

FINNEY ELEMENTARY HYBRID MODEL



Staff & Students ONLY Allowed on Campus

Cars must be traveling WEST on Byrd St. to enter school parking lot.

THUMBS UP

HEALTH SCREENING

By giving us a "Thumbs Up" you are confirming that your child does not have any of these symptoms:

- Fever 100° or higher
- Chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore Throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

By giving us a "Thumbs Up" you are confirming in the last 10 days that your child has not been in close contact with an individual who tested positive for the COVID-19 virus.

By giving us a "Thumbs Up" you are confirming that we can take your child's temperature.

Arrival

K-2nd Grade: In front of office

3rd-6th/SDC/Preschool: Gate by lunch arbor

Student will be screened in car

Hang car tag from rearview mirror

Dismissal

Students will exit where they entered

Hang car tag from rearview mirror

What to Bring?

DON'T bring your computer

DO bring a mask

DO bring a water bottle

Monday-Thursday Hybrid Schedule		Friday Hybrid Schedule: All Distance Learning	
AM Cohort in-person	8:00-10:45	Synchronous Distance Learning w/Teacher	8:00-10:35
PM Cohort in-person	11:30-2:15	<u>Minimum Asynchronous Work</u> K: 25 min. 1 st -3 rd : 75 min. 4 th -6 th : 85 min.	
All Hybrid students are responsible for completing asynchronous work at home each day: <u>Minimum Asynchronous Work</u> K: 25 min. 1 st -3 rd : 75 min. 4 th -6 th : 85 min.			

You will receive a car tag with a number. Please hang this from your mirror.



front

The back of the car tag is a vertical rectangle with rounded corners. At the top, there is a large, light gray circle representing a mirror, with a dashed horizontal line extending from its left side across the width of the tag. Below the mirror is a thumbs-up icon. To the right of the icon, the text reads: "By giving a 'thumbs up' you are confirming the following:". Below this text are three checkboxes with corresponding text:

- My child **does not have** any of these symptoms:
 - Chills, cough, fatigue, headache, sore throat, diarrhea, Fever 100° or higher, Shortness of breath/difficulty breathing, muscle or body aches, new loss of taste of smell, congestion or runny nose, nausea or vomiting
- In the last 10 days that your child **has not been** in close contact with an individual who tested positive for the COVID-19 virus.
- We can take your child's temperature.

back

For students who walk to school, please ensure they are screened before leaving the house.