



DELIVERY OF INFORMATION TO THE CLIENTS (School3s vs COVID-19)

Complete name:

Identified with DNI/NIE _____

will perform _____ the (date) ____ - ____ - ____ at (hour) _____ in

D E C L A R E:

I received the PROTOCOL OF PREVENTION AND GOOD PRACTICES OF SCHOOL3S VS CODV-19, and I committed to follow the protocol and take into account each of the hygienic measures indicated in it.

Signature:

In Lanzarote _____ 2020

HOW DO YOU FOUND OUR SCHOOL?