



**OKLAHOMA SCHOOL of  
SCIENCE and MATHEMATICS**

## OSSM's Response to COVID-19 Acknowledgement

I confirm that I have accessed OSSM's Response to COVID-19. I have read, understand and intend to follow the policies and procedures established by the Oklahoma School of Science and Mathematics.

Student Name: \_\_\_\_\_

(Please Print)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I have read and agree with the policies and procedures outlined in OSSM's Response to COVID-19.

Parent/Guardian Name: \_\_\_\_\_ (Please Print)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_