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Scoil na Maighdine Muire

Our Lady's Girls' National School
Ballinteer Avenue,
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Roll No : 19396J

Return to School Declaration Form

Child's Name:	Class/Teacher:
Parents/Guardians Name:	
This form is to be completed when a child is returning to school after any absence	
Declaration: I have no reason to believe that my child has an infectious disease and I have followed all medical and public health guidance with respect to the return of my child to an educational setting. Signed _____ Date: _____	