

ON-SITE SCHOOL INTENTIONS FORM

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

Reason for attending on-site schooling	
Parent(s) / Guardian(s) / Carer(s) are both considered authorised workers working outside the home and care cannot be provided * For single Parents/ Guardians / Carers, you must be an essential worker and must be working outside the home in order for your children to be eligible for on-site provision.	<input type="checkbox"/>
My / Our child is experiencing vulnerability, including:	
• in out-of-home care	<input type="checkbox"/>
• deemed a vulnerable child by a government agency, funded family or family violence service, and assessed as requiring education and care outside the family home	<input type="checkbox"/>
• identified by a school or early childhood service as vulnerable, (including via referral from a government agency, or funded family or family violence service, homeless or youth justice service or mental health or other health service)	<input type="checkbox"/>
• my / our child is a student with a disability and is considered vulnerable because they cannot learn from home, and/or the student is vulnerable due to family stress	<input type="checkbox"/>

* The Authorised Worker Permit must be sighted by a member of the School Leadership Team. An Authorised Worker Permit is not required to people employed in law enforcement, emergency services of health care workers who carry employer-issued photographic identification.

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

		Monday		Tuesday		Wednesday		Thursday		Friday	
		DATE: / / 2021		DATE: / / 2021		DATE: / / 2021		DATE: / / 2021		DATE: / / 2021	
		AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Student Name		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature

Date

Please return this form to **St Paul's Administration** via administration_s@lavalla.vic.edu.au by ASAP