****Westmeadows Primary School ~ Term 4, 2020**

**Onsite Supervision Application**

By completing this form, I declare that there is no adult/guardian at home and no other arrangements can be made for my child (ren) to remain at home.

**EMPLOYER’S DETAILS:**

\*Please attach required documentation as per the Application Process Guidelines.

|  |  |  |  |
| --- | --- | --- | --- |
| Parent/Carer | Employer’s Name | Employer’s Mobile | Employer’s Email |
| 1. |  |  |  |
| 2. |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Student’s full name | | Date of Birth | Year Level/Grade |
| 1. |  | |  |  |
| 2. |  | |  |  |
| 3 |  | |  |  |
| 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 this form must be submitted no later than Thursday at 2pm of the previous week.  **LATE FORMS WILL NOT BE ACCEPTED** | | |  |  |  | | --- | --- | --- | | Day | Date | AM, PM or ALL DAY | | Monday |  |  | | Tuesday |  |  | | Wednesday |  |  | | Thursday |  |  | | Friday |  |  | | | |
| Emergency contact details during Onsite Supervision | |  | | |

|  |  |
| --- | --- |
| Medical Conditions |  |
| Child 1 - |  |
| Child 2 - |  |
| Child 3 - |  |

Parent/Guardian name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_