



APPLICATION FOR EXEMPTION FROM ATTENDANCE AT SCHOOL GENERAL

Part A (to be completed by parent/caregiver)

School Details

School Name

Suburb Tel No.

Student Details

Family name Given name(s)

Address
..... Postcode

Date of Birth: ____ / ____ / ____ Age:

Enrolment Registration Number *:

** School to provide*

Application for Exemption

Dates of exemption applied for: From ____/____/____ to ____/____/____

Number of school days.....

Reason for Application for Exemption (please tick relevant box)

Exceptional domestic circumstances

Other exceptional circumstances

Employment in entertainment industry/participation in elite sporting event for.....
short periods of time (ie. for one or two days and at short notice)

Please provide details about the reason for the Application for Exemption

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Note Where the reason for Application for Exemption includes travel arrangements of more than twenty (20) school days, copies of travel documentation should be attached to this Application.

Are there any prior or current exemptions? No Yes *Please provide details below*

Dates of prior/current exemption from ____ / ____ / ____ to ____ / ____ / ____

Number of school days

Is copy of prior/current Certificate of Exemption attached? Yes No

Parent / Caregiver Details

Family name Given name(s)

Address

..... Postcode

Contact Telephone Relationship to student

Declaration / Signature

As the parent/caregiver of the above mentioned student, I hereby apply for a Certificate of Exemption from Attendance at School, under the *Education Act 1990*.

I understand that, if the exemption is granted

- I am responsible for the students supervision of during the Period of Exemption;
- the exemption is limited to the period indicated;
- the exemption is subject to the conditions listed on the Certificate of Exemption;
- the exemption may be cancelled at any time.

I declare that the information provided in this Application for a Certificate of Exemption is, to the best of my knowledge and belief, accurate and complete. I recognise that, should statements in this Application later prove to be false or

misleading, any decision made as a result of this Application may be reversed. I further recognise that a failure to comply with any condition set out in the exemption may result in the exemption being revoked.

Signature of applicant/s:

Date ___ / ___ / _____

Once you have completed and signed Part A please return this form to the school principal.

Privacy Statement

The information that you provide will be used to process the student's Application for an Exemption from the requirement to enrol at and/or attend school. It will only be disclosed for the following purposes:

- *General student administration relating to the education and welfare of the student;*
- *Communication with students and parents;*
- *To ensure the health, safety and welfare of students, staff and visitors to the school;*
- *State and national reporting purposes;*
- *For any other purpose required by law.*

The information will be stored securely.

You may access or correct any personal information by contacting the school.

If you have a concern or complaint about the way your personal information has been collected, used or disclosed, you should contact the school.

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Part B School use only

Principal's Decision and Signature

Application for Exemption of 50 days or less in a 12-month period

Granted (Complete *Certificate of Exemption from Attendance at School*)

Declined Details

Name of Principal Contact Tel

Signature Date ____ / ____ / ____

Principal's Recommendation and Signature

If Application is for Exemption of more than 50 days in a 12-month period
the principal makes a recommendation.

I recommend that this Application for Exemption from Attendance at School is:

Granted

Declined Please provide more details here (if required)

Name of Principal Contact Tel

Signature Date ____ / ____ / ____