

EDITHVALE PRIMARY SCHOOL

ON-SITE ATTENDANCE REQUEST FORM

Student 1 name:	
Student 2 name:	
Student 3 name:	
Student 1 date of birth:	
Student 2 date of birth:	
Student 3 date of birth:	
Student 1 year level:	
Student 2 year level:	
Student 3 year level:	

*The Victorian Government has stated that all students who **can** learn from home **must** learn from home and that parents who can work from home **should** work 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.

Please provide specific details including but not limited to;
During this week, how has your child been supervised?
What reasons can you give for this changing?

The Victorian Government has stated that all students who **can** learn from home **must** learn from home and that parents who can work from home **should** work 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.

PLEASE PROVIDE THE FOLLOWING INFORMATION, acknowledging that you are aware that:

- The Education Department guidelines state that **“all students MUST be learning from home, except for children on days when they are not able to be supervised at home and no other arrangements can be made”**.
- **Please complete this form and return it via email before 3pm on Friday April 17 so that we can fulfil our supervision ratio numbers**
- If my child/children attends school for supervision, he/she would continue to follow the remote and flexible program provided by the class teacher, via their device brought from home. *That is, the same remote learning program is followed by all students, whether learning from home or when supervised on school premises.*
- Supervision will be provided by a volunteer Education Support Staff member/teacher, not your child’s teacher.
- Social distancing and health measures/checks will be implemented for all adults and children on-site
- If approved, supervision is not automatically on a 9am – 3:30pm and on-going arrangement. It will be provided as per individual arrangements on a case by case basis and according to week by week requirements. eg, within shifts and work hours.
- If approved, arrangements will initially be put in place for weeks 1 & 2 of term 2 only, with further communication to follow regarding weeks 3 on.

Emergency contact details:

What essential service are you working in?
Eg, Health, Police, Corrections, Youth justice, Emergency services, Other

EMPLOYMENT DETAILS

Parent/Carer 1

<p>Parent/Carer 2</p>														
<p>Parent/Carer 1 Are you a full time worker or part time/full-worker Do you work shifts? (Days/hours):</p>	<p>Please add details.</p>													
<p>Parent/Carer 2 Are you a full time worker or part time/full-worker Do you work shifts? (Days/hours):</p>	<p>Please add details.</p>													
<p>Dates required:</p> <p><u>Please note you need to complete this process weekly to ensure adequate staffing on-site.</u></p>	<table border="1"> <thead> <tr> <th data-bbox="891 857 1285 975">Day Date</th> <th data-bbox="1285 857 1989 975">Please indicate requested days & hours of supervision required each day. (within 9am-3:30pm) (eg 10am- 2pm, 1pm- 3:30pm)</th> </tr> </thead> <tbody> <tr> <td data-bbox="891 975 1285 1026">Wednesday 20/5</td> <td data-bbox="1285 975 1989 1026"></td> </tr> <tr> <td data-bbox="891 1026 1285 1077">Thursday 21/5</td> <td data-bbox="1285 1026 1989 1077"></td> </tr> <tr> <td data-bbox="891 1077 1285 1128">Friday 22/5</td> <td data-bbox="1285 1077 1989 1128"></td> </tr> <tr> <td data-bbox="891 1128 1285 1179">Monday 25/5</td> <td data-bbox="1285 1128 1989 1179">PUPIL FREE DAY</td> </tr> <tr> <td data-bbox="891 1179 1285 1257">Tuesday 26/5</td> <td data-bbox="1285 1179 1989 1257"></td> </tr> </tbody> </table>		Day Date	Please indicate requested days & hours of supervision required each day. (within 9am-3:30pm) (eg 10am- 2pm, 1pm- 3:30pm)	Wednesday 20/5		Thursday 21/5		Friday 22/5		Monday 25/5	PUPIL FREE DAY	Tuesday 26/5	
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Parent/Guardian name: _____

Signature: _____

Date: _____

Received and Processed by.....

On (date).....