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Chad Daugherty, Superintendent | John Trout Interim Assistant Superintendent for Business | Jay Peters, Director of Curriculum

Student Home COVID Test Verification Form

Student Name _____ (Please Print) DOB _____ (MM/DD/YYYY)

PLEASE CHECK ONE

☐ My student is under 18 years of age and received a positive home COVID-19 test on _____ (Date).

☐ I am 18 years of age or older and I have received a positive home COVID-19 test on _____ (Date).

“I declare that this statement about my positive home COVID-19 test is true and accurate. I understand that knowingly providing false information regarding my home COVID-19 test on any form may subject me to disciplinary action.”

Signature of Parent/Guardian of Student under the age of 18 *Date*

Signature of Student over the age of 18 *Date*



Huntington County Community School Corporation



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One team...One goal...Student success for all!