



Application for Exemption from Attendance at School
Students in NSW Schools

Part A (to be completed by parent/caregiver)

School Details

School Name
Suburb Tel No.

Student Details

Family name Given name(s)
Address
..... Postcode
Date of Birth: ___/___/___ Age: Enrolment Registration Number *:
* School to provide

Application for Exemption

Dates of exemption applied for: From ___/___/___ to ___/___/___ Number of school days

Reason for Application for Exemption (please tick relevant box)

- Exceptional domestic circumstances
- Other exceptional circumstances
- Employment in entertainment industry/participation in elite sporting event for short periods of time (ie. for one or two days and at short notice)

Please provide details about the reason for the Application for Exemption
.....
.....
.....

Note Where the reason for Application for Exemption includes travel arrangements of more than twenty (20) school days, copies of travel documentation should be attached to this Application.

Are there any prior or current exemptions? No Yes Please provide details below
Dates of prior/current exemption from ___/___/___ to ___/___/___ Number of school days
Is copy of prior/current Certificate of Exemption attached? Yes No



Parent / Caregiver Details

Family name Given name(s)

Address

..... Postcode.....

Contact Telephone Relationship to student

Declaration / Signature

As the parent/caregiver 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 the supervision of the student 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 that 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 ____ / ____ / ____

Once you have completed and signed Part A please return this form to the school principal.

Privacy Statement

The information that you provide will be used to process the student's Application for an Exemption from the requirement to enrol at and/or attend school. It will only be 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

School use only

Principal's Decision and Signature

Application for Exemption of 100 days or less in a 12-month period

Granted Complete Form C.1 (*Certificate of Exemption from Attendance at School*)

Declined Details

Name of Principal Contact Tel

Signature Date ____ / ____ / ____

Principal's Recommendation and Signature

If Application is for Exemption of more than 100 days in a 12-month period the principal makes a recommendation and forwards it to the Catholic Education Office.

I recommend that this Application for Exemption from Attendance at School is:

Granted

Declined

Please provide more details here (if required)

Name of Principal Contact Tel

Signature Date ____ / ____ / ____

School Service's Officer's Recommendation and Signature

Application for Exemption of more than 100 days in a 12-month period

Granted

Declined Details

Name of Officer Contact Tel

Signature Date ____ / ____ / ____

Minister's Decision (to be completed and signed by the Delegate)

Application for Exemption of more than 100 days in a 12-month period

Granted

Declined Details

Name of Delegate Position

Signature Date ____ / ____ / ____

**If an exemption has been granted, the Principal completes
*Certificate of Exemption from Attendance at School***