

ON-SITE ATTENDANCE FORM

Student/s name:

Student/s date of birth:

Student/s year level:

*The Victorian Government has stated that all students who **can** learn from home **must** learn from home.*

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.

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.

Dates required:

Please note you need to complete this process weekly to ensure adequate staffing on-site.

Day	Date	AM, PM or ALL DAY
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Monday

Tuesday

Wednesday

Thursday

Friday

Emergency contact details:

Parent/Guardian name: _____

Signature: _____

Date: _____

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