

Application for part day exemption from attendance

This form is for attendance exemption to support an overarching transition plan (behaviour, health/medical) with the aim of re-engaging a student and returning them to full time attendance.

For a part day attendance exemption to participate in elite sports and arts programs and the entertainment industry, use *Exemption from attendance: elite sports* and *Exemption from attendance: elite arts and entertainment industry* forms.

Part A: Student details

Family name	Given name	DOB	Age	Grade	SRN

Student address:

Postcode:

School name

Dates of exemption applied for: From _____ to _____

Is the student (select all that apply):

EAL/D background

Aboriginal and/or Torres Strait Islander background

Receiving integration funding support

In a support class or SSP (please specify)

Reason for exemption

Details of current/prior exemptions (if applicable)

Number of previous part day exemption plans in the past 12 months:

Total school days exempt in the past 12 months:

Date of current exemption (if applicable): From _____ to _____

Total hours exempt - current part day exemption (if applicable):

Copy of current Certificate of Exemption attached:

Part B: Parent/guardian details

Family name:

Given name:

Address:

Postcode:

Phone number:

Relationship to student:

As the parent/guardian 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 part day exemption from attendance*
- 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 / guardian:

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 C: Details of part day exemption: 5-week period table

A part day exemption can be used to support an overarching transition plan (behaviour, health/medical) with the aim of re-engaging a student and returning them to full time attendance. There may also be other strategies used as part of this process.

All individual part day exemption plans are for a maximum 5-week period, which ensures that the transition plan and part day exemption plan can be reviewed regularly, any change in student need can be accounted for, and that students are not unnecessarily excluded from school. **Part day exemption plans are not to be used as an ongoing strategy.**

Completing the part day exemption table

1. **Select the start dates** for the duration of the planned exemption period in the 'Week start date' column.
2. In the 'Attend' fields, **enter the length of time the student will attend school each day** during the planned exemption period, **expressed as minutes per day**.
3. The length of exemption for each day is automatically calculated to total 360 minutes per day (6 hours), and displayed in the 'Exempt' field for that day.
4. The total hours of attendance and exemption for each week are automatically calculated and displayed in the *TOTAL HOURS: Attend and Exempt* columns at right.
5. The total days of attendance and exemption for the planned exemption period are automatically calculated and displayed *Total days attending* and *Total days exempt* in the fields below the table.
6. **The table will not accept blank fields or text in fields.**
 - For days when the student will attend school full time, enter '360' in the 'Attend' field.
 - For days when the school is non-operational in the plan (e.g. school development days or public holidays), enter '360' in the 'Attend' field.

Example:

Week start date	MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		TOTAL HOURS	
	Attend	Exempt	Attend	Exempt	Attend	Exempt	Attend	Exempt	Attend	Exempt	Attend	Exempt
05/02/24	60	300	80	280	100	260	120	240	140	220	8.3	21.7

Part day exemption table

Week start date	MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		TOTAL HOURS	
	Attend	Exempt	Attend	Exempt	Attend	Exempt	Attend	Exempt	Attend	Exempt	Attend	Exempt

Total days attending for this plan:

Total days exempt for this plan:

NOTE: The specific times of attendance and exemption being applied for should be recorded in the accompanying transition plan.

e.g. Monday 5/2/24: attending 9:00 - 10:00am; exempt 10:00 am - 3:00pm

Part D: Delegate approvals

Principal checklist

Received completed and signed application

Received evidence to support application

Detailed transition plan (behaviour or health/medical) outlining strategies for re-engagement is attached

To be completed by the Principal

I recommend this *Application for part day exemption* be approved Yes No

Principal's name:

Phone number:

Principal's signature

Date:

To be completed by the Learning and Wellbeing Officer, Team Around a School

I recommend this *Application for part day exemption* be approved Yes No

LWO's name:

Phone number:

LWO's signature

Date:

To be completed by the Director, Educational Leadership

I approve this *Application for part day exemption* Yes No

Director, Educational
Leadership's name:

Phone number:

Director, Educational
Leadership's signature:

Date:

Certificate of part day exemption from attendance

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.

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.