



## 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)

Student ID No: \_\_\_\_\_

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

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

School name: Central Coast Grammar School

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

**To be completed by the Headmaster where the exemption period requested exceeds 100 school days and forwarded to the delegate responsible for approval**

Prior to forwarding this application for exemption from attendance at school to the delegate responsible for issuing the Certificate of Exemption (See page 4, *Guidelines for Exemption from School*), the Headmaster should complete the following advice for the delegate.

I recommend that this application from attendance at school is (Please tick one box ):

Granted

Not granted

Please provide more detail here (if required):

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Headmaster's name (please print): \_\_\_\_\_

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

Signature of Headmaster: \_\_\_\_\_

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

**Note: Please complete the Certificate of Exemption from Attendance at School if exemption is granted.**