3.1 Application for Exemption from Attendance at School

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.

For more information telephone the student welfare consultant
at your local school area office on telephone 131 536
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 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).
3.5 Certificate for Exemption from Attendance at School under Section 25 of the Education Act 1990

The student whose details appear below has been granted an exemption from attendance at school for the period indicated.

STUDENT DETAILS
Family name: ________________________ Given name(s): ________________________
Date of birth: _____ (dd) / _____ (mm) / _____ (year)
Address: ________________________________________________________________
_________________________________________ Postcode: __________
School name: ________________________ School’s telephone number: __________
Date of exemption from: _____ / _____ / _____ to: _____ / _____ / _____
Reason for the exemption:
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
Conditions of the exemption (note: for a part day exemption the hours of program participation must be specified, including the plan to have the student attend school full time).
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
It has been explained to the parent of the above mentioned student that they are responsible for his/her supervision during the period of exemption.

The parent understands that this exemption is limited to the period indicated, acknowledges that the exemption is subject to the conditions listed and that the exemption may be cancelled at any time.

Name and position of delegate: __________________________________________

Signature of delegate: ________________________ Date: __/__/____

This certificate has been issued without alteration and must be produced when requested by police or other authorised attendance officers.

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