A: APPLICATION FOR EXEMPTION FROM ATTENDANCE/ENROLMENT AT SCHOOL



Public Schools NSW

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)
Student Registration Number (SRN):
Student's address:
Postcode:
School name:
Dates of exemption applied for: / to/ /
FROM ATTENDANCE
Exceptional circumstance
☐ Employment in entertainment industry
 Participation in elite sporting event including for short periods of time i.e. for one or two days, and at short notice.
☐ Participation in elite arts program
FROM ENROLMENT Enrolment at school
- Age, where a child turns six years in October or later in a school year and is engaged in full time preschool education at an

- Age, where a child turns six years in October or later in a school year and is engaged in full time preschool education at an accredited preschool for the remainder of the school year
- Participation in full or part-time accredited preschool programs for students with disabilities leading to enrolment and full time attendance at a government or registered non-government school not later than six months after the child's sixth birthday
- The health, learning or social needs or disability of a child necessitating the continuation of an individual program supported by medical specialists not longer than six months after the child's sixth birthday
- Participation in a full time apprenticeship or traineeship.

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Please provide more detail about the reason for the application for exemption here:							
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DETAILS OF PRIO/CURRENT EXEMPTIONS (if applicable)							
DETAILS OF PRIO/CORRENT EXCIVIPTIONS (II applicable)							
Date of prior/current exemption from: / / to: / /							
Number of school days:							
,							
Copy of Certificate of Exemption attached (Please tick \checkmark) Yes No							
copy of certificate of Exemption attached (Fieuse tick -)							
PARENT DETAILS							
Family Name: Given name (s)							
Address:							
Telephone number:							
relephone numbernelationship to stadent							
As the parent of the above mentioned student. I hereby apply for a Cortificate of Everntian under the Education							
As the parent of the above mentioned student, I hereby apply for a Certificate of Exemption 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://							
The Department of Education and Communities 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 (in the case of employment in	the entertain	nment industry)
To be completed by the employer.		
Name of company/corporation:		
Contact person:		
Address:		
Postcode		
Telephone number:Facsimile		
relephone numberruesimme	~·	
Email address:		
(Please attach and tick \checkmark)		
1. Detailed itinerary/work schedule for the period of exemption	sought:	Yes No
2. Evidence of tutor's teaching qualifications (supplied by emplo	oyer): Yes	No
Employer's signature:		
Date:/		
PART C PARTICIPATION IN ACCREDITED ELITE ARTS, ELITE SI	PORTS OR EN	TERTAINMENT
INDUSTRY		
To be completed by the applicant		
Name of accredited elite arts, elite sport program or entertainment indu	ıstry performar	nce:
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, e.g. 9:00am – 11:30am)		
· From// to://		
REASON FOR APPLICATION FOR EXEMPTION (Please tick \checkmark):		
Training for elite sport Elite sport event or tour Elite arts	program En	itertainment industry
Please provide more detail about the reason for the application for exem	ption here:	
Note: A schedule of participation, training or tour itinerary from the org	aniser arts or s	sporting hody (F a
Australian Institute of Sport) must be attached with contact names and		Lest any lety.
riastration institute of Sporty must be attached with contact numes und	mannocis.	

PART D PRINCIPAL'S RECOMMENDATION (in the case of employment in the entertainment industry or participation in elite arts or elite sports 100 days and over)

To be completed by the principal (If the Principal elects to set tuition requirements as a condition of absence from school) The tutor has consulted the school in the planning and development of this student's educational program. (Please tick \checkmark): Yes No **COMMENT:** I recommend/do not recommend that a Certificate of Exemption be granted (Delete which does not apply) To______for the period____/ ___to___/ (Name of student) Principal's name:_______Telephone number: ______ Signature: Date:____/___/ PART E INVESTIGATING OFFICER'S RECOMMENDATION To be completed where further investigation has been necessary. Investigating officer for principal approval will be a member of the school executive. For the Director it will be a member of the local Educational Services team or principal. **RECOMMENDATION** Following consideration of this application I am satisfied that conditions exist/do not exist (Delete which does not apply) that make it necessary and/or desirable for ___ _____ name of student) to be exempt from attendance/enrolment at school. I recommend that a Certificate of Exemption be: (Please tick \checkmark): granted declined. 1. Specific reasons for recommendation **not to grant** a Certificate of Exemption.

2. Suggested conditions applying to recommendation to grant a Certificate of Exemption.					
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Investigating officer name: Signature: L					
PART F PRINCIPAL'S RECOMMENDATION when r Application for Exemption and orward to	eferring to Director, Public Schools NSW (attach to next most senior delegate				
To be completed by the principal of the school and forwarded to the Executive Director for consideration:					
 for exemption <u>from enrolment not</u> covered under the 'Completion of Education in Special Circumstances (apprenticeships/traineeships)' where the exemption from attendance period requested exceeds 100 school days. 					
I recommend that this application from attendance at sch	ool is (Please tick ✓)				
□ Granted					
□ Declined					
Please provide more detail here (if required):					
Principal's name (please print):	Telephone number:				
Signature of principal:	Date: / /				
Note: Please complete the Certificate of Exemption from granted (Refer to Appendix C)	om Attendance / Enrolment at School if exemption is				

DELEGATE'S RECOMMENDATION: To be completed for ALL applications PART G (Delete that which does not apply) Following consideration of this application I am / am not satisfied that conditions exist that make it necessary or desirable that (name of student) be exempt from attendance/enrolment at school. Name and position of delegate: Signature of delegate: Date: ___/ ___ / ___ Notification to applicant: ____/___/___ Note: Please complete the Certificate of Exemption from Attendance/Enrolment at School if exemption is granted (Appendix C).