

3.1 Application for Exemption from Attendance at School



Education
& Training

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)

Enrolment Registration Number (ERN): _____

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 *Public Health Act 1991*

Employment in entertainment industry / participation in elite sporting event
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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DETAILS OF PRIOR/CURRENT EXEMPTIONS (If applicable)

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

Number of school days: _____

Copy of Certificate of Exemption attached (Please tick one box): Yes No

PARENT DETAILS

Family name: _____ Given name(s) _____

Address: _____

_____ Postcode: _____

Telephone number: _____ Relationship to student: _____

As the parent 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: ____ / ____ / ____

PRIVACY STATEMENT

The Department of Education and Training is subject to the Privacy and Personal Information Protection Act 1998. The information that you provide will be used to process your child's application for an exemption from the requirement to enrol at and/or attend school.

It will only be used or 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.

**For more information telephone the student welfare consultant
at your local school area office on telephone 131 536**

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PART B

To be completed by the principal of the school where the exemption period requested exceeds 50 school days and forwarded to the delegate responsible for approval

Prior to forwarding this application for exemption from attendance at school to the delegate responsible for issuing the Certificate of Exemption (See page 4, *Guidelines for Exemption from School*), the principal should complete the following advice for the delegate.

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).