

# INABURRA SCHOOL

## APPLICATION FOR EXEMPTION FROM ATTENDANCE AT SCHOOL: ELITE SPORTING EVENT/ ELITE ARTS PROGRAM



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

**PART A: TO BE COMPLETED BY THE STUDENT'S PARENT/CAREGIVER**

### Student Details

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

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

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

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

School name: Inaburra School

**Reason for application for exemption:** Please tick (v) one of the following:

Participation in elite sporting event including for short periods of time i.e. for one or two days, and at short notice	<input type="checkbox"/>
Participation in elite arts program	<input type="checkbox"/>

**Name of elite arts or elite sports program:** \_\_\_\_\_

### Reason for the application for exemption

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



**Supporting documentation required:** A schedule of participation, training or tour itinerary from the arts body or sporting body (e.g. Australian Institute of Sport) must be attached with contact names and numbers.

**NOTE:** Where the reason for application for exemption includes travel arrangements, copies of travel documentation should be included with the application as the school requires evidence of the student's travel.

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

**Full or part-time exemption? (Please tick one)**

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 box)

Yes     No

**PARENT/CAREGIVER DETAILS**

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

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

Contact Phone: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

As the parent/carer 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: 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):

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Name of Principal: \_\_\_\_\_

Signature of Principal: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

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