

# TORQUAY COLLEGE

## ON-SITE ATTENDANCE FORM

(TERM 2 – RURAL AND REGIONAL VICTORIA)

| Student/s name:  |  |                   |      |                   |        |  |  |         |  |  |           |  |  |          |  |  |
|--|--|-------------------|------|-------------------|--------|--|--|---------|--|--|-----------|--|--|----------|--|--|
| Student/s date of birth:   |  |                   |      |                   |        |  |  |         |  |  |           |  |  |          |  |  |
| Student/s year level (P-6):  |  |                   |      |                   |        |  |  |         |  |  |           |  |  |          |  |  |
| <p><i>Victorian government schools in rural and regional Victoria will commence <u>remote and flexible learning</u> from 28<sup>th</sup> May 2021 for all students except for students enrolled in specialist schools.</i></p> | <p><input type="checkbox"/> I am requesting that my child/ren attend on-site learning because my child/ren is/are not able to be supervised at home and no other arrangements can be made as I am unable to work from home.</p> <p>OR</p> <p><input type="checkbox"/> My child is vulnerable and I am requesting they attend on-site learning as they fall under this category.</p> <p>OR</p> <p><input type="checkbox"/> My child/ren has a disability* and I am requesting they attend on-site learning based on parent choice.</p> <p><i>* 'Disability' refers to all students receiving adjustments, including (but not limited to) those supported through the Program for Students with Disabilities.</i></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>Please note you need to complete this process weekly to ensure adequate staffing onsite.</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> </tbody> </table>   | Day               | Date | AM, PM or ALL DAY | Monday |  |  | Tuesday |  |  | Wednesday |  |  | Thursday |  |  |
| Day  | Date   | AM, PM or ALL DAY |      |                   |        |  |  |         |  |  |           |  |  |          |  |  |
| Monday   |  |                   |      |                   |        |  |  |         |  |  |           |  |  |          |  |  |
| Tuesday  |  |                   |      |                   |        |  |  |         |  |  |           |  |  |          |  |  |
| Wednesday  |  |                   |      |                   |        |  |  |         |  |  |           |  |  |          |  |  |
| Thursday   |  |                   |      |                   |        |  |  |         |  |  |           |  |  |          |  |  |
| Emergency contact details:   |  |                   |      |                   |        |  |  |         |  |  |           |  |  |          |  |  |
| Parent/Guardian name: _____  |  |                   |      |                   |        |  |  |         |  |  |           |  |  |          |  |  |
| Signature: _____   |  |                   |      |                   |        |  |  |         |  |  |           |  |  |          |  |  |
| Date: _____  |  |                   |      |                   |        |  |  |         |  |  |           |  |  |          |  |  |

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