



Lake Boga Educational Hub

'Be the best that we can be'



Principal: Joe Summerhayes

8 Williams Road, Lake Boga 3584
5036 9000

lakeboga.vic.gov.au

ON-SITE ATTENDANCE FORM (TERM 3)

| Student/s name: | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|-----|------|-------------------|--------|--|--|---------|--|--|-----------|--|--|----------|--|--|--------|--|--|--|--|
| Student/s date of birth: | | | | | | | | | | | | | | | | | | | | | | |
| Student/s year level: | | | | | | | | | | | | | | | | | | | | | | |
| <p>Victorian government schools in rural and regional Victoria will commence remote and flexible learning from 5 August 2020 for all students except for students enrolled in specialist schools.</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. OR <input type="checkbox"/> My child identifies as vulnerable and I am requesting they attend on-site learning as they fall under this category. OR <input type="checkbox"/> My child/ren has a disability* and I am requesting they attend on-site learning based on parent choice. <small>* 'Disability' refers to all students receiving adjustments, including (but not limited to) those supported through the Program for Students with Disabilities.</small> 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 you need to complete this process weekly to ensure adequate staffing onsite. | <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).....