



Return to Learning Form

Child's Name & Address:	School Name:
Parent/Guardian Name:	Principal Name:
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 _____ Date: _____	

Please note that Cork ETB is collecting this data for the purposes of maintaining safety within schools in the light of the Covid-19 pandemic. The legal basis for collecting this data is based on vital public health interests and this data will be held securely in line with our retention policy. Cork ETB's Covid-19 Privacy Notice is available for review here: <https://www.corketb.ie/wp-content/uploads/2020/06/CETB-Covid-19-Privacy-Notice.pdf>