



NILMA PRIMARY SCHOOL

ON-SITE ATTENDANCE APPLICATION FORM

Telephone: (03) 5623 2963 Mobile: 0423 562 379

e-mail: nilma.ps@education.vic.gov.au

ONSITE ATTENDANCE - Week	Monday _____ to Friday _____ (date)
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Student/s name/s:

<p><i>The Victorian Government has stated that all students who can learn from home must learn from home. On-site attendance is only for children of parents who cannot work from home and vulnerable children, including</i></p> <ul style="list-style-type: none"> • Children in out of home care • Children deemed by Child Protection and/or family Services to be at risk • Children identified by school as vulnerable (including via referral from a family violence agency, homelessness or youth justice service or mental health or other health services and children with a disability) 	<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>
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<p>Dates required: Please note you need to complete this process weekly to ensure adequate staffing on-site. Please email this form to nilma.ps@education.vic.gov.au</p> <p>BY 3PM THURSDAY: Parents or carers to provide application form for required days/times the following week</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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Wednesday																			
Thursday																			
Friday																			

Evidence provided:

Emergency contact details:

Parent/Guardian name: _____

Signature: _____ Date: _____

OFFICE USE

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

Evidence Received Approved..... Confirmation sent.....