

ALTERNATIVE ATTENDANCE ARRANGEMENT

This arrangement enables a student to keep their existing enrolment while they temporarily attend an alternate school or off-site educational program.

Consult with your [Education Regional Office](#) for advice regarding whether a Section 24 alternative attendance arrangement is appropriate, particularly for Year 11 and 12 students.

SECTION 1 - STUDENT DETAILS

Completed by the student's parents or school where they are currently enrolled.

Student Name:

Date of Birth:

Sex: Male ☐ Female ☐

Is the student of Aboriginal or Torres Strait Islander origin? No ☐ Aboriginal ☐ Torres Strait Islander ☐

Citizenship: Australian ☐ Other – please specify:

Parent/Carer Name:

Email:

Derby Address:

Telephone:

Relationship to student:

SECTION 2 – PLEASE COMPLETE AND THEN EITHER SECTION 3 OR 4

- | | | |
|--------------------------|--|--------------------|
| <input type="checkbox"/> | attendance at a community-based course, therapy or training provider | Complete Section 3 |
| <input type="checkbox"/> | attendance at an alternate school | Complete Section 4 |

Summary of reasons for seeking this alternative attendance arrangement:

Frequency and length of arrangement:
(Period of the school year, period in each week of the school year, include dates)

To be completed by parent.

I understand and give consent for my son/daughter to undertake alternative education under this arrangement.

Yes ☐

No ☐

Parent/legal guardian name

Parent/legal guardian signature

Date

Start Date: _____

Entered by: _____

SECTION 3 - PROVIDER DETAILS

Completed by community, therapy, or training provider.

Community, therapy, or training provider name				
Address				
Course or program				
Commencement date				
End date				
Total number of hours per week				
Number of hours per day (if applicable)	Mon	Tue	Wed	Thu
	Fri	Sat	Sun	
 _____ confirms that _____ (name of community, therapy, or training provider) (name of student)				
has a <i>provisional</i> enrolment in: _____ (name of program)				
approved by: _____				
Community, therapy, or training provider representative				
Position				
Direct contact				
Signature				
Date				

SECTION 4 – ALTERNATE SCHOOL

Responsibilities to be completed by principals of enrolling school and the school providing alternative program.

Attendance (Days and times)	
Curriculum delivery (If relevant, arrangements to ensure all learning areas are covered)	
Reporting (How will the student's attendance, behaviour and academic performance be recorded and communicated?)	
Shared resourcing (Do any resources need to be shared between the two schools, e.g. teacher or education assistant time)	

Start Date: _____

Entered by: _____

SECTION 5 – SCHOOL DETAILS

Completed by school where student is currently enrolled.

School name	
School address	
School telephone number	
Year level student enrolled in	
Number of years at this school	
Student number	
Comments about student (details of attendance, behaviour, health care requirements, attitude, achievement, peer interaction, attach information as appropriate)	
Name of school coordinator	
Principal	
Signature	

APPROVAL AND REVIEW SCHEDULE

Completed by school where student is currently enrolled.

Enrolled school principal signature						
Date						
Alternative public school principal signature						
Date						
Community or training provider						
Date						
Review date 1	Continue		Cancel		Date	
Comments						

Start Date:_____

Entered by:_____

Review date 2	Continue		Cancel		Date	
Comments						
Review date 3	Continue		Cancel		Date	
Comments						

SCHOOL USE ONLY	
Completed by school where student is currently enrolled.	
Alternative attendance arrangement sent to alternate school, training provider or workplace	
Alternative attendance arrangement saved on student's individual file	

Start Date:_____

Entered by:_____