



# Kialla Central Primary School

## ON-SITE ATTENDANCE FORM

This form must be returned to [kialla.central.ps@edumail.vic.gov.au](mailto:kialla.central.ps@edumail.vic.gov.au)

By Tuesday 14<sup>th</sup> April by 9.00am

You will be notified of your application's success or otherwise on the same day by 12.00pm.

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>																			
<p><b>Dates required:</b> the week commencing Wednesday 15<sup>th</sup> April 2020.</p> <p><b>School operating hours:</b> 8.30am to 3.15pm</p> <p>Please note you need to complete this process weekly to ensure adequate staffing on-site.</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>N/A</td> <td>N/A</td> </tr> <tr> <td>Tuesday</td> <td>N/A</td> <td>N/A</td> </tr> <tr> <td>Wednesday</td> <td>15/04/2020</td> <td></td> </tr> <tr> <td>Thursday</td> <td>16/04/2020</td> <td></td> </tr> <tr> <td>Friday</td> <td>17/04/2020</td> <td></td> </tr> </tbody> </table>	Day	Date	AM, PM or ALL DAY	Monday	N/A	N/A	Tuesday	N/A	N/A	Wednesday	15/04/2020		Thursday	16/04/2020		Friday	17/04/2020		
Day	Date	AM, PM or ALL DAY																			
Monday	N/A	N/A																			
Tuesday	N/A	N/A																			
Wednesday	15/04/2020																				
Thursday	16/04/2020																				
Friday	17/04/2020																				
Emergency contact details:																					
Parent/Carer name: _____																					
Signature: _____																					
Date: _____																					

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