

3.8.E Application for Exemption from Attendance

Related Policies: 3.8 Attendance

PART A: TO BE COMPLETED BY THE STUDENT'S PARENTS/CARERS
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Student Details

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

Family name: _____ Given name(s): _____

Age: _____ Date of birth: ____ (dd) / ____ (mm) / ____ (year)

Enrolment Register Number: _____

Address: _____

_____ Postcode: _____

School name: _____

Reason for application for exemption (please tick):

<input type="checkbox"/>	Exceptional circumstances
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Please provide more detail about the reason for the application for exemption here:

!! Please attach any additional evidence, e.g., health care plan, medical advice etc. !!

Full or part time exemption?

Full time Part time

Period of exemption

Please complete A, B or C:

A) Dates of exemption applied for (if consecutive days):

___ / ___ / _____ to: ___ / ___ / _____

Number of school days*: _____

B) Full school days applied for (if not consecutive days):

Number of school days*: _____

C) If applying for part time exemption (if partial exemption)

Date	Hours of exemption
<i>e.g. 2/2/2021, 9/2/2021, 16/2/2021</i>	<i>9am-11.30am</i>

DETAILS OF PRIOR/CURRENT EXEMPTIONS (if applicable)

Date of prior/current exemption from: ____ / ____ / ____ to: ____ / ____ / ____

Number of school days*: ____

Copy of prior/current Certificate of Exemption attached: (Please tick one) Yes No

PARENT/CARER DETAILS

Family name: _____ Given name(s): _____

Address: _____

_____ Postcode: _____

Telephone number: _____ Relationship to student: _____

As the parent/carer 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 his/her supervision 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 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: ____ / ____ / ____

PART B: TO BE COMPLETED BY THE MINISTER'S DELEGATE

To be completed by the school Principal as the Minister's Delegate

Following consideration of this application for exemption from enrolment, I am/am not (delete whichever does not apply) satisfied that conditions exist that make it necessary and/or desirable for _____ (name of student) be exempt from enrolment at school.

I recommend that a Certificate of Exemption be (Please tick one box):

Granted

Not granted

Name and position of delegate: _____

Signature of delegate: _____

Date: ____ / ____ / ____

Notification to applicant: ____ / ____ / ____

Note: The delegate is requested to provide a Certificate of Exemption if exemption is granted.