

School Name:		Total adults on site		Total students on site	
Teacher Name:		After Hours Contact Number:			
Principal Name:		After Hours Contact Number:			
Student #	Student Name	Parent Contact No.	Medical / Dietary Requirements	Behaviour and Welfare Issues	
1					
2					
3					
4					
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**Other Visiting
Teacher/Carer Names**

Student #	Student Name	Parent Contact No.	Medical / Dietary Requirements	Behaviour and Welfare Issues
29				
30				
31				
32				
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