# on-site attendance form

# monday 17 aug – friday 21 august

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| Student/s name: |  |
| Student/s date of birth: |  |
| Student/s year level and class teacher (P-6): |  |
| *Victorian government schools in metropolitan Melbourne will continue* [*remote and flexible learning*](https://www.education.vic.gov.au/about/department/Pages/learningfromhome.aspx) *from 5 August 2020 for all students.* | I am requesting that my child/ren attend on-site learning because (please tick appropriate box)  my child/ren is/are not able to be supervised at home and no other arrangements can be made as l am a permitted worker.  Please list your occupations that are under the permitted category:  Parent A:………………………………………..……………….  Parent B: ………………………………………………………..  Or  vulnerable children in out of home care, children known to child protection and other agencies and children the school identifies as vulnerable *(including via referral from a family violence agency, homelessness or youth justice service or mental health or other health service).*  OR  My child/ren has a disability\* and I am requesting they attend on-site learning as they fit one of the two categories above or my family is experiencing severe stress.  *\* ‘Disability’ refers to all students receiving adjustments, including (but not limited to) those supported through the Program for Students with Disabilities.*  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 or behaviour requires the child to be sent home. |
| Dates required:  Please note you need to complete this process weekly to ensure adequate staffing onsite. | |  |  |  | | --- | --- | --- | | Day | Date | AM, PM or ALL DAY | | Monday | 17/8/20 |  | | Tuesday | 18/8/20 |  | | Wednesday | 19/8/20 |  | | Thursday | 20/8/20 |  | | Friday | 21/8/20 |  | |
| Dates required:  Please note you need to complete this process weekly to ensure adequate staffing onsite. | Out of school hours care request: contact TheirCare directy |
| Emergency contact details: |  |
| Parent/Guardian name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

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