



St. Patrick's School, Nhill

ON-SITE ATTENDANCE FORM COVID-19 DECLARATION FORM

To ensure the ongoing health and well-being of all members of our school community, St. Patrick's School requires all Parents/Carers to complete this Form on behalf of their child/ren upon attendance at school.

All information provided will be dealt with in the strictest of confidence in accordance with the Australian Privacy Principles contained in the Commonwealth Privacy Act 1988 as detailed in the school's Privacy Policy. A copy of the Privacy Policy is available on the school's website.

Student/s name:	Student/s date of birth:	Student/s year level:
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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.

Please complete the following questions. St. Patrick's School reserves the right to refuse your child/ren and yourself entry to the school if you have answered Yes to any of these questions. We trust that you appreciate your declaration is in the best interests of the health & well-being of all members of our school community.

Has anyone who lives at your address returned from domestic or international travel within the last 14 days? No
 Yes

In the last 14 days, has anyone who lives at your address been in physical contact with a person/s who has been diagnosed with the COVID-19 virus? No
 Yes

Is anyone who lives at your address currently under a form of self-isolation as the result of an order of a government authority or as the result of a recommendation by a health professional? No
 Yes

In the last 14 days, has anyone who lives at your address been in physical contact with a person/s who is in self-isolation due to the COVID-19 virus? No
 Yes

**In the last 14 days, has anyone who lives at your address experienced symptoms such as:
>Flu-like Symptoms >Fever >Coughing >Shortness of Breath >Fatigue** No
 Yes

Dates required:	Day	Date	Period required
<ul style="list-style-type: none"> • Please note you need to complete this process weekly to ensure adequate staffing on-site. • Please provide the form to school by the Thursday in the week before school attendance is required. 	Monday	/ /2020	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> All Day
	Tuesday	/ /2020	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> All Day
	Wednesday	/ /2020	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> All Day
	Thursday	/ /2020	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> All Day
	Friday	/ /2020	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> All Day

Parent/Guardian name	Signature	Date
		/ /2020

Emergency contact details
(mobile number, you must be able to be contacted on this number at all times)

OFFICE USE | Received and Processed by...../...../2020