



Burch Charter School of Excellence

100 Linden Avenue, Irvington, NJ 07111

(973) 373-3223

Dr. Jeff White, Chief School Administrator

Mr. Timothy Simmons, Vice Principal

Ms. Jennifer Stein, Vice Principal

August 10, 2021

Dear Burch Parents/Guardians,

We hope that you are all safe/well and healthy. While we must prioritize the health and safety of students and staff, we also recognize the importance of keeping our students in school where they can learn in-person with their peers. All scholars at Burch are eligible to be Covid Tested, provided the appropriate recorded consent is given during SY 2021-2022. We welcome your support of this program - the more of us who get tested, the more we can stop the spread of COVID-19 in our area.

They are the same tests that are used at the walk-in or drive-in centers, and in-home testing kits. We will be using tests which, with your consent, can be administered by mobile testing sites located at the school and then sent to a laboratory for analysis four times during the course of the school year. Scholars will be randomly selected to participate in the quarterly testing cycle.

Once you have indicated your consent, on the following page, students will be tested and results reported back to the school.

Anyone who tests positive must self-isolate along with their siblings immediately for ten days. Those who test negative will need to continue to follow all national guidance.

To be able to participate in this testing program please complete the attached consent form and return it to the school by Tuesday, August 24, 2021 to Ms. Moore at lmoore@burchcharterschool.org. The first testing date is on Monday, August 30, 2021 from 9am-1:30 pm.

Thank you as always for your partnership and support of Burch Charter School of Excellence. If you have any questions, please do not hesitate to contact me directly at the school.

Respectfully,

Dr. Jeff White

Dr. Jeff White
Chief School Administrator



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COVID-19 STUDENT TESTING CONSENT FORM

****Parents/Guardians**** please fill out the form **for each scholar in your household** that attends our school.**

Student Participation Information

Student's Full Name: _____ Grade: _____

Parent/Guardian Full Name: _____

Relationship to scholar: _____

Home Phone: _____ Cell Phone: _____

Please choose one of the below option:

- **Yes, I agree:** I give consent for my child to be tested. I understand this allows my child to be tested at Burch Charter School of Excellence and personal submission of the test results to the school.

If you checked yes above, you attest that:

I have signed this form freely and voluntarily, and I am legally authorised to make decisions for the child named above.

I understand that my child may be randomly selected for testing during the four scheduled sessions throughout the course of the school year.

I understand my consent form will be valid through June 30, 2022, unless I notify the designated contact person, the Burch school nurse, **in writing** that I revoke my consent.

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

- **No, I do not agree:** I DO NOT give my consent for my child to be tested.

Signature of Parent/ Guardian: _____ Date: _____