3.1 Application for Exemption from Attendance at School



NOTE: PART A is to be **completed by the student's parent** and returned to their child's school principal.

If exemption is sought for more than one student, separate applications must be made for each student.

PART A STUDENT DETAILS Family name: Given name(s):
Age: Date of birth: (dd) / (mm) / (year)
Student Registration Number (SRN):
Student's address:
Postcode:
School name:
Dates of exemption applied for: / / to / / Number of School Days:
REASON FOR APPLICATION FOR EXEMPTION (Please tick ☑)
Exceptional domestic circumstances
Other exceptional circumstance
Direction under section 42D of the <i>Public Health Act 1991</i> □
Employment in entertainment industry / participation in elite sporting event \Box including for short periods of time i.e. for one or two days, and at short notice
Please provide more detail about the reason for the application for exemption here:
NOTE: Where the reason for application for exemption includes long term travel arrangements, of more than 20 school days, copies of travel documentation should be included with the application.

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For any other purpose required by law.

should contact the school.

DETAILS OF PRIOR/CURRENT EXE	MPTIONS (If applicable)	
Date of prior/current exemption from: / to: / to: /		
Number of school days:		
	ched (Please tick one box ☑): Yes □ No □	
PARENT DETAILS		
Family name:	Given name(s)	
Address:		
	Postcode:	
Telephone number:	Relationship to student:	
attendance at school, under the Education I understand that if the exemption is gran I am responsible for his/her superv the exemption is limited to the perion the exemption is subject to the con the exemption may be cancelled at I declare the information provided in this amy knowledge and belief accurate and co application later prove to be false or misle	ted: ision during the period of exemption od indicated iditions listed on the Certificate of Exemption it any time. application for a certificate of exemption is to the best of complete. I recognise that should statements in this eading any decision made as a result of this application a failure to comply with any condition set out in the	
Signature of applicant/s:	/ Date://	
PRIVACY STATEMENT		
	ect to the Privacy and Personal Information Protection Act 1998. The ss your child's application for an exemption from the requirement to	
Communication with students and parent	the education and welfare of the student	

For more information telephone student welfare personnel at your local school area office on telephone 131 536

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

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PART B To be completed by the principal of the school where the exemption period requested exceeds 100 school days and forwarded to the Regional Director for approval		
I recommend that this application from attendance at school is (Please tick one box ☑): Granted □ Not granted □		
Please provide more detail here (if required):		
Principal's name (please print): Telephone number: Signature of principal: Date: / /		
Note: Please complete the Certificate of Exemption from Attendance at School if exemption is granted (Refer to Appendix 3.5).		

3.5 Certificate for Exemption from Attendance at School under Section 25 of the *Education Act 1990*



The student whose details appear below has been granted an exemption from attendance at school for the period indicated.

STUDENT DETAILS	9
Family name:	Given name(s):
Date of birth: (dd) / (mm) / _	(year)
Address:	
	Postcode:
School name:	School's telephone number:
Date of exemption from: / / _	to: / /
Reason for the exemption:	
Conditions of the exemption (note: for a	
It has been explained to the parent of the responsible for his/her supervision during	ne above mentioned student that they are ng the period of exemption.
The parent understands that this exemple acknowledges that the exemption is substantial exemption may be cancelled at any time.	bject to the conditions listed and that the
Name and position of delegate:	
Signature of delegate:	Date://

This certificate has been issued without alteration and must be produced when requested by police or other authorised attendance officers