Once logged into the FACTS Family Portal please select Web Forms from the Left Side Menu



Select COVID Response Form - Family

🛍 School 🛛 🔿	🖆 Web Forms	
School Home	Update Student and Family Information HERE	
Calendar	Parent Permission Slip	
Directory	Parent Chaperone/Driver Consent	
Classes	COVID Response Form - Family	Select COVID Response
Resource Documents		ronn - Fannry

Select Student **Please Note: A form MUST be Completed for Each Student**

COVID Res	oonse Form - Family		
Daily temperatu Please take each	e checks and health screening respons child's temperature, check symptoms t	es are mandatory for all i for all in your household,	ndividuals on our campus and complete the COVII
Daily temperatu Please take each Response Form	re checks and health screening respons child's temperature, check symptoms i for your students every day prior to c	es are mandatory for all i for all in your household, oming to school.	ndividuals on our campus and complete the COVII
Daily temperatu Please take each Response Form Julian Bender	re checks and health screening respons child's temperature, check symptoms is for your students every day prior to c COVID Response Form - Student	es are mandatory for all i for all in your household, oming to school.	ndividuals on our campus and complete the COVII

Enter Student's Temperature and select answer for each question. Select Save to Save your Changes.

Return to main form		
ALL FIELDS ARE REQUIRED		
Submitted by:	Julian Bender	
Date	08/19/2021	
Student	Julian Bender	Enter Student's
Student's Temperature	98.7	
Has your child had a fever above 100.3 in the last 24 hours?	🔾 Yes 🥥 No	Temperature
Is your child exhibiting any of these symptoms? Fever, chills, shortness of breath, difficulty breathing, worsening cough, sore throat, diarrhea, nausea, vomiting, headache or loss of taste or smell	🔾 Yes 💿 No	
Is anyone in your household experiencing any of these symptoms?	🔿 Yes 💿 No	Select Answer fo
Fever, chills, shortness of breath, difficulty breathing, worsening cough, sore throat, diarrhea, nausea, vomiting, headache or loss of taste or smell	0 100 0 10	Each Question
Has your child been in close contact in the last 14 days with someone diagnosed with COVID-19?	🔿 Yes 💿 No	
Select Save when complete		
C =		

Select Save to Save your Changes