

**Carrum Downs Secondary College**

# on-site attendance form

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| --- | --- |
|  |  |
| 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)……………………………………