

Application for Exemption from Attendance at School

Given Name/s:			
Date of Birth:			
Postcode:			
School Contact Number:			
to:			
Number of school days exempted per week:			
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/CURRENT EXEMPTIONS (if applicable)				
Date of Exemption:		to:		
Number of school days:				
Copy of Certificate of Exem	ption attached: (please tick one box)	Yes	No	
PARENT DETAILS				
Surname:		Given Name/s:		
Relationship to Student:		Phone:		
Enrolment Registration Num	nber (ERN):			
Address:				
			Postcode:	
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.				
CONSENT 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:		