**Bright P-12 College**

**ON-SITE SCHOOL INTENTIONS FORM**

**Week effective Monday 20th April to Friday 24th April (inclusive)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Family Name** |  | **First Name** |  |
| **Daytime Phone No.** |  | **Email Address** |  |
| **Emergency Contact Name:** | *Specific to this supervision period* | **Emergency Contact Ph:** | *Specific to this supervision period* |

|  |  |  |
| --- | --- | --- |
| **Reason for attending on-site schooling\* (please provide a brief explanation)** | | |
| I am unable to work from home, not able to supervise my child at home and no other arrangements can be made | □ |
| My child has been identified a vulnerable child: | □ |

I intend to send my child to school on the following days as I am unable to arrange any supervision (please indicate morning and/or afternoon schooling):

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **TERM 2**  **WEEK 2 (20-24 April)** | **Monday 20th April** | | **Tuesday 21st April** | | **Wednesday 22nd April** | | **Thursday 23rd April** | | **Friday 24th April** | |
|  | **AM** | **PM** | **AM** | **PM** | **AM** | **PM** | **AM** | **PM** | **AM** | **PM** |
| **Student**  **Name/s** |  | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ |
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| --- | --- | --- |
|  |  |  |
| Signature and Name |  | Date |

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.



I will need to use the bus: Harrietvile/Wandiligong/Ovens/Buckland (please circle)

Please return this form to [olley.jean.m@edumail.vic.gov.au](mailto:olley.jean.m@edumail.vic.gov.au) with ‘attendance’ in the subject

by **COB THURSDAY 16th April 2020.**