

# HASTINGS PRIMARY SCHOOL

## STAGE 4 ON-SITE ATTENDANCE FORM



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>This is to ensure the health and safety of all Victorians.</i></p>	<p>All adults in the home are 'permitted' workers during STAGE 4 restrictions and are unable to work from home. I/We are therefore requesting that my child/ren attend on-site schooling.</p> <p>I/We am requesting that on-site learning be delivered on the days and during the hours that I/We am required to be at my workplace. 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>Dates required:</p> <p><b>Please note you need to complete this process weekly to ensure adequate staffing on-site.</b></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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<p>Emergency contact details:</p> <p>I understand that the school must be able to contact me at work if they are unable to contact me on my mobile. If my child becomes ill, and for some reason I cannot be contacted, I have provided my employer's details.</p>	<p>Emergency NAME: Mobile number:</p> <p><b>Parent/Carer A:</b> <b>Name of Employer:</b> <b>Contact Number:</b></p> <p><b>Parent/Carer B:</b> <b>Name of Employer:</b> <b>Contact Number:</b></p>
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- Please tick that you have read and understood the following arrangements for your child/ren if they attend on-site learning.
- I understand that my child/ren will be completing the identical learning program as those children completing remote learning. They will not be given additional work.
  - I understand that my child will be supervised by a range of teachers and education support staff. I understand that it will not necessarily be my child/ren's classroom teacher that supervises their learning whilst they are attending school.
  - I understand that due to social distancing, my child/ren will not be allowed to share resources, sports equipment or food with others.
  - I understand that my child/ren will be temperature checked upon arrival at school. Should my child/ren have a temperature equal or over 37.5 I will be notified and expected to pick up my child and their siblings, to organise pick up by someone else as soon as practical.
  - If my child/ren shows symptoms of any illness, I will be called and expected to pick up my child and their siblings, or organise pick-up by someone else as soon as practical.
  - I understand that there is a strict eligibility criteria for on-site learning and if my exceptional work situation changes and I can work from home, ***I will notify Hastings PS immediately and withdraw my child/ren from on-site school learning.***

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

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

Contact Number: \_\_\_\_\_

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

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