****

# on-site attendance form

|  |
| --- |
| (TERM 3, 2021) |
| Student/s name:  |  |
| Student/s date of birth:  |  |
| Student/s year level (P-10):  |  |
| *Schools will continue with* [*remote and flexible learning*](https://www.education.vic.gov.au/about/department/Pages/learningfromhome.aspx) *until* ***Thursday 2 September.*** | **My child/ren will attend on-site learning as:** [ ]  My child/ren is/are not able to be supervised at home and no other arrangements can be made as both parents/carers are [authorised](https://www.coronavirus.vic.gov.au/authorised-provider-and-authorised-worker-list) workers **OR**[ ]  My child/ren is/are experiencing vulnerability[[1]](#footnote-1).**OR**[ ]  My child/ren has/ have a disability[[2]](#footnote-2) and cannot learn from home. **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: |

|  |  |  |  |
| --- | --- | --- | --- |
| 23/8 – 27/8 | Y or N | 30/8 – 3/9 | Y or N |
| Monday |  | Monday |  |
| Tuesday |  | Tuesday |  |
| Wednesday |  | Wednesday |  |
| Thursday |  | Thursday |  |
| Friday |  | Friday |  |

 |
| Emergency contact details: | Name:Phone:Relationship:  |
| Parent/Guardian name: Signature: Date:  |

1. *Children experiencing vulnerability include:*

	* *children in out-of-home care*
	* *children deemed vulnerable by a government agency, funded family or family violence service, and assessed as requiring education and care outside the family home*
	* *children identified by a school or early childhood service as vulnerable, (including via referral from a government agency, or funded family or family violence service, homeless or youth justice service or mental health or other health service)*
	* *Students with a disability who are vulnerable due to family stress* [↑](#footnote-ref-1)
2. *‘Disability’ refers to all students receiving adjustments, including (but not limited to) those supported through the Program for Students with Disabilities.*

Received and Processed by……………………….. on (date)…………………………………… [↑](#footnote-ref-2)