



ON SITE SCHOOL ATTENDANCE & DECLARATION FORM TERM 2 2020

Dear Parent/Carer, in order to follow State Government direction and to help ensure the health of everyone, St Joseph's requires all parents and carers to complete this Attendance and Declaration Form each week if your child is attending school on-site.

ON-SITE SCHOOL ATTENDANCE

Reason for attending on-site schooling* (please provide a brief explanation)	
I am not able to supervise my child at home and no other arrangements can be made	<input type="radio"/>
Other (please describe)	<input type="radio"/>

I intend to send my child to school on the following days (please indicate morning and/or afternoon schooling):

Week effective _____ (**insert date**) to _____ (**insert date**) (inclusive)

		Monday		Tuesday		Wednesday		Thursday		Friday	
		insert date		insert date		insert date		insert date		insert date	
		AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Student First Name		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

COVID 19 Declaration

All information provided will be dealt with in the strictest of confidence in accordance with the [Australian Privacy Principles \(APPs\)](#) contained in the [Commonwealth Privacy Act 1988 \(Cth\)](#) school's Privacy Policy. A copy of the Privacy Policy is available on the school's website.

Your Name:	
Your Child/ren's First Name/s:	
Your Contact Number:	



Residential Address:		
Has anyone who lives at your address <u>returned from domestic or international travel</u> within the last 14 days?	Yes	No
In the last 14 days, has anyone who lives at your address been in <u>physical contact with a person/s who has been diagnosed with the COVID-19 virus?</u>	Yes	No
Is anyone who lives at your address <u>currently under a form of self-isolation as the result of an order of a government authority or as the result of a recommendation by a health professional?</u>	Yes	No
In the last 14 days, has anyone who lives at your address been in <u>physical contact with a person/s who is in self-isolation due to the COVID-19 virus?</u>	Yes	No
In the last 14 days, has anyone who lives at your address experienced symptoms such as: <ul style="list-style-type: none"> » Flu like Symptoms » Fever » Coughing » Shortness of Breath » Fatigue 	Yes	No

*Please Note: St Joseph's Primary School reserves the right to refuse your child/ren and yourself entry to the school if you have answered **Yes** to any of the questions listed above. We trust that you appreciate your declaration is in the best interests of the health & well-being of all members of our school community.*

I declare that the information provided is a true and proper representation of our family's health & recent community interaction. I commit to informing St Joseph's Primary School if these circumstances change.

<u>Printed Name (Parent / Guardian):</u>		
<u>Signature:</u>		<u>Date:</u>