

A: APPLICATION FOR EXEMPTION FROM ATTENDANCE/ENROLMENT AT SCHOOL



Education & Communities

Public Schools NSW

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 one)

FROM ATTENDANCE

- Exceptional circumstance
- 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.
- Participation in elite arts program

FROM ENROLMENT

- Enrolment at school
 - Age, where a child turns six years in October or later in a school year and is engaged in full time preschool education at an accredited preschool for the remainder of the school year
 - Participation in full or part-time accredited preschool programs for students with disabilities leading to enrolment and full time attendance at a government or registered non-government school not later than six months after the child's sixth birthday
 - The health, learning or social needs or disability of a child necessitating the continuation of an individual program supported by medical specialists not longer than six months after the child's sixth birthday
 - Participation in a full time apprenticeship or traineeship.

Please provide more detail about the reason for the application for exemption here:

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): 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 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 Communities 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 G DELEGATE'S RECOMMENDATION: To be completed for ALL applications

(Delete that which does not apply)

Following consideration of this application I am / am not satisfied that conditions exist that make it necessary or desirable that _____ (name of student) be exempt from attendance/enrolment at school.

Name and position of delegate: _____

Signature of delegate: _____

Date: _____ / _____ / _____ Notification to applicant: _____ / _____ / _____

Note: Please complete the Certificate of Exemption from Attendance/Enrolment at School if exemption is granted (Appendix C).