

New Road Schools of New Jersey, Inc.

Administrative Offices 3071-A Bordentown Avenue Parlin, NJ 08859 Phone: (732) 390-0303 Fax: (732) 721-5945

Authorization to Participate in Test to Stay Program

Whereas, ____ ("Student") has been placed at New Road School ("New

Road")	
Whereas,	("Parents") are Student's parents or legal guardians; and
Schools as directed by the NJ Department of I serial testing to allow asymptomatic close conperson learning. New Road Schools has obtain	rized to participate in the Test to Stay Program in K-12 Health. Test to Stay (TTS) combines contact tracing and ntacts who meet the criteria for quarantine to continue inned the appropriate CLIA (Clinical Laboratory Improvement to administer, process and read COVID-19 tests on school
Please see the attached guidance which outline	es student eligibility and protocol for the program.
https://www.nj.gov/health/cd/documents/topio	cs/NCOV/K-12-test-to-stay.pdf
Parents enter in this agreement voluntarily, an	nd without coercion or duress.
I hereby authorize New Road Schools to test r School Program as directed by the NJ Dept. o	my child in accordance with the protocols of the Test to of Health.
	PARENTS/GUARIANS
Dated:	
Dated:	
	NEW ROAD SCHOOL
Dated:	By: