Portland Bay School

77 Henty St, Portland PO Box 317, Portland, Victoria, 3305

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# on-site attendance form 20/7/2021

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| Student/s name: |  |
| Student/s date of birth: |  |
| Student/s group: |  |
| *The Victorian Government has stated that schools will be closed for onsite programs on the days indicated below, except for children of essential workers and students who are unable to access remote learning because of disability.*  Please tick all of the boxes to the right to indicate you understand the requirements of on-site attendance.  Portland Bay School will provide a clean, hygienic and safe learning environment but cannot guarantee children will not be susceptible to the CoVid-19 virus as there may be multiple children and adults from a variety of homes present in one location.  Staff supervising will have volunteered to do so. There will be a rotating roster of staff supervising at school. Staff will vary from day to day. | * I am requesting that my child/ren attend on-site schooling because my child/ren is/are not able to be supervised at home because I am an essential worker or because they cannot access remote learning. * I confirm there is not a suitable adult who can supervise my child/ren at home on the requested days. * I understand that my child will need to, as best as possible, abide by all physical distancing, safety and hygiene requirements whilst in attendance, and if they do not, I may be required to collect my child immediately. * 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  This form needs to be submitted by 8am Wednesday 21/7.  Please note you need to complete this process to ensure adequate staffing on-site.  Please email back to [portland.bay.sch@edumail.vic.gov.au](mailto:portland.bay.sch@edumail.vic.gov.au)  Please note that bus times may vary. | |  |  |  | | --- | --- | --- | | Day | Date | AM, PM or ALL DAY | | Wednesday | 21/7 |  | | Thursday | 22/7 |  | | Friday | 23/7 |  | | Monday | 26/7 |  | | Tuesday | 27/7 |  | |  |  |  |  |  |  |  | | --- | --- | --- | | Day | Date | AM, PM or ALL DAY | | Monday | XXXXXXX | XXXXXXX | | Tuesday | XXXXXXX | XXXXXXX | | Wednesday | XXXXXXX | XXXXXXX | | Thursday | XXXXXXX | XXXXXXX | | Friday | XXXXXXX | XXXXXXX | |
| Emergency contact details:  1st Person to contact:  2nd Person to contact: |  |
| Parent/Guardian name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

Office Use Only

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

Approved by the Principal …………………………………………. on (date) ………………………………......