

ON-SITE ATTENDANCE FORM

Student/s name:	
Student/s date of birth:	
Student/s year level:	
<p><i>The Victorian Government has stated that all students who can learn from home must learn from home.</i></p> <p><i>Please tick all of the boxes to the right to indicate that you understand the requirements and potential risks of on-site attendance during term 2 of 2020</i></p>	<ul style="list-style-type: none"> <input type="checkbox"/> 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. <input type="checkbox"/> I confirm that there is no-one working or studying from home, there is not another adult or person able to supervise the children at home / or any other arrangements can be made for my children at home on the requested days / times <input type="checkbox"/> I understand that Surf Coast Secondary College will provide as best it can a clean, hygienic and safe learning environment for my child, however the College cannot guarantee that my child will not be susceptible to the COVID-19 virus whilst in attendance as there will be children and adults from a variety of homes present in the one location. <input type="checkbox"/> I understand that my child will need to abide by all physical distancing, safety and hygiene requirements whilst in attendance, and if they do not, I will be required to collect my child immediately. <input type="checkbox"/> I understand that my child will be engaging in the same remote learning plan as all other students who are learning from home, and that they will not be supervised by the same staff on any given day. <input type="checkbox"/> 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		

Please list any medical conditions that your child has that may require urgent assistance (eg anaphylaxis, asthma)

Travel arrangements

My child will get to and from school by:

- Walking
- Riding bike
- Dropped off by car
- Will require a bus still

If they would still require a bus, which bus do they normally take _____

Emergency contact details:
Please list two adults and their contact phone numbers. These must be people that are contactable during the day and can collect your child in the case that they become unwell or in the case of an emergency.

Adult 1 name:

Relationship to child:

Adult 1 Phone number:

Adult 2 Name:

Relationship to child:

Adult 2 Phone number:

Parent/Guardian name: _____

Signature: _____

Date: _____

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