



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>		
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		
Parent/Carer 1 Name: Emergency Contact Number:	Parent/Carer 2 Name: Emergency Contact Number:			
Parent/Carer 1 Employer Name: Emergency Contact Number:	Parent/Carer 2 Employer Name: Emergency Contact Number:			
Parent/Guardian name: _____				
Signature: _____				
Date: _____				

Note: Bookings received after 3:00pm on Thursday will not be processed for the following week.

Received: Date ___ / ___ / 2021 Time _____

Processed by _____ Date ___ / ___ / 2021 Attendance Confirmed/Not Confirmed