# THOMASTOWN SECONDARY COLLEGE

# on-site attendance form

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| (TERM 3, 2021) | |
| Student/s name: |  |
| Student/s date of birth: |  |
| Student/s year level (P-10): |  |
| *Victorian government schools will commence* [*remote and flexible learning*](https://www.education.vic.gov.au/about/department/Pages/learningfromhome.aspx) *from* ***6 August 2021.*** | **My child/ren will attend on-site learning as:**  My child/ren is/are not able to be supervised at home and no other arrangements can be made as both parents/carers are [authorised](https://www.coronavirus.vic.gov.au/authorised-provider-and-authorised-worker-list) workers  **OR**  My child/ren is/are experiencing vulnerability[[1]](#footnote-1).  **OR**  My child/ren has/ have a disability[[2]](#footnote-2) and cannot learn from home.  **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: | Name:  Phone:  Relationship: |
| Parent/Guardian name:  Signature:  Date: | |

1. *Children experiencing vulnerability include:*

   * *children in out-of-home care*
   * *children deemed vulnerable by a government agency, funded family or family violence service, and assessed as requiring education and care outside the family home*
   * *children identified by a school or early childhood service as vulnerable, (including via referral from a government agency, or funded family or family violence service, homeless or youth justice service or mental health or other health service)*
   * *Students with a disability who are vulnerable due to family stress*

   [↑](#footnote-ref-1)
2. *‘Disability’ refers to all students receiving adjustments, including (but not limited to) those supported through the Program for Students with Disabilities.*

   Received and Processed by……………………….. on (date)…………………………………… [↑](#footnote-ref-2)