



APPLICATION FOR EXEMPTION FROM ATTENDANCE/ ENROLMENT AT SCHOOL

NOTE: This application is to be completed by the student's parent/ guardian and returned to their child's school. If exemption is sought for more than one student, separate applications must be made for each student

PART A: STUDENT DETAILS

Surname

Given name/s

Date of Birth

/ /

Age

Student Address

Postcode

School name

THOMAS HASSALL ANGLICAN COLLEGE

Dates of exemption applied for

from

/ /

to

/ /

Number of school days

REASON FOR APPLICATION FOR EXEMPTION

Please tick one of the following options

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



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DETAILS OF PRIOR/CURRENT EXEMPTIONS (IF APPLICABLE)

Date of prior exemption/extended leave from / /
to / /

Number of school days

Copy of Certification of Exemption/Extended Leave – Travel attached (Please tick) Yes No

PARENT DETAILS (APPLICANT)

Family Name Given Name

Address Postcode

Phone Number Relationship

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 application is accepted:

- 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

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.



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REASON FOR APPLICATION FOR EXEMPTION (PLEASE TICK)

Training for elite sport

Elite sport event or tour

Elite arts program

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

Note: A schedule of participation, training or tour itinerary from the arts body or sporting body (E.g. Australian Institute of Sport) must be attached with contact names and numbers.

PART D: PRINCIPAL'S RECOMMENDATION (in the case of employment in the entertainment industry or participation in elite arts or elite sports 100 days and over)

To be completed by the Principal

The tutor has consulted the school in the planning and development of this student's educational program. (Please tick)

Yes

No

Comment

I recommend that a Certificate of Exemption be granted

Agree

Disagree

To

For the period

from

/

/

to

/

/

Principal's name (please print)

Signature of Principal

Date

/ /

Phone Number



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To be completed where further investigation has been necessary. Investigating officer for principal approval will be a member of the school executive. For the Director it will be a member of the local Educational Services team or Principal.

RECOMMENDATION

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

I recommend that a Certificate of Exemption be (Please tick) Yes No

1. Specific reasons for recommendation **not to grant** a Certificate of Exemption.

2. Suggested conditions applying to recommendation **to grant a** Certificate of Exemption.

Investigating officer name

Signature

Position

Date / /



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PART E: TO BE COMPLETED BY THE PRINCIPAL OF THE SCHOOL AND FORWARDED TO THE EXECUTIVE DIRECTOR FOR CONSIDERATION:

For exemption from enrolment not covered under the 'Completion of Education in Special Circumstances (apprenticeships/traineeships)' or where the exemption from attendance period requested exceeds 100 school days.

I recommend that this application from attendance at school is (Please tick) granted not granted

Please provide more detail here (if required):

Principal's name (please print)

Signature of Principal

Date / / Phone Number

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

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

Following consideration of this application I am satisfied I am not satisfied

that conditions exist that make it necessary or desirable that (name of student) be exempt from attendance/enrolment at school.

Name of delegate

Signature of delegate

Position Date / /

Notification to applicant / /

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