

hope lutheran CHRISTIAN SCHOOL



Please sign & return by WEDNESDAY, SEPTEMBER 23, 2020

Student Name _____ **Grade** _____

Due to COVID restrictions on visitors and crossing cohorts, we are asking our in-class families to conduct a lice check at home with their child(ren). Please have your child return this form to their teacher by Wednesday, September 23. One form per child.

- I have checked my child(ren) at home and found no signs of live lice or nits (head lice eggs).*

Name of Parent/Guardian (please print) _____

Parent/Guardian Signature _____

Thank you,

The Lice Committee

