**Bright P-12 College**

**ON-SITE SCHOOL INTENTIONS FORM**

**Week effective Monday 27th April to Friday 1st May (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 2WEEK 3 (27th April - 1st May) | **Monday 27th April** | **Tuesday 28th April** | **Wednesday 29th April** | **Thursday 30th April** | **Friday 1st May** |
|  | **AM** | **PM** | **AM** | **PM** | **AM** | **PM** | **AM** | **PM** | **AM** | **PM** |
| **Student****Name/s** |  | □ | □ | □ | □ | □ | □ | □ | □ | □ | □ |
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| --- | --- | --- |
|  |  |  |
| Signature and Name |  | Date |

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

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.

Please return this form to olley.jean.m@edumail.vic.gov.au with ‘attendance’ in the subject

by COB THURSDAY 23rd April 2020.