

**Bruce House - Saint Kentigern College**

**Arrival Card** for ……………………………………………………………………………………………………… *(full name of student)*

*Please return a completed copy of this form to Boarding staff on day of arrival.*

*Boarders welcome at Level 2.*

Arrival Date: ………………………………

Arrival Time: ………………………………

* Middle School **9am – 12pm**
* Senior School **2pm – 5pm**

Being dropped off by: …………………………………………. Contact number: …………..…………………….

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | If no, please provide further detail |
| I can confirm my child has been well and shown no signs of illness for the last 14 days. |  |  |  |
| I can confirm my child has not been exposed to anyone showing signs of illness for the last 14 days. |  |  |  |
| I can confirm my child has not been in contact with anyone who has: 1. Had COVID-19, or
2. Has been a probable case of COVID-19, or
3. Someone who has had direct contact with someone who has had COVID-19
4. Been overseas in the last 28 days
 |  |  |  |
| I can confirm my child is not awaiting the results of a COVID-19 test. |  |  |  |
| I can confirm my child has not visited a current location of interest in the last 14 days. |  |  |  |
| I understand my child will remain in the boarding facility for the duration of Alert Level 2 in accordance with Bruce House policies/procedures. |  |  |  |
| Are parent/caregiver contact details up to date? |  |  |  |
| My child has received COVID-19 vaccinations. |  |  | Please indicate whether they have had one or two doses here: \_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Any other information: |  |

Signed: ………………………………………………………………… Full Name: ……………………………………………………… *(Parent or Caregiver) (Parent or Caregiver)*

Date: ……………………………………………..