



COVID-19 :

Rapid antigenic self-testing system organized by the school

(students of legal age)

Declaration of participation valid for the whole schoolyear 2021/2022

I, the undersigned*

Surname, Name _____

Telephone number _____

E-mail _____

Date of birth _____

Class attended _____

- commit myself, in the event of a positive result at school, to leave school as soon as possible
- commit myself, following a positive result, to follow the national instructions (see <https://covid19.public.lu/fr/testing.html>)
- commit myself, to communicate and share information and documents relating to quarantine or isolation for the student concerned via the online form ([link](#))

Done at/in _____ the, _____

Signature _____

***By submitting this form, you agree that your data may be processed in accordance with the above.
Withdrawal of the participation statement:***

- ***Primary and Nursery: on the basis of a simple email or written note to the class teacher, he/she will give the original of the declaration of participation to the pupil and you will be able to collect and destroy it***
- ***Secondary: you can destroy the declaration of participation that the student keeps with him/her***

*Please complete all the information requested.