

Please provide more detail about the reason for the application for exemption for employment in the entertainment industry, including name of industry performance/activity:



Supporting documentation required, e.g., health care plan, medical advice etc.

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.

Yes, documentation attached No, none attached (*Note - application cannot be processed*)

A schedule of participation from the employer, company or corporation must be attached with contact names and numbers.

DETAILS OF PRIOR/CURRENT EXEMPTIONS (if applicable)

Date of prior/current exemption from: ____ / ____ / ____ to: ____ / ____ / ____

Number of school days*: ____

Copy of prior/current Certificate of Exemption attached: (Please tick one box)

Yes No

PARENT DETAILS

Surname: _____ First Name: _____

Address: _____

Postcode: _____

Contact 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 my child's 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 Parent/Caregiver: _____

Date: ____ / ____ / ____

PART B: EMPLOYER DETAILS

PART B: TO BE COMPLETED BY THE EMPLOYER

Name of company/corporation: _____

Address:

_____ Postcode: _____

Contact Number: _____

Contact Email: _____

Please attach and tick – at least one must be supplied:



1. Detailed itinerary / work schedule for the period of exemption sought: Yes No

2. Evidence of tutor's teaching qualifications (supplied by employer): Yes No

Employer's signature: _____ Date: ____ / ____ / _____

PART C: PRINCIPAL'S DECISION

PART C: TO BE COMPLETED BY THE PRINCIPAL

Following consideration of this application for exemption from attendance, I am/am not (delete whichever does not apply) satisfied that conditions exist that make it necessary and/or desirable for _____ (name of student) be exempt from attendance at school.

I recommend that a Certificate of Exemption be (Please tick one box):

Granted

Not granted

Reasons for not granting exemption (if applicable):

Name of Principal: _____

Signature of Principal: _____

Date: ____ / ____ / _____

Notification to applicant: ____ / ____ / _____

Note: The Principal is requested to provide a Certificate of Exemption if exemption is granted.