

School Attendance Policy PD20050259  
EXEMPTION FROM SCHOOL - PROCEDURES

### 3.3 Application for Exemption from Attendance at School for Employment in the Entertainment Industry



Education  
& Training

**NOTE: PART A is to be completed by the student's parent and returned to their child's school principal.**

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

#### PART A STUDENT DETAILS

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

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

Enrolment Registration Number (ERN): \_\_\_\_\_

Student's address: \_\_\_\_\_

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

School name: \_\_\_\_\_

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

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

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

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As the parent of the above mentioned student, I hereby apply for a Certificate of Exemption from enrolment 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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**PRIVACY STATEMENT**

The Department of Education and Training 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 an exemption from the requirement to enrol at and/or attend school.

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 B EMPLOYER'S DETAILS**

To be completed by the employer

Name of company/corporation: \_\_\_\_\_

Contact person: \_\_\_\_\_

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

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

Telephone number: \_\_\_\_\_ Facimilie: \_\_\_\_\_

**REASON FOR APPLICATION FOR EXEMPTION**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**ATTACHMENTS** (Please tick )

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 RECOMMENDATION**

To be completed by the principal

The tutor has consulted the school in the planning and development of this student's educational program. (Please tick )

Yes  No

**COMMENT:**

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I recommend/do not recommend that a certificate of exemption be granted/not granted  
(Delete that which does not apply)

to \_\_\_\_\_ for the period \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(Name of student)

Principal's name: \_\_\_\_\_

Signature: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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**PART D INVESTIGATING OFFICER'S RECOMMENDATION**

To be completed by the investigating officer nominated by the region i.e. student welfare consultant, student services officers or school education director

**RECOMMENDATION** *(Delete that which does not apply)*

1. Following consideration of this application I am satisfied that conditions exist/do not exist that make it necessary and/or desirable for \_\_\_\_\_ (insert name of student) to be exempted from attendance at school. I recommend that a Certificate of Exemption be granted/declined.
  
2. Specific reasons for recommendation not to grant a Certificate of Exemption.

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3. Suggested conditions applying to recommendation to grant a Certificate of Exemption.

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Investigating officer name: \_\_\_\_\_ Signature: \_\_\_\_\_

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

**PART E DELEGATE'S RECOMMENDATION**

To be completed by the delegate

*(Delete that which does not apply)*

Following consideration of this application I am/am not satisfied that conditions exist that make it necessary and desirable that \_\_\_\_\_ (insert name of student) be exempted from attendance at school.

Name and position of delegate: \_\_\_\_\_

Signature of delegate: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Notification to applicant: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Note: Please complete the Certificate of Exemption from Attendance at School if exemption is granted (Refer to Appendix 3.5).**