

# ALBANY RISE PRIMARY SCHOOL

## ON-SITE ATTENDANCE FORM



Student/s name:				
Student/s date of birth:				
Student/s year level:				
<p><i>The Victorian Government has stated that all students who <b>can</b> learn from home <b>must</b> 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.		<b>Day</b>	<b>Date</b>	
			<b>AM, PM or ALL DAY</b>	
		Monday		
		Tuesday		
		Wednesday		
		Thursday		
		Friday		
Emergency contact details:				
Parent/Guardian name: _____				
Signature: _____				
Date: _____				

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