

**Southern Cross Primary School**

**ON-SITE ATTENDANCE FORM**

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

|  |  |
| --- | --- |
|  |  |
| Student/s name: |  |
| Student/s date of birth: |  |
| Student/s year level: |  |
| *The Victorian Government has stated that all students who* ***can*** *learn from home* ***MUST*** *learn from home.* | 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.  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 on-site. |  |
| Emergency contact details: |  |
| Parent/Guardian name:  Signature: Date: | |

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

1