

ON-SITE ATTENDANCE FORM

(TERM 3 – RURAL AND REGIONAL VICTORIA)

Student/s name:																					
Student/s date of birth:																					
Student/s year level (P-10):																					
<p><i>Victorian government schools in rural and regional Victoria will commence <u>remote and flexible learning</u> from 5 August 2020 for all students except for students enrolled in specialist schools.</i></p>	<input type="checkbox"/> I am requesting that my child/ren attend on-site learning because my child/ren is/are not able to be supervised at home and no other arrangements can be made as I am unable to work from home. OR <input type="checkbox"/> My child is vulnerable and I am requesting they attend on-site learning as they fall under this category. OR <input type="checkbox"/> My child/ren has a disability* and I am requesting they attend on-site learning based on parent choice. * '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.																				
	Dates required: Please note you need to complete this process weekly to ensure adequate staffing onsite.	<table border="1"> <thead> <tr> <th>Day</th> <th>Date</th> <th>AM, PM or ALL DAY</th> </tr> </thead> <tbody> <tr> <td>Monday</td> <td>Sept 14</td> <td></td> </tr> <tr> <td>Tuesday</td> <td>Sept 15</td> <td></td> </tr> <tr> <td>Wednesday</td> <td>Sept 16</td> <td></td> </tr> <tr> <td>Thursday</td> <td>Sept 17</td> <td></td> </tr> <tr> <td>Friday</td> <td>Sept 18</td> <td></td> </tr> </tbody> </table>	Day	Date	AM, PM or ALL DAY	Monday	Sept 14		Tuesday	Sept 15		Wednesday	Sept 16		Thursday	Sept 17		Friday	Sept 18		
Day	Date	AM, PM or ALL DAY																			
Monday	Sept 14																				
Tuesday	Sept 15																				
Wednesday	Sept 16																				
Thursday	Sept 17																				
Friday	Sept 18																				
Emergency contact details:																					
Parent/Guardian name: _____																					
Signature: (can be electronic signature)																					
Date: _____																					

Complete, sign and return to: helpdesk@bse.vic.edu.au by 3pm Thursday in week prior to attendance

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