



## Application for Exemption from Attendance at School To be completed by the student's parents

### Student Details

Family name: \_\_\_\_\_ Given name(s): \_\_\_\_\_

Age: \_\_\_\_\_ Date of birth: \_\_\_\_\_ (dd) / \_\_\_\_\_ (mm) / \_\_\_\_\_ (year).

Current School Year: \_\_\_\_\_

Enrolment Registration Number (ERN): Not applicable

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

School name: Inaburra

Date of exemption applied for: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Number of school days: \_\_\_\_\_

### Reason for application for exemption:

Please tick:

Exceptional domestic circumstances	<input type="checkbox"/>
Other Exceptional Circumstance	<input type="checkbox"/>
Direction under Section 42D of the <i>Public Health Act 1991</i>	<input type="checkbox"/>
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	<input type="checkbox"/>

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.

## 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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_