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

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