

**SAYREVILLE MIDDLE SCHOOL  
GRADE 8 FORMAL PROCEDURES 2021**

**The Grade 8 Formal will be held on Wednesday June 9, at Sayreville Middle School from 6:00 PM to 10:00 PM.**

- All students must provide their own transportation to SMS. This is a drop off event and no cars will be permitted to park on premises. The drop off and pick up procedures will be distributed upon purchase of the ticket.
- **All students must submit a negative Covid-19 PCR test via the Form below distributed to all grade 8 families by June 9, 2021 by 9am. SMS will provide PCR testing on Monday June 7, 2021. Although it is highly recommended that students utilize our testing, they can supply a PCR test from their own provider.**
- **The test must be taken on or after June 5, 2021 and submitted by SMS Form below.**

**Covid-10 PCR Test Submission Form: <https://forms.office.com/r/M8DrwKff4C>**

- **The permission slip must be submitted on or before June 7, 2021 by SMS Form below.**

**Permission Slip Submission Form: <https://forms.office.com/r/0CavssbZfd>**

- All students must complete and pass the Daily Health Screening on the form provided the same day of the event and submit at the check in station upon arrival.
- Any student who is under quarantine or isolation will not be able to attend the event.
- Students must wear a mask during the event with the exemption of while eating stationary.
- Students must be in good standing with the Sayreville Middle School (i.e. Attendance, Discipline, etc.)
- Any student, who is suspected of being in possession of, or using/consuming, any quantity of alcohol, marijuana, THC or controlled dangerous substances (illegal drugs), prior to or during the formal, will require a medical examination to include a drug and alcohol screening, with or without parental consent. It will be required that a parent/guardian pick up their son/daughter to complete the medical screening within 24 hours in accordance with Sayreville Board of Education Policy #5240. As per policy, a positive chemical screening or confirmation by the attending physician will result in a minimum five-day suspension from school and the filing of a formal police complaint. Failure to comply will result in a presumption of guilt and a ten-day suspension from school.

Violation of any of the above will result in denial of participation in the Grade 8 Formal. Students placed on social probation prior to June 9, 2021 will forfeit the privilege of attending the grade 8 formal. *No tickets will be refunded. The Administration reserves the right to limit access to the Grade 8 Formal or any SMS related activity to anyone who is not in good standing.*

The cost of the Grade 8 Formal Ticket will be **\$40.00 per person.**

Ticket sales end May 19th and can be purchased online at: <https://8thGradeDanceTickets.cheddarup.com>.

**If you have any questions, please email the SMS PTO at [mysmspto@gmail.com](mailto:mysmspto@gmail.com).**

**SAYREVILLE MIDDLE SCHOOL  
Grade 8 Formal  
PERMISSION SLIP**

***Student Contract***

I, \_\_\_\_\_, will be attending the Grade 8 Formal. By signing this contract, I have read and I understand the information included in the Grade 8 Formal Procedure Sheet. In addition, I will bring the Daily Health Screener completed by a parent or guardian on the day of the event.

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_/\_\_/\_\_\_\_ DOB \_\_/\_\_/\_\_

***Parent/Guardian Contract***

I, \_\_\_\_\_, have given my son/daughter permission to attend the 2021 Grade 8 Formal. By signing this contract, I have read and I understand the information included in the Grade 8 Formal Procedure Sheet. In addition, I will complete the Daily Health Screening for the day of the event for my child to submit upon entry.

Parent Name \_\_\_\_\_ Parent Signature \_\_\_\_\_ Date \_\_/\_\_/\_\_

Home Phone Number \_\_\_\_\_

EMERGENCY PHONE # \_\_\_\_\_

(In the case of a medical or other emergency, a phone number must be available for the evening of Friday, May 11, 2021.)

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

## **Sayreville Middle School Covid-19 Testing Information**

**When: Monday June 7, 2021  
2:30 pm to 6:30 pm**

**Where: SWMHS Cafeteria  
Door 23**

Sayreville Public Schools students can participate with us in free (no out of pocket costs) and easy access asymptomatic COVID-19 testing. However, in order to be tested you must first register, sign a consent form, and participate in a 3-5 minute telemedicine appointment with a physician. After your telemedicine appointment, you will receive an email with a prescription signed by a physician for testing. **Please note that you must bring your prescription to testing and that no one will be permitted to test or receive lab results unless they have a valid prescription.**

In addition, please note that we will **NOT** test anyone who is currently symptomatic or under isolation for testing positive.

If you would like to participate in this essential virus prevention activity, simply click on this link (<https://backtoworksolutions.com/SayervillePSD.html>) so that you can register and provide consent. Shortly after you register, a representative will email you regarding the scheduling of your telemedicine appointment. After your appointment, your prescriptions will be emailed to you and you will be instructed on how to schedule a testing time.

[Click here](#) or see the attached document below to learn more information about Back to Work Solutions and their testing process and services. Likewise, [click here](#) or see the attached document below to view a video on the process. Finally, [click here](#) for questions about if you receive a check, statement of benefits, and/or an invoice from your insurance company.

**Sayreville Public Schools - COVID-19 Daily Screening for Students**

Name \_\_\_\_\_

Date \_\_\_\_\_

**Parents/Guardians:** Please complete this short checklist each morning (after 4am EST) and report your child's information per your school's reporting instructions.

**Section 1: Symptoms**

Any of the symptoms below could indicate a COVID-19 infection in children and may put your child at risk for spreading illness to others. Please note that this list does not include all possible symptoms and children with COVID-19 may experience any, all, or none of these symptoms. Please check your child daily for these symptoms:

**Column A**

<input type="checkbox"/>	Fever (<100.4 measured or subjective)
<input type="checkbox"/>	Chills
<input type="checkbox"/>	Rigors (shivers)
<input type="checkbox"/>	Myalgia (muscle aches)
<input type="checkbox"/>	New Headache
<input type="checkbox"/>	Sore Throat
<input type="checkbox"/>	Nausea
<input type="checkbox"/>	New Fatigue
<input type="checkbox"/>	Congestion or runny nose
<input type="checkbox"/>	Diarrhea – MAY NOT attend in-person while symptom persists
<input type="checkbox"/>	Vomiting - MAY NOT attend in-person while symptom persists

**Column B**

<input type="checkbox"/>	Fever (≥ 100.4°F)
<input type="checkbox"/>	New Shortness of Breath
<input type="checkbox"/>	Difficulty Breathing
<input type="checkbox"/>	New loss of smell
<input type="checkbox"/>	New loss of taste
<input type="checkbox"/>	New Cough

**Students who are sick (e.g. fever, vomiting, diarrhea) should NOT attend school/school events in-person.**

If **TWO OR MORE** of the fields in **Column A** are checked off OR **AT LEAST ONE** field in **column B** is checked off, keep your child home and notify the school nurse for further instructions.

- Any child with symptoms meeting exclusion criteria requires a negative COVID test **OR** a ten day isolation **AND** medical clearance to return to school. Recommend use of school provided clearance forms ([http://sayrevillek12.net/departments/safety\\_and\\_security](http://sayrevillek12.net/departments/safety_and_security)).
- Students with a chronic or diagnosed illness/condition that displays any of the above symptom should have his/her doctor provide documentation to the school nurse for review by the school district physician for further instructions.

**Section 2: Close Contact/Potential Exposure**

Please verify if in the last 14 days:

Close Contact is defined as contact within 6 feet of an infected person for at least 15 minutes in a 24 hour period. The NJDOH considers a person potentially infectious up to 48 hours prior to the onset of symptoms or a positive test.

<input type="checkbox"/>	Your child has had close contact with a person with confirmed or presumed COVID-19 positive by a medical professional or someone is experiencing COVID-19 symptoms and has NOT received a negative COVID-19 test following onset of symptoms
<input type="checkbox"/>	Someone in your household, including screening subject (student), is diagnosed with COVID-19, presumed by a medical professional to have COVID-19, or is experiencing COVID-19 symptoms and has NOT received a negative COVID-19 test following onset of symptoms
<input type="checkbox"/>	Your child has traveled to or had close contact with someone who has traveled to/from an area of high community transmission as indicated on the NJ travel advisory list. <a href="https://covid19.nj.gov/faqs/nj-information/general-public/which-states-are-on-the-travel-advisorylist-are-there-travel-restrictions-to-or-from-new-jersey">https://covid19.nj.gov/faqs/nj-information/general-public/which-states-are-on-the-travel-advisorylist-are-there-travel-restrictions-to-or-from-new-jersey</a>
<input type="checkbox"/>	Your child has traveled to or had close contact with someone who has traveled to/from an international area of high community transmission (Level 2 and/or prohibited travel) as indicated on the CDC Travel Recommendations list. <a href="https://www.cdc.gov/coronavirus/2019-ncov/travelers/map-and-travel-notice.html">https://www.cdc.gov/coronavirus/2019-ncov/travelers/map-and-travel-notice.html</a>

If **ANY** of the fields in **Section 2** are checked off, your child should remain home. Notify the school nurse for further instructions.

Rev. 02-04-2021

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_