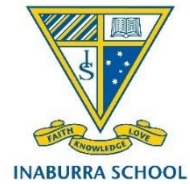


INABURRA SCHOOL

APPLICATION FOR EXEMPTION FROM ATTENDANCE AT SCHOOL: EXCEPTIONAL CIRCUMSTANCES



PART A: TO BE COMPLETED BY THE STUDENT'S PARENT/CAREGIVER AND RETURNED TO THE PRINCIPAL.

PART A: STUDENT DETAILS

(If exemption is sought for more than one student, separate applications must be made for each student.)

Surname: _____ First Name: _____

Year/Grade: _____ Age: _____ Date of birth: _____ (dd) / _____ (mm) / _____ (year)

Address: _____

_____ Postcode: _____

School name: _____

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



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

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

Full or part-time exemption?

Full-time Part-time

Period of exemption: Please complete A, B or C.

A) Dates of exemption applied for (if consecutive days):

____ / ____ / _____ to: ____ / ____ / _____

Number of school days*: _____

B) Full school days applied for (if not consecutive days):

Number of school days*: _____

C) If applying for part time exemption (if partial exemption)

Date	Hours of exemption
e.g. 2/2/2021, 9/2/2021, 16/2/2021	9am-11.30am

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 Yes No)

PARENT/CAREGIVER DETAILS

Surname: _____ First Name: _____

Address: _____

_____ Postcode: _____

Contact number: _____ Relationship to student: _____

As the Parent/Caregiver 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: ____ / ____ / _____

PART B: PRINCIPAL'S DECISION

PART B: 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):

Principal Name: _____

Signature of Principal: _____

Date: ____ / ____ / _____

Notification to applicant: ____ / ____ / _____

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