



Mount Vernon City School District

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Kenneth R. Hamilton, Ed. D.
Superintendent of Schools

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November 18, 2020

Dear Parents/Guardians,

As you know, we are currently working through new regulations and guidelines, which help to manage COVID-related issues in schools. Recently, Gov. Cuomo issued an Executive Order directing the NYS Department of Health to issue regulations regarding the designation of “zones” for school-COVID clusters. Under the NYS Cluster Action Initiative, schools open to in-person instruction in designated “yellow zones” are required to test 20% of in-person students, teachers and staff over a two-week period immediately following the announcement of a yellow zone designation. As of this writing, none of our schools are in a designated cluster. However, that can change at any moment as cases continue to rise in and around our community.

We are putting plans in place so that we can comply with this regulation should our designation change. We are seeking your written authorization to administer the COVID test to your child to the extent necessary. This authorization does not mean that your child will be tested because the testing group is randomly selected. We are developing a partnership with local health professionals who will administer the COVID test on site. There is no cost to you for this test.

Please be advised that while there is a benefit to a COVID test, we are not going to compel the testing of your child. However, please know that, in the event the district is unable to comply with this testing requirement should we fall in a yellow zone, we will be forced to revert to 100% remote learning. We are seeking your cooperation in order to avoid such closures to the extent possible.

Please complete the bottom portion of this letter and return to your child's teacher as soon as possible. If you have any questions, please contact your child's school nurse.

Yours for the Sake of All Children,

Dr. Kenneth R. Hamilton
Superintendent of Schools

RETURN TO SCHOOL

- I give permission for my child to be COVID tested, if necessary
- I do not give permission for my child to be COVID tested

Name: _____

School: _____

Teacher Name/Room #: _____

Parent Print: _____

Parent Signature: _____

Date: _____