



**St. Columba's College,
Stranorlar,
Co. Donegal.**

Phone (074) 9131246 Fax (074) 9132528



Return to School Parental Declaration Form

Student's Name:	Principal's Name: Mr. T. Rowan
Parents/Guardian's Name:	
Name of School: St. Columba's College	
This form is to be used when students are returning to the college after any absence.	
Declaration: I have no reason to believe that my son/daughter has an infectious disease and I have followed all medical and public health guidance with respect to exclusion of my child son/daughter from St. Columba's College.	
Signed: _____ (Parent)	
Date: _____	

Principal: Mr. Tom Rowan

Deputy Principals: Mr. John Sweeney, Ms. Georgina White