



## APPLICATION FOR EXEMPTION FROM ATTENDANCE

### PART A: Student Details

Once you have completed and signed this application please return this form to the Student Services Office or Email: [absent@redbendcc.nsw.edu.au](mailto:absent@redbendcc.nsw.edu.au)

Family name	Given name	DOB	Age	Grade
<b>Student address:</b>				
			<b>Postcode:</b>	

### 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**

<b>Family name:</b>	<b>Given name(s):</b>
<b>Address:</b>	
<b>Postcode:</b>	
<b>Phone:</b>	<b>Relationship to student:</b>

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

