Westmeadows Primary School

ON-SITE ATTENDANCE FORM

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.	**Day** / **Date** / **AM, PM or ALL DAY** Monday Tuesday Wednesday Thursday Friday
Emergency contact details:	

Parent/Guardian name: _____

Signature: _____

Date: _____

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

Medical Conditions: