WODONGA SENIOR SECONDARY COLLEGE

# on-site attendance form (Term 3)

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|  |  |
| Student/s name:  |  |
| Student/s date of birth:  |  |
| Student/s year level:  |  |
| *Victorian government schools in rural and regional Victoria will commence* [*remote and flexible learning*](https://www.education.vic.gov.au/about/department/Pages/learningfromhome.aspx) *from 5 August 2020 for all students except for students enrolled in specialist schools.* | [ ]  I am requesting that my child/ren attend on-site learning because my child/ren is/are not able to be supervised at home and no other arrangements can be made as l am unable to work from home.OR[ ]  My child identifies as vulnerable and I am requesting they attend on-site learning as they fall under this category.OR[ ]  My child/ren has a disability\* and I am requesting they attend on-site learning based on parent choice. *\* ‘Disability’ refers to all students receiving adjustments, including (but not limited to) those supported through the Program for Students with Disabilities.*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 onsite. |

|  |  |  |
| --- | --- | --- |
| Day | Date | AM, PM or ALL DAY |
| Monday |  |  |
| Tuesday |  |  |
| Wednesday |  |  |
| Thursday |  |  |
| Friday |  |  |

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| Emergency contact details: |  |
| Parent/Guardian name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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