



HALLAM PRIMARY SCHOOL

ON-SITE ATTENDANCE FORM

| Student/s name: | | | | | | | | | | | | | | | | | | | |
|---|---|------|-------------------|-------------------|--------|--|--|---------|--|--|-----------|--|--|----------|--|--|--------|--|--|
| Student/s date of birth: | | | | | | | | | | | | | | | | | | | |
| Student/s year level & class teacher: | | | | | | | | | | | | | | | | | | | |
| <p><i>The Victorian Government has stated that all students who can learn from home must learn from home.</i></p> | <p>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.</p> <p>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.</p> | | | | | | | | | | | | | | | | | | |
| <p>Dates required:</p> <p>Please note you need to complete this process weekly to ensure adequate staffing on-site.</p> | <table border="1"> <thead> <tr> <th>Day</th> <th>Date</th> <th>AM, PM or ALL DAY</th> </tr> </thead> <tbody> <tr> <td>Monday</td> <td></td> <td></td> </tr> <tr> <td>Tuesday</td> <td></td> <td></td> </tr> <tr> <td>Wednesday</td> <td></td> <td></td> </tr> <tr> <td>Thursday</td> <td></td> <td></td> </tr> <tr> <td>Friday</td> <td></td> <td></td> </tr> </tbody> </table> | Day | Date | AM, PM or ALL DAY | Monday | | | Tuesday | | | Wednesday | | | Thursday | | | Friday | | |
| | Day | Date | AM, PM or ALL DAY | | | | | | | | | | | | | | | | |
| | Monday | | | | | | | | | | | | | | | | | | |
| | Tuesday | | | | | | | | | | | | | | | | | | |
| | Wednesday | | | | | | | | | | | | | | | | | | |
| | Thursday | | | | | | | | | | | | | | | | | | |
| Friday | | | | | | | | | | | | | | | | | | | |
| <p>Parent/Carer 1 Name:</p> <p>Emergency Contact Number:</p> | <p>Parent/Carer 2 Name:</p> <p>Emergency Contact Number:</p> | | | | | | | | | | | | | | | | | | |
| <p>Parent/Carer 1 Employer Name:</p> <p>Emergency Contact Number:</p> | <p>Parent/Carer 2 Employer Name:</p> <p>Emergency Contact Number:</p> | | | | | | | | | | | | | | | | | | |
| <p>Parent/Guardian name: _____</p> | | | | | | | | | | | | | | | | | | | |
| <p>Signature: _____</p> | | | | | | | | | | | | | | | | | | | |
| <p>Date: _____</p> | | | | | | | | | | | | | | | | | | | |

Note: Bookings received after 1:00pm on Thursday will not be processed for the following week.

Received: Date ___ / ___ / 2020 Time _____

Processed by _____ Date ___ / ___ / 2020 Attendance Confirmed/Not Confirmed