



## Application for Exemption from Attendance at School for Elite Sports (including Part Day Exemption) 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

Name of accredited elite sport program: \_\_\_\_\_

A. Dates of exemption applied for: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (if block)

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

B. Individual dates applied for: \_\_\_\_\_

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

C. Hours of exemption (if partial exemption, eg 9:00am – 11:30am) \_\_\_\_\_

From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

**Reason for application for exemption:** Please tick:

Training for elite sport       Elite sport event or tour

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

---

---

---

---

**NOTE:** A schedule of training or tour itinerary from the sporting body (eg Australian Institute of Sport) 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 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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

