

Application for exemption from enrolment

Part A: Student details

Family name	Given name	DOB	Age	Grade	SRN

Student address:

Postcode:

School name

Dates of exemption applied for: From _____ to _____

Number of school days:

Details of activity and exemption

Details of exemption reason:

Details of prior/current exemptions (if applicable)

Date of prior exemption: From _____ to _____

Number of school days:

Copy of Certificate of Exemption attached: Yes _____ No _____

Parent details (applicant)

Family name:

Given name:

Address:

Postcode:

Phone number:

Relationship to student:

As the parent and applicant, I hereby apply for a Certificate of Exemption under the *Education Act 1990*.

I understand that if the application is accepted and 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 from enrolment*.
- The exemption may be cancelled at any time

I declare the information provided in this application 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 provided period of exemption being cancelled.

Signature of parent/s:

Date:

Note: This document can be signed digitally, electronically or with wet ink.

Privacy statement

The Department of Education 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 Exemption* during the period indicated.

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: Principal recommendation

To be completed by the principal, in consultation with the Director, Educational Leadership, and forwarded to the Executive Director, Public Schools for consideration.

I recommend that this *Application for Exemption from enrolment* is (please tick):

Granted

Declined

If declined, state reason:

Principal's name:

Phone number:

Signature of principal:

Date:

Principal's checklist - Exemption from enrolment

Received completed and signed application

Received evidence to support application

Director, Educational Leadership is aware of the application and has been consulted

Part C: Executive Director's determination

To be completed by the Executive Director, Public Schools.

Following consideration of this *Application for Exemption from enrolment*: (please tick)

I am satisfied that conditions exist that make it necessary or desirable that this student be exempt from attendance at school. **Exemption granted.**

I am not satisfied that conditions exist that make it necessary or desirable that this student be exempt from attendance at school. **Exemption declined.**

If declined, state reason:

Executive Director's name:

Phone number:

Signature of Executive Director:

Date:

Note: Please complete the Certificate of Exemption from enrolment if exemption is granted.

Certificate of exemption from enrolment

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

Student details

Family name	Given name	DOB	Age	Grade	SRN

Student address:

Postcode:

School name

Dates of exemption: From _____ to _____

Reason for providing the exemption:

Conditions of the exemption:

It has been explained to the parent of the above mentioned student that they are responsible for his/her supervision during the provided period of exemption.

The parent understands that the period of exemption is limited to the period indicated and acknowledges that the provided period of exemption is subject to the conditions listed.

Executive Director's name:

Signature of Executive Director:

Date:

Principal's name:

Signature of principal:

Date:

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

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