

**Carrum Downs Secondary College**

# on-site attendance form

|  |  |
| --- | --- |
|  |  |
| Student/s name: |  |
| Student/s date of birth: |  |
| Student/s year level and home group: |  |
| *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:  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: |  |
| Parent/Guardian name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

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