



[INSERT SCHOOL NAME AND LOGO]

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:	Day	Date	AM, PM or ALL DAY
Please note you need to complete this process weekly to ensure adequate staffing on-site.	Monday		ALL DAT
	Tuesday		
	Wednesday		
	Thursday		
	Friday		
Emergency contact details:			
Parent/Guardian name:			
Signature:			
Date:			
Received and Processed by	on (date)		

