



Onsite Supervision Application Form

Term 4: Monday 12th and Tuesday 13th October 2020 –Grade 3,4,5,6.

All information must be completed for your application to be considered.

You must email request to: onsite@bfps.vic.edu.au by 9am Thursday 8th October.

I, _____ declare that I am requesting onsite supervision for my child/ren because:

☐ **I/We am/are permitted worker/s and must attend work onsite (outside of the home) and have no other option of supervision for my child/ren.**

The school may require further information from your employer, please complete the below details:

Parent/Carer A Name: _____

Permitted Worker Permit has been supplied to the school ☐ **Yes** ☐ **No**

Parent/Carer B Name: _____

(for multiple adult families, please tick N/A if not applicable) ☐ **N/A**

Permitted Worker Permit has been supplied to the school ☐ **Yes** ☐ **No**

☐ **My child/ren is deemed vulnerable (e.g. in out of home care, children known to DHHS Child Protection and other agencies and children the school identifies as vulnerable.)**

Please provide a short description of your circumstances: _____

The school will contact you if further information is required or to discuss referral to relevant agencies such as Orange Door/Child First.

☐ **My child/ren has a disability and I am within one of the above two categories. (Please ensure you have completed the above category also)**

Tick boxes to declare you agree to the following conditions:

- ☐ I understand that if my child/ren can learn from home, then they must learn from home.
- ☐ I do not have any option for supervision for my child/ren by an adult/parent/carers/relative.
- ☐ I understand that if my child/ren is unwell that they are not to attend school.
- ☐ I understand that my child can not attend school while waiting for COVID test results.
- ☐ I understand that I will need to collect my child/ren as soon as is practicable upon the request of the school if my child becomes unwell.
- ☐ I understand if my circumstances change and I can provide supervision from home then I will notify the school.

Student/s name: _____

Student/s class/grade: _____

Adult emergency contact details - This person must be available on the dates requested to collect the child/ren if needed from the school site.

Emergency Parent/Carer name: _____

Phone number: _____

*Please complete the following information for your child/ren.

*Please ✓(tick) or Y (yes) the date required

*Please indicate PART DAY (specify times e.g. 9am-12:45pm) or indicate ALL DAY.

*The dates and times requested must align with your Permitted Worker Permit and when no other option for supervision is available.

*Please note dismissal time is 2:55pm

TERM 4 – WEEK TWO	Monday	Tuesday	Wednesday 14 th October: Grades 3-6 return to face to face learning
	12 TH October	13 TH October	

Parent/Carer Name: _____

Signature: _____

Date: _____

*Please note that school staff may contact you via phone on a 'Private Number/No Caller ID' as they are working offsite.