**Record of Absences Form- July/August 2020**

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| Child 1 Name: |
| Child 2 Name:\_ |
| Child 3 Name:\_  \_ |
| Date of Absence/s: Single Day/Blocks of time Absences  From: To:  Every Monday Tuesday Wednesday Thursday Friday  From: To:  Other: |
| If applicable a copy of COVID Test results and Clearance to be sent with this form please. |

Please tick the Reason why your child/ren did not attend Care on the dates above.

COVID 1 – Child sick with COVID related symptoms, including being tested.

COVID 2 – COVID Isolation for the 6 weeks.

COVID 3 – Family working hours have been cut.

COVID 4 – Reducing days to only do Kinder.

COVID 5 – Family isolation due to a family member (not child) being tested.

COVID 6 - Closure of service due COVID Positive identified.

COVID 7 - Staff Member being tested for COVID.

COVID 8- Negative test -still not well enough to return.

COVID 9- Other COVID reason not listed.i.e. chosen to isolate or other reason

Non COVID related reason.i.e. tonsils removed or other.

Signed as a true Record of Absence for my child/ren on the dates shown above.

Parent Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Thank you for helping us document the reasons why your child did not attend care on the dates listed above. This record is required by D.E.S.E. for reconciling absences during the COVID lockdown in Victoria.