



ON-SITE ATTENDANCE FORM – WEEK 1

DUE IN STRICTLY BY 3.00PM ON MONDAY, 13TH APRIL

This form is an electronic fillable form so no printing or scanning is required. Please fill in all details, save the document as a PDF file and email back to the school on alamanda.k9@edumail.vic.gov.au

Student/s name:																			
Student/s date of birth:																			
Student/s year level:																			
<p><i>The Victorian Government has stated that all students who can learn from home must learn from home.</i></p>	<p>I am requesting that my child/ren attend on-site schooling because my child/ren is/are not able to be supervised at home and no other arrangements can be made.</p> <p>By submitting this form, I declare that my child/ren is/are well and I will collect my child/ren as soon as is practicable upon the request of the school if my child becomes unwell.</p>																		
Reason for on-site attendance request: Please indicate if 1 2 3 4	<p>1. My child is not able to be supervised at home and no other arrangements can be made. I cannot work from home.</p> <p>2. My child is in out-of-home care.</p> <p>3. My child is deemed by Child Protection and/or Family Services to be at risk of harm.</p> <p>4. My child is identified by the school as vulnerable (including via referral from a family violence agency, homelessness or youth justice service or mental health or other health service and children with a disability).</p>																		
Dates required: Please note you need to complete this process weekly to ensure adequate staffing on-site.	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Day</th> <th style="width: 25%;">Date</th> <th style="width: 50%;">AM, PM or ALL DAY</th> </tr> </thead> <tbody> <tr> <td>Monday</td> <td></td> <td></td> </tr> <tr> <td>Tuesday</td> <td></td> <td></td> </tr> <tr> <td>Wednesday</td> <td></td> <td></td> </tr> <tr> <td>Thursday</td> <td></td> <td></td> </tr> <tr> <td>Friday</td> <td></td> <td></td> </tr> </tbody> </table>	Day	Date	AM, PM or ALL DAY	Monday			Tuesday			Wednesday			Thursday			Friday		
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	Tuesday																		
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	Thursday																		
Friday																			

Emergency contact details:	
Parent/Guardian name:	_____
Signature:	_____
Date:	_____

Office use only:

Received and Processed by..... on (date).....

Family called by

Place in daily placement file

Approved