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**COVID Pupil Re-Entry into UK checklist**

|  |  |
| --- | --- |
| **Child’s Name** |  |
| **Year group** |  |
| **Country arriving from** |  |
| **Mode of travel**  |  |
| **Date left the UK (where relevant)** |  |
| **Date arriving in the UK** |  |
| *Supporting evidence of UK arrival date* |  |
| ***Please complete section A or B below as required.*** |
| ***Section A - Traveling from a “Green” Country*** Covid test to be completed within 48 hours of arrival into the UK |
| **Result of Covid Test**  |  |
| *Reference Number of Covid Test* |  |
| ***Section B - Traveling from an “Amber/ Red” Country*** |
| **10 day Isolation period completed**  | **Yes / No**  |
| **Address where the Isolation period completed** |  |
| **Result of Day 2 COVID Test** |  |
| *Reference Number of Day 2 COVID test* |  |
| **Result of Day 8 COVID Test**  |  |
| *Reference Number of Day 8 COVID test* |  |
| ***Parent / Career Signature: Date:******Print Name****:* |
| **Please present the completed checklist with the relevant evidence to the school office where the Date of Re-Entry into school of your child will be confirmed.** |
| **School Office to complete:** |
| **Checklist and evidence verified**  | **Yes / No** |
| **Date of Re-Entry into school**  |  |