



APPLICATION FOR EXEMPTION FROM ATTENDANCE

PART A: Student Details

Family name	Given name	DOB	Age	Grade
Student address:				
			Postcode:	

DETAILS OF ACTIVITY AND EXEMPTION

- ELITE ARTS / SPORTS PROGRAM
- EMPLOYMENT IN ENTERTAINMENT INDUSTRY
- EXCEPTIONAL CIRCUMSTANCES

Details of exemption reason:

DETAILS OF PRIOR / CURRENT EXEMPTIONS or APPLICATION FOR EXTENDED LEAVE - TRAVEL (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





DATES OF EXEMPTION APPLIED FOR *(complete a, b or c)*

a) Exemption for multiple consecutive days

Dates of exemption period applied for: From _____ to _____

Number of school days: _____

b) Exemption for one of more individual dates

List of individual dates applied for

Number of school days: _____

c) Part day exemption (only for elite arts, elite sports or entertainment industry)

Hours of part day exemption applied for:

List of dates for part day exemption: _____

PARENT / CARER DETAILS

Family name:	Given name(s):
Address:	
Postcode:	
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 their 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 / CARER: _____ **DATE:** ____ / ____ / ____

