On-Site Learning Program: COVID 19 Student Declaration Form

To ensure the ongoing health & well-being of all members of our school community, Corpus Christi School requires all Parents & Carers to complete this Declaration Form on behalf of their child/ren prior attending the On-Site Learning Program

All information provided will be dealt with in the strictest of confidence in accordance with the [Australian Privacy Principles (APPs)](https://www.oaic.gov.au/privacy-law/privacy-act/australian-privacy-principles) contained in the [Commonwealth Privacy Act 1988 (Cth)](http://www8.austlii.edu.au/cgi-bin/viewdb/au/legis/cth/consol_act/pa1988108/) school’s Privacy Policy. A copy of the Privacy Policy is available on the school’s website.

***If your child feels unwell with any symptoms of Coronavirus (COVID-19), however mild, you must keep them at home and get them tested. If they have any fever, chills, cough, sore throat, shortness of breath, runny nose, and loss of sense of smell or taste – stay home, don’t go to school or visit friends and family.***

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Your Name: |  | | | Your Contact Number: | |  | | | |
| Your Child/ren’s Name/s: |  | | | | | | | | |
| Residential Address: |  | | | | | | | | |
| Has anyone who lives at your address returned from domestic or international travel within the last 14 days? | | | | | | | Yes | | No |
| 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? | | | | | | | Yes | | No |
| 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? | | | | | | | Yes | | No |
| 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? | | | | | | | Yes | | No |
| 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 | | | | | | | Yes | | No |
| Reason for attending | Children where both parents/guardians are permitted workers and for whom no other arrangements can be made. **Permitted Workers Permits must be presented to the school**. | | | | | | | |  |
| Vulnerable children including:  – children in out-of-home care  – children deemed by Child Protection and/or Family Services to be at risk of harm. | | | | | | | |  |
| Children 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). | | | | | | | |  |
| Children with a disability where the family is experiencing severe stress. | | | | | | | |  |
| Days of Care required | Monday | Tuesday | Wednesday | | Thursday | | | Friday | |

***Please Note:*** *Corpus Christi School reserves the right to refuse your child/ren and yourself entry to the school if you have answered* ***Yes*** *to any of the questions listed above. This is in the best interests of the health & well-being of all members of our school community.*

I declare that all information provided is a true and proper representation of our family’s situation, health & recent community interaction. I will immediately inform the School if these circumstances change.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Print Name: |  | Signature: |  | Date: |  |