**Wallarano Primary School**

**PARENT/CARER REQUEST FOR ON-SITE SUPERVISION – 11th May to 22nd May 2020**

There MUST be exceptional circumstances for parents to submit this form Children MUST work at home unless no other arrangements can be made.

***PLEASE PROVIDE THE FOLLOWING INFORMATION***

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| ***FAMILY NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***  ***Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year Level: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***  ***Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year Level: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***  ***Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year Level: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***  ***Parent/Carer 1. Name: (PLEASE PRINT) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***  ***Parent/Carer 2. Name: (PLEASE PRINT) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_***  ***This form has been completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mobile no: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_***  ***Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** |

***I am aware that:***

* The Education Department guidelines state that “***all students MUST be learning from home, except* for *children on days when they are not able to be supervised at home and no other arrangements can be made”.***
* If my child/children requires access to digital devices, **a loan can be arranged** by contacting the school.
* If my child/children attends school for supervision, he/she would continue to follow the remote and flexible program provided by the class teacher.
* ***That is, the same remote flexible learning program is followed by all students in the class, whether learning from home or when supervised on school premises.***
* Supervision will be provided by a **volunteer teacher/volunteer education support staff member, not your child’s teacher.**
* **If approved, supervision is not automatically on a 9am – 3:30pm and on-going arrangement.** It will be provided as per individual arrangements on a case by case basis and according to week by week requirements. EG, within shifts and work hours.

PLEASE SIGN OR PRINT YOUR NAME TO ACKNOWLEDGE ABOVE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please provide the following information:***

|  |  |  |
| --- | --- | --- |
|  | **What area are you currently working in?** | **EMPLOYMENT DETAILS** |
| Parent/Carer 1 |  |  |
| Parent/Carer 2 |  |  |

*EG: Health, Police, Corrections, Youth Justice, Emergency Service, Other (please specify).*

|  |  |  |  |
| --- | --- | --- | --- |
| **Are you** | **Full time? or** | **Part time?** | **Do you work shifts? (Days/hours). Please add details.** |
| Parent/Carer 1 |  |  |  |
| Parent/Carer 2 |  |  |  |

***Parent Request for student supervision for Term 2, weeks 5 & 6***

***We, (both Parent/Carer 1 and Parent/Carer 2), are not able to be at home to provide supervision of our child/children at home and no other arrangements can be made.***

***As per above information provided, we request that the school provide on-site supervision on the following days/times shown below.***

***By submitting this form I declare that my child/children is/are well and I will collect them, or \*arrange for this to occur upon request from the school, if they become unwell.***

***Signed by (Parent/Carer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Please print name also)***

***Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

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| ***\* Emergency Contact details: name and phone number:*** |

***Day(s) of the week and hours of the day within (9am -3:30am) when our child/children require supervision at school.***

|  |  |
| --- | --- |
| **Term 2**  **Weeks 5&6** | **Please indicate requested days & hours of supervision required each day. (within 9am- 3:30pm) (eg 10am- 2pm, 1pm- 3:30pm)** |
| Monday 11/5 |  |
| Tuesday 12/5 |  |
| Wednesday 13/5 |  |
| Thursday 14/5 |  |
| Friday 15/5 |  |
| Monday 18/5 |  |
| Tuesday 19/5 |  |
| Wednesday 20/5 |  |
| Thursday 21/5 |  |
| Friday 22/5 |  |

**Is there anything else you would like to add?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please note: an application for supervision beyond this fortnight will be forwarded to all parents soon.

*Thank you for assisting by providing this information.*

***PLEASE DOWNLOAD & RETURN THIS COMPLETED APPLICATION TO:***[wallarano.ps@edumail.vic.gov.au](mailto:wallarano.ps@edumail.vic.gov.au) *by* ***3.30PM WEDNESDAY 6th MAY 2020.***

*Requests will be considered based on information provided on a case by case basis.*

*You will be contacted by the Principal (Gail Doney) or the Assistant Principals (Maree Williams/Linda White) as soon as possible.*