



We are here to help you!

Are you logged in to Unified Classroom and don't see the form?

Please review the check list below before submitting a support ticket.

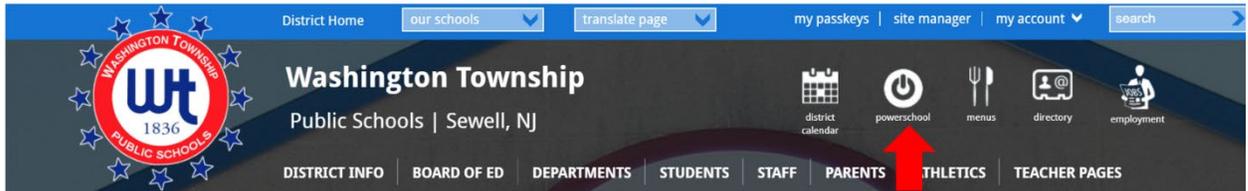
- Internet Browser** - Please use Chrome or Firefox as your internet browser. Do not use Internet Explorer.



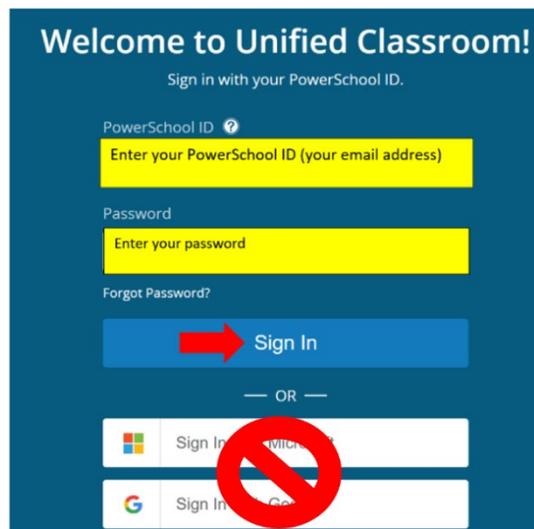
- Parent Account** - Are you logged in to your **PARENT** account? You can NOT be logged in as your child. Forms are only published to parent accounts.
- Device** – Try using a different device. Forms are not always visible when using a mobile device or tablet. Try logging in using a desktop or laptop computer.
- Clear Cache** – You may need to clear the cache on your computer. Log out of your Unified Classroom account and clear your cache. To clear your cache, hold down Shift + Ctrl + Delete. A new window will pop up. Click the box next to “cache” and then click the clear button. Log back into your Unified Classroom account.
- Password Reset** – If you already set up a Unified Classroom Parent account in the past but do not remember your password, please click on “FORGOT PASSWORD?” located on the Unified Classroom log in page and follow the prompts.

Completing the WTPS COVID-19 Parent Daily Screening Pledge

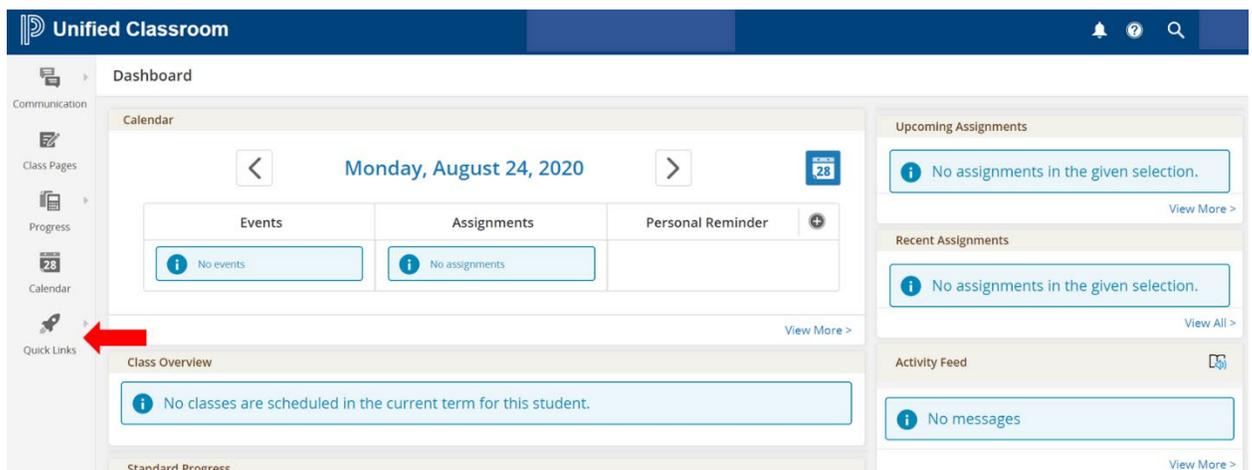
1. Log in to your Unified Classroom Parent Account. Using your computer or tablet (not the PowerSchool app), visit our website www.wtps.org. Click on the PowerSchool Icon at the top of the page.



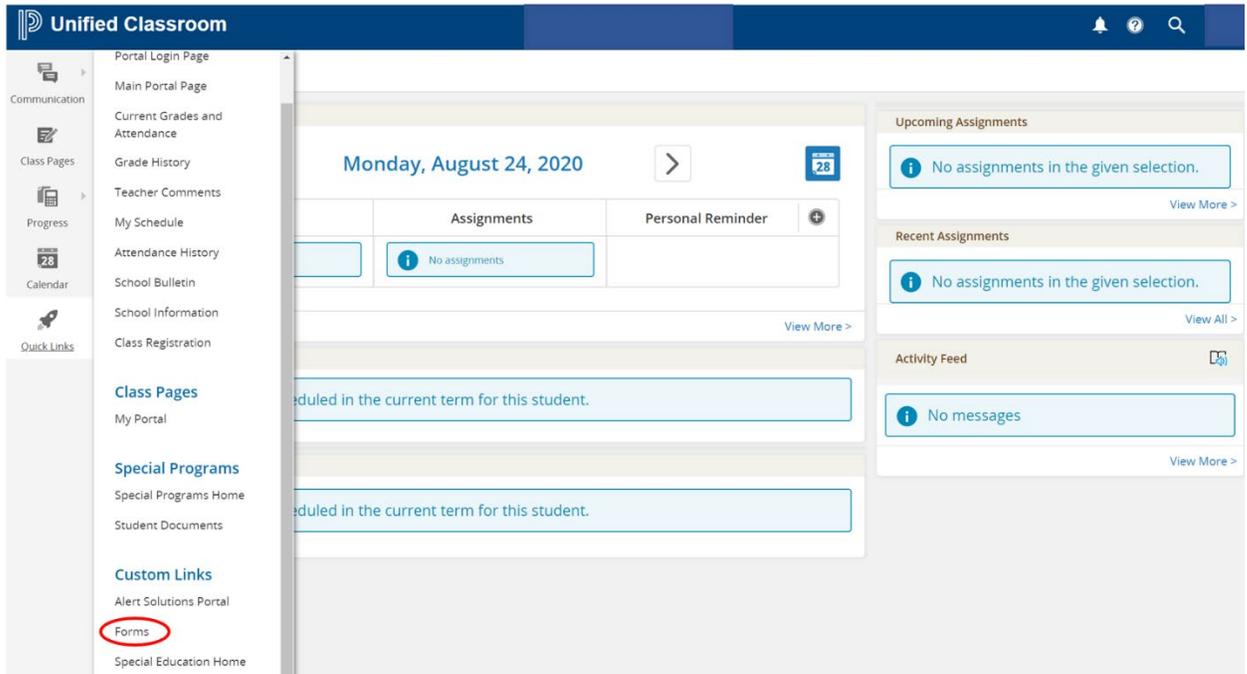
2. Log in to your Unified Classroom parent account using your email address and password. DO NOT sign in with Microsoft or Google.



3. Click on **QUICK LINKS**.



4. From the Quick Links menu, choose **FORMS**.



5. The WTPS COVID-19 Parent Daily Screening Pledge for Students form will be listed under the General forms tab. Click on the form.

General Forms	Class Forms	Enrollment	Student Support
Forms			
Search forms...			
Annual Information Update 20-21			
Status	Form Name	Form Description	Last Entry
Pending	WTPS Annual Information Update - Student Contacts		2020-09-06 10:52:17.0
WTPS Re-Opening 2020-2021			
Status	Form Name	Form Description	Last Entry
Submitted	WTPS Reopening 2020-2021 - Instructional & Transportation Commitment		2020-08-08 12:05:12.0
WTPS Re-Opening 2020-21			
Status	Form Name	Form Description	Last Entry
Empty	WTPS COVID-19 Parent Daily Screening Pledge for Students	This form MUST be completed once PRIOR to attending school. Please be sure to fill out one form for each child in your family.	

6. Please read the **entire form** carefully.

7. Enter your name in the "PARENT SIGNATURE" box.

WTFS COVID-19 Parent Daily Screening Pledge for Students

This form MUST be completed once PRIOR to attending school. Please be sure to fill out one form for each child in your family.

Section 1: COVID-19 Symptom Check

In order to attend in-person instruction (Cohort A, B, or C) at the Washington Township Public Schools and in an effort to keep staff and students safe, I pledge that I will check my child, [redacted] for the following symptoms every day prior to school for all hybrid instructional days whether at school or home. (If your child is participating in the full remote Cohort D, you do not have to complete the pledge unless you opt to move your child to a hybrid cohort). I understand any of the symptoms below could indicate COVID-19 infection and may put my child and others at risk for spreading illness.

- | | |
|---|---|
| Column A | Column B |
| <input type="checkbox"/> Fever (measured or subjective) | <input type="checkbox"/> Cough |
| <input type="checkbox"/> Chills | <input type="checkbox"/> Shortness of Breath |
| <input type="checkbox"/> Rigors (shivers) | <input type="checkbox"/> Difficulty Breathing |
| <input type="checkbox"/> Myalgia (muscle aches) | <input type="checkbox"/> New Loss of Smell |
| <input type="checkbox"/> Headache | <input type="checkbox"/> New Loss of Taste |
| <input type="checkbox"/> Sore Throat | |
| <input type="checkbox"/> Nausea or Vomiting | |
| <input type="checkbox"/> Diarrhea | |
| <input type="checkbox"/> Fatigue | |
| <input type="checkbox"/> Congestion | |
| <input type="checkbox"/> Runny Nose | |

If TWO OR MORE of the symptoms in Column A are present OR AT LEAST ONE symptom in Column B is present, I agree to keep my child home, and notify the school attendance secretary and school nurse. I will contact my healthcare provider for further direction.

If I am contacted by the school nurse that my child is ill, I agree to pick up my child within thirty minutes or arrange for one of my child's emergency contacts to do so on my behalf.

Section 2: Close Contact/Potential Exposure

Please verify if:

- My child has had close contact (within 6 feet of an infected person for at least 10 minutes) with a person with confirmed COVID-19, within the past 14 days
- Someone in my household is diagnosed with COVID-19, within the past 14 days
- My child has traveled to an area of high community transmission, within the past 14 days

If ANY of the above statements are true, I will keep my child home for 14 days from the last date of exposure or travel. I will contact my child's school and healthcare provider or my local health department for further guidance.

Section 3: Masks

I also understand that my child is always required to wear a mask in a school building and on the bus. If my child refuses to wear a mask and does not have a medical exemption, I understand that my child must be kept home for remote instruction until such time that he/she will comply. I also understand that in the event it is determined that I am not checking my child daily for the symptoms above, my child must be kept home for remote instruction until such time that I will comply.

Signature

Parent Signature *

Type your name here

Date

Save for Later



Submit

8. Click "SUBMIT".