

Application for Exemption from Attendance at School – Under 17

To be completed by the student's parents

STUDENT DETAILS				
Surname:	Given Name/s:			
Age:	Date of Birth:			
Enrolment Registration Number (ERN):				
Address:				
	Postcode:			
EXEMPTION DETAILS				
School Name:				
Date of Exemption applied from:	to:			
Number of school days exempted per week:				
REASON FOR THE EXEMPTION				
Exceptional Domestic Circumstances Other Exceptional Circumstances Direction under Section 42D of the <i>Public Health Act 1991</i> Employment in entertainment industry/participation in elite sporting event for short periods of time i.e. one or two days, and at short notice. Please provide more detail about the reason for the application for exemption here:				
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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/CURREN	IT EXEMPTIONS (if applicable)				
Date of Exemption:		to:			
Number of school days:					
Conv of Certificate of Evem	ption attached: (please tick one box)	Yes	No		
copy of certificate of Exem	priori accacinea. (piedse tiek one box)	163	NO		
PARENT DETAILS					
Surname:		Given Name/s:			
Relationship to Student:		Phone:			
Enrolment Registration Nur	mber (ERN):				
Address:					
			Postcode:		
-	nentioned student, I hereby apply for and that if the exemption is granted:	a Certificate of Exempt	tion from attendance at scho	ool, under the	
I am responsible for his/her supervision during the period of exemption					
The exemption is limited to the period indicated					
The exemption is sub	ject to the conditions listed on the Certi	ficate of Exemption			
The exemption may be cancelled at any time.					
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CONSENT FORM					
CONSERT FORM					
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:			