

Seymour College

ON-SITE ATTENDANCE FORM (TERM 3)



Student/s name:																			
Student/s date of birth:																			
Student/s year level:																			
<p><i>Victorian government schools in rural and regional Victoria will commence <u>remote and flexible learning</u> from 5 August 2020 for all students except for students enrolled in specialist schools.</i></p>	<p><input type="checkbox"/> 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 I am unable to work from home.</p> <p>OR</p> <p><input type="checkbox"/> My child identifies as vulnerable and I am requesting they attend on-site learning as they fall under this category.</p> <p>OR</p> <p><input type="checkbox"/> My child/ren has a disability* and I am requesting they attend on-site learning based on parent choice.</p> <p><small>* 'Disability' refers to all students receiving adjustments, including (but not limited to) those supported through the Program for Students with Disabilities.</small></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 onsite.</p> <p>Please email: seymour.co@education.vic.gov.au by 3pm Thursday, the week prior to application date/s.</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		
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Monday																			
Tuesday																			
Wednesday																			
Thursday																			
Friday																			
Emergency contact details:																			
Parent/Guardian name: _____																			
Signature: _____																			
Date: _____																			

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