

### 3.1 Application for Exemption from Attendance at School



Education & Communities

**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 *Public Health Act 1991*

Employment in entertainment industry / participation in elite sporting event   
 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.

**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.

**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):

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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).**