

**ON-SITE SUPERVISION REQUEST FORM TERM THREE 2020
Covid-19 Pandemic – Victorian *State of Disaster***

*Please fill in the sections relevant to your family. If two parents live in the family home, please complete both sections.*

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| --- | --- | --- |
| **I/we request onsite supervision, under the following category:** | **Parent 1** | **(Parent 2)** |
| 1. Children whose parents are *Permitted Workers* and for whom *no other arrangements can be made* (Permit/s must be attached)
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| 1. Vulnerable children, which includes children in out-of-home care, children deemed by Child Protection and/or Family Services to be at risk of harm, or children identified by the school as vulnerable (including via referral from a family violence agency, homelessness or youth justice service, or mental health or other health service)
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| 1. Children with a disability where the family is experiencing severe stress.
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| --- | --- | --- |
| **Child’s Full Name** | **Category Above (1-3)** | **Child’s 2020 Year Level** |
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I/we request to send my child/ren to school on the following days (please circle morning and/or afternoon schooling). Onsite supervision will take place from 9:00am to 3:30pm

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Mondays** | **Tuesdays** | **Wednesdays** | **Thursdays** | **Fridays** |
| **AM** | **PM** | **AM** | **PM** | **AM** | **PM** | **AM** | **PM** | **AM** | **PM** |

|  |  |
| --- | --- |
| **Parent 1** | **(Parent 2)**  |
| **Name** |  | **Name** |  |
| **Occupation** |  | **Occupation** |  |
| **Employer** |  | **Employer** |  |
| **Days of week employed** |  | **Days of week employed** |  |
| **Daytime Telephone No.** |  | **Daytime Telephone No.** |  |
| **Email Address** |  | **Email Address** |  |
| **Reason for requesting on-site supervision (please provide a brief explanation)** |
|  |

Please Note: If you are submitting this form using Category (1) above, by signing this form you are indicating that together with this form you will email a signed Victorian Government *Permitted Worker Permit* that has been fully completed and signed by your employer. Within the form, Table One or Table Two must be completed and be aligned with your request above regarding Days of the Week.

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

***Please Note:***

* We will use the online booking system for you to make the actual bookings to attend onsite supervision.

Please return this form to the Principal: **principal@stmonicasmp.catholic.edu.au**