



Established 1963

Lake Castle Private School

8400 Hayne Boulevard
New Orleans, Louisiana 70127
Phone: 504-242-6270
Fax: 504-241-7844

PARENT/GUARDIAN ACKNOWLEDGMENT AND AGREEMENT

Student's Name: _____

Please print (include each student's name if you have more than one student)

Parent/Guardian's Name(s): _____

Please print

Due to the COVID-19 pandemic, Lake Castle Private School (LCPS) has put in place reasonable preventative measures in accordance with the recommended guidelines of the state and Centers for Disease Control and Prevention (CDC) to reduce the spread of COVID-19 while maintaining their philosophical approach to education and providing a safe and healthy environment for their students, faculty, and staff. I acknowledge that I have reviewed and agree to the LCPS guidelines and preventative measures set forth, and the daily home screening checklist that the CDC and LCPS recommends. By allowing my child to return to campus and/or participate in activities, I acknowledge and understand that my child's attendance may entail physical interaction with LCPS teachers, staff members, other students, and volunteers. I further acknowledge and understand that physical interaction with the public at large may pose some unavoidable risks due to the COVID-19 pandemic.

LCPS will endeavor at all times, reasonably and to the best of its ability, to follow the recommended guidelines as closely as possible. However, even following the state and CDC guidelines cannot guarantee an environment that is entirely free of COVID-19 related risks. As such, LCPS and its employees and agents are released and discharged from any liability or claim related to COVID-19 (in accordance with Louisiana House Bill No. 59, 2020 First Extraordinary Session).

If my child has any symptoms that indicate a possible illness, such as a temperature of 100.4 degrees or higher, sore throat, uncontrolled cough that causes difficulty breathing, vomiting, diarrhea, abdominal pain, or the onset of a severe headache (especially with a fever), my child will not be brought on campus.

Cleaning and disinfecting practices will be followed to ensure the safety of all items my child brings on campus. Additionally, I will instruct my child to follow the required mandates regarding face masks/coverings, social distancing, hand hygiene, and school requirements including restroom usage, walking in and out of the school building or gym, lunch guidelines, and not sharing any supplies.

I SPECIFICALLY ACKNOWLEDGE, UNDERSTAND, AND AGREE TO THE ABOVE TERMS AND CONDITIONS.

Parent/Guardian's Signature: _____ Date: _____