following email prior to your daughter returning to school following any absence except half day or appointments.

1st Year: eharan@sacredheart.ie

2nd Year: sstafford@sacredheart.ie

3rd Year: csheelan@sacredheart.ie

TY: mcorboy@sacredheart.ie

5th Year: fcairns@sacredheart.ie

6th Year: mohara@sacredheart.ie

Childs Name: _____

Parents/Guardians Name: _____

Name of Setting: Sacred Heart Secondary School, Drogheda

This form is to be used when children are returning to the setting after any absence, except half days and appointments .

Declaration:

I have no reason to believe that my child has infectious disease and I have followed all medical and public health guidance with respect to exclusion of my child from educational facilities.

Signed: _____ (Parents/Guardian)

Date: _____

