

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:

Parent name:

Address:

Telephone:

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

| | | |
|-------------------------------------|--|--------------------|
| <input checked="" 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:

Attendance at therapy off-site during school hours

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

OFFICIAL

| | | | | | |
|---|-----|-----|-----|-----|--|
| Date | | | | | |
| SECTION 3 - PROVIDER DETAILS (Therapist to complete) | | | | | |
| 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 *provisional* enrolment in:

(name of program)

approved by:

| | |
|---|--|
| Community, therapy, or training provider representative | |
| Position | |
| Direct contact | |
| Signature | |
| Date | |

SECTION 4 – ALTERNATE SCHOOL (N/A for therapy off-site)

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

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| 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 | |

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| shared between the two schools, e.g. teacher or education assistant time) | |
| SECTION 5 – SCHOOL DETAILS | |
| Completed by school where student is currently enrolled. | |
| School name | Holland Street School |
| School address | 12 Holland Street, Geraldton, WA 6530 |
| School telephone number | 08 9923 6950 |
| 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) | Section 24 is for attending therapy off-site during school times. |
| Name of school coordinator | Steph Edwards/Donna Malane |
| Principal | Rachel Rutter |
| Signature | |

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|--|----------|--|--------|--|------|--|
| APPROVAL AND REVIEW SCHEDULE | | | | | | |
| Completed by school where student is currently enrolled. | | | | | | |
| Enrolled school principal signature | | | | | | |
| Date | | | | | | |
| Alternative public school principal signature | N/A | | | | | |
| Date | N/A | | | | | |
| Community or training provider | ** | | | | | |
| Date | ** | | | | | |
| Review date 1 | Continue | | Cancel | | Date | |
| Comments | | | | | | |
| Review date 2 | Continue | | Cancel | | Date | |

OFFICIAL

| | | | | | | |
|---------------|----------|--|--------|--|------|--|
| 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 | | | | | | |