Dandenong West PS

# on-site attendance form

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| **Student 1 Name:** |  |
| Student 1 Date of birth: |  |
| Student 1 Year level: |  |
| **Student 2 Name:** |  |
| Student 2 Date of birth: |  |
| Student 2 Year level: |  |
| **Student 3 Name:** |  |
| Student 3 Date of birth: |  |
| Student 3 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:  Please note you need to complete this process weekly to ensure adequate staffing on-site. | |  |  |  | | --- | --- | --- | | Day | Date | AM, PM or ALL DAY | | Monday |  |  | | Tuesday |  |  | | Wednesday |  |  | | Thursday |  |  | | Friday |  |  | |
| Emergency contact details:  Name Phone Number | |
| **Parent/Guardian name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**    **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |

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