**To: Parents/Guardians, Teachers, and Staff of [District Name],**

**From: [District]**

Dear [School District Name] Community,

The school year has begun! As the COVID-19 pandemic continues to evolve, [County Name] and its schools are committed to a safe in-person learning for students, teachers, and staff.

This can only be achieved if the County, public and private school systems, parents, and students work together to prevent the spread of COVID-19 in schools, particularly with the rise the highly contagious Delta variant.

As part of this effort, [District Name] is pleased to announce that we, along with schools across [County Name], will be partnering with New Jersey Department of Health’s testing partner Mirimus, Inc., to offer the County’s FREE COVID-19 screening testing program.

The program relies on:

* Mandatory weekly testing of all unvaccinated teachers and staff
* Recommended voluntary weekly testing of all students, teachers, and staff regardless of vaccination status

This method will allow early detection of COVID-19 in pre-symptomatic or asymptomatic individuals. Early detection means more effective risk mitigation strategies preventing the virus from spreading in schools. Preventing school outbreaks is key to ensuring our schools stay open to provide the education and support our children need.

All students, teachers, and staff are highly encouraged to participate in this free, school-based COVID-19 screening testing program, however only unvaccinated teachers and staff are mandated to test under the executive order. The program will use non-invasive, self-collected saliva samples that are appropriate and painless for all ages. Samples will be processed using accurate and reliable PCR analysis—the gold standard of COVID-19 testing— to identify positive cases.

Click here to read and complete the consent and HIPPA release forms for each student in your household (or for yourself, if teacher/staff). In order to participate in arrival testing during the first weeks of school, we encourage you to consent as soon as possible. Otherwise, you can consent at any point for enrollment in the weekly screening testing program. Once you consent, [District] will be in touch with more details regarding the testing program.

Thank you,

[School Superintendent Signature]

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