



CAMPBELLFIELD HEIGHTS PRIMARY SCHOOL

Laurel Crescent, (PO Box 200) Campbellfield 3061. **Ph.** (03) 93595502 **Fax** (03) 93572791

Email: campbellfield.heights.ps@edumail.vic.gov.au

Web: www.chps5034.vic.edu.au

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 can learn from home must learn from home.</i></p>		<p>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.</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 on-site.</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			
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).....