



## Attestation

### Waiver for Elementary Grades Reopening

Please confirm consultation with the following groups:

#### Labor Organization

Name of Organization(s) and Date(s) Consulted:

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#### Parent and Community Organizations

Name of Organization(s) and Date(s) Consulted:

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If no labor organization represents staff at the school, please describe the process for consultation with school staff:

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Please confirm publication of the plan.

As soon as the application and plan are approved by the Health Officer, the elementary grades reopening plan will be published on the school (or agency equivalent) website at the following address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Title/Position: \_\_\_\_\_

Email address: \_\_\_\_\_ Phone number: \_\_\_\_\_