

**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** |       |

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| --- |
| **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 by Wednesday 5th August 2020