# on-site attendance form C:\Users\08385431\Desktop\Roslyn Rockets Logo (2).jpg

# for week beg monday \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please fill in date)

**Please note you need to complete this process weekly to ensure adequate staffing on-site.**

On-site attendance forms and employer’s letter must be emailed to the school by **4pm Thursday** the week before supervision is required - [roslyn.ps@education.vic.gov.au](mailto:roslyn.ps@education.vic.gov.au) Late applications will **not** be accepted.

The school will confirm arrangements by close of business Friday via return email.

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| --- | --- | --- |
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| Student/s name: |  | |
| Student/s date of birth: |  | |
| Student/s year level: |  | |
| ***The Victorian Government has stated that all students who can learn from home must learn from home.*** | ***Reason for request (please select applicable)*** | ***Tick*** |
| A fit and well adult is not home to supervise my child or children and no other arrangements can be made |  |
| My child has been identified as a vulnerable child (external agency or school) |  |
| Other – specify: |  |
| **What essential service are you working in?** eg. Health, Police, Corrections, Youth Justice, Emergency Services | | |
| Employment Details –  Parent / Carer 1 |  | |
| Employment Details –  Parent / Carer 2 |  | |
| **To support our onsite planning going forward, all parent work related requests are to be accompanied by a signed letter from your employer, for each working parent, indicating the days and hours you are required to work onsite. This should be on company letterhead please.** | | |
|  | | |
| **What day(s) of the week and hours of the day within (9am - 3:30am) will your children require supervision (confirmed by your employer’s letter) at Roslyn Primary School?**  Please include any OSHC requirements (AM, PM or Both)  **Dates and times required for Onsite supervision:**  . | |  |  |  | | --- | --- | --- | | Day | Date | Hours required | | Monday |  |  | | Tuesday |  |  | | Wednesday |  |  | | Thursday |  |  | | Friday |  |  | | |
| **Dates and times required for Outside School Hours Care?** | |  |  |  | | --- | --- | --- | | Day | Date | Hours required - AM, PM Or BOTH | | Monday |  |  | | Tuesday |  |  | | Wednesday |  |  | | Thursday |  |  | | Friday |  |  | | |
| **I am aware that:**   * The Department of Education guidelines state that “***all students MUST be learning from home, except* for *children on days when they are not able to be supervised at home and no other arrangements can be made”.*** * If my child/children attends school for supervision, he/she would continue to follow the remote and flexible program provided by the class teacher, via their own device or one at school. *That is, the same remote learning program is followed by all students, whether learning from home or when supervised on school premises.* * Supervision will be provided by a volunteer Teacher or Education Support Staff member, not necessarily your child’s teacher. * If approved, supervision is not automatically on a 9am – 3:30pm and on-going arrangement. It will be provided as per individual arrangements on a case by case basis and according to week by week requirements. eg, within shifts and work hours. * If approved, arrangements will initially begin from Monday 17th August to Friday August 21st August only, with further applications submitted on a weekly basis with availability (along with employer’s letter) Monday to Friday. | | |
| Parent/Guardian name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  | | |
| |  |  | | --- | --- | | Emergency contact details No 1:  Emergency contact details No 2: |  | | | |

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