

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	<input type="checkbox"/>
	No	<input type="checkbox"/>

Parent/legal guardian name

Parent/legal guardian signature

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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	
<p>_____ confirms that _____</p> <p>(name of community, therapy, or training provider) (name of student)</p> <p>has a <i>provisional</i> enrolment in: _____</p> <p>(name of program)</p> <p>approved by: _____</p>				
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.	
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	

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	

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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	