

**ON-SITE SCHOOL INTENTIONS FORM**

**Week effective 6 August 2020 to 7 August 2020 (inclusive)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Family Name** |  | **Parent / Guardian / Carer First Name** |  |
| **Daytime Phone No.** |  | **Email Address** |  |

|  |  |
| --- | --- |
| **Reason for attending on-site schooling (please provide a brief explanation)** | |
| Parent(s) / Guardian(s) / Carer(s) are unable to work from home |  |
| My / Our child has been identified as a vulnerable child |  |
| My / Our child has a disability and fits one of the above categories |  |
| Other (please describe) |  |

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | **Thursday**  **6 August 2020** | | **Friday**  **7 August 2020** | |
|  | **AM** | **PM** | **AM** | **PM** |
| **Student**  **Name** |  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature |  | Date |

Please return this form to Student Services via [administration\_s@lavalla.vic.edu.au](mailto:administration_s@lavalla.vic.edu.au) by Wednesday 5th August 2020