



St. Mary's School
64 Amherst Avenue
Ticonderoga, NY 12883
518-585-7433
office@stmarysschoolticonderoga.org

January 4, 2021

Dear Parents,

Should our area or school be deemed to be a Yellow, Orange or Red Zone we would be REQUIRED to conduct COVID testing at the school to remain open for in-person instruction.

Research shows the great value of students learning through in-person models over remote options. In-person instruction is critical to students' success and parent stability. So keeping as much in-person learning available for our students will continue to be our primary objective. As always with every decision we will keep the health and safety of our students in mind.

If our school were to be deemed in any of these zone designations, we would be required to test a percentage of our school population (students, faculty and staff) each week.

The tests are provided by the Health Department and trained medical personnel from Ticonderoga Central School will conduct the screening test. The tests will be administered in our school by the Ticonderoga School Nurse.

The tests we would be administering are called COVID-19 BINAX or ID-NOW. Both are very simple, non-invasive tests. Simply a Q-tip style swab that is rolled around the front opening of each nostril of the child/adult's nose. The process tickles rather than hurts. The entire screening takes less than two minutes to complete with results in 15 minutes.

As we prepare for this screening I am asking that you review the enclosed consent form from Ticonderoga Central School (we work through them and the Essex County Department of Health), consider granting permission, and sign and return the form tomorrow for your child to be tested if needed.

By granting permission we will have enough people to test to reach the required percentage. Please give this serious consideration and grant the permission now before we are held to this serious deadline.

If you have any questions, please do not hesitate to contact me. Thank you for your support to keep our school open.

Gratefully,

A handwritten signature in cursive script that reads 'Sister Sharon'.

Sister Sharon Anne Dalton
Principal

TICONDEROGA CENTRAL SCHOOL DISTRICT

5 CALKINS PLACE
TICONDEROGA, NEW YORK 12883

M. Mark Russell
President, Board of Education

Erin E. Hamel
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"SENTINELS FOR EXCELLENCE"

School COVID-19 Testing Consent Form

The Governor's Cluster Action Initiative and the New York State Department of Health (NYSDOH) REQUIRES schools providing in-person instruction to test specific percentages of in-person students, teachers and staff for COVID-19 if the school is in a designated yellow, orange or red zone, in order to hold in-person teaching. There are two kinds of tests for COVID-19: the PCR test and the antigen test (also known as a rapid test). Both tests required a specimen (sample) be collected (taken) from the person being tested. The sample is then tested to find out if the person has COVID-19. How a sample is collected depends on the type of test being used.

Only students whose parents/guardians has provided this signed consent form to the school will be tested.

A sample will be collected from your child by:

- Our school health personnel

The following type of sample will be collected at school:

- Nasal swab (front/sides of nose) collected by trained healthcare personnel

Once a sample is collected the test is done to determine the results. Our school will be:

- Collecting samples and doing COVID-19 screening at the school using the following test:
 - COVID-19 BINAX or ID -Now

To be Completed by Parents/Guardian

Student Name: _____ DOB: _____ Gender: M F

Address: _____ Phone: _____ Grade: _____

I give permission for my child's school to:

Collect a sample from my child and screen for COVID-19.

I understand that school will notify me if my child's test is negative by a letter sent home with my child.
If my child's test is positive for COVID-19 I will be notified by phone call.

I understand that my child's test results and other information may be disclosed as permitted by law.

Parent/Guardian Name: _____ Phone: _____

Signature: _____ Date: _____

Please return this signed form to your child's school