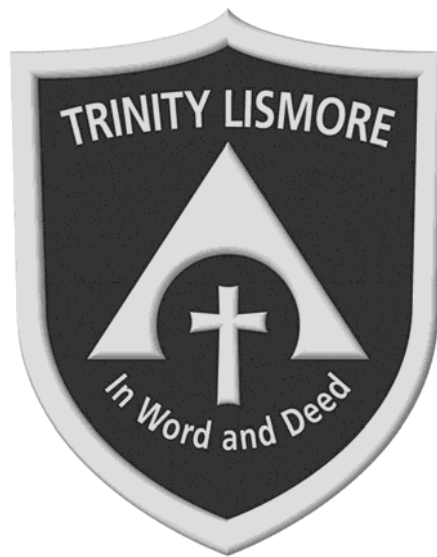


APPLICATION FOR EXEMPTION FROM ATTENDANCE AT SCHOOL FOR LESS THAN 100 DAYS

**PLEASE USE THIS FORM FOR A LEAVE APPLICATION
WHICH IS NOT TRAVEL/HOLIDAY RELATED**



PRIVACY STATEMENT

The information provided 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;
- State and national reporting purposes;
- For any other purpose required by law

The information will be stored securely.

**Once you have completed and signed Part A please return
the entire form to the Principal**



Part A (to be completed by parent/carer)

STUDENT DETAILS:

Family Name: _____ Given name: _____

Address: _____

Town: _____ Postcode: _____

Date of Birth: _____ Age: _____

APPLICATION FOR EXEMPTION

Dates of exemption applied for:

From: _____

To: _____

No. of school days: _____

REASON FOR APPLICATION FOR EXEMPTION

(please tick relevant box)

<input type="checkbox"/> Exceptional domestic circumstances	
<input type="checkbox"/> Other exceptional circumstances	
<input type="checkbox"/> Employment in entertainment industry or participation in an elite sporting event for <i>short</i> periods of time (ie for one or two days and at short notice)	
<input type="checkbox"/> Employment in entertainment industry or participation in an elite sporting event for 10 or more days in a 12-month period	

PLEASE PROVIDE EXPLANATION OF THE EXEMPTION

Are there any prior or current exemptions? No Yes
(please provide details below)

Dates of prior/current exemption:

From: _____

To: _____

No. of school days: _____

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



PARENT/CARER DETAILS:

Family Name: _____ Given name: _____

Address: _____

Town: _____ Postcode: _____

Tel No: _____ 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 supervision of the student 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: _____ Date: _____



PART B

PRINCIPAL' S DECISION AND SIGNATURE

Application for Exemption of less than 100 days

Granted		Complete Certificate Form B6 (Certificate of Exemption from Attendance at School)
Declined		Details below

Principal / Delegate: _____ **Contact Tel: 66 27 6634**

Signature: _____ **Date:** _____