Application for exemption from enrolment

Part A: Student details

Family name	Given name		DOB	Age	Year level	SRN
Student address:		·			Postcode:	
School name						
Dates of exemption applied for: From		to				
Number of school days:						

Details of activity and exemption

Details of exemption reason:

Details of prior/current exemptions (if applicable)

Date of prior exemption: From to

Number of school days:

Copy of Certificate of Exemption attached: Yes No



Parent/guardian details (applicant)

Family name:	Given name:			
Address:	Postcode:			
Phone number:	Relationship to student:			
As the parent and applicant, I hereby apply for a Certificate Education Act 1990.	e of Exemption under the			
I understand that if the application is accepted and the exe	emption is granted:			
 I am responsible for his/her supervision during the period. The exemption is limited to the period indicated. The exemption is subject to the conditions listed on the exemption from enrolment. The exemption may be cancelled at any time. I declare the information provided in this application is to the accurate and complete. I recognise that should statements false or misleading any decision made as a result of this ap recognise that a failure to comply with any condition set our provided period of exemption being cancelled. 	Certificate of ne best of my knowledge and belief, in this application later prove to be uplication may be reversed. I further			
Signature of parent / guardian:	Date:			
Note: This document can be printed and signed, or signed usin	g digital ink tools.			

Privacy statement

The Department of Education 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 Exemption* during the period indicated.

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: Principal recommendation

For students turning 6:To be completed by the principal, in consultation with the Director, Educational Leadership (DEL).

For apprentices and trainees in Year 10: For principal	r, Public Schools' office for their final determination. recommendation (Part C not required).
I recommend that this Application for Exemption for	om enrolment is (please tick):
Granted	
Declined If declined, state reason:	
Principal's name:	Phone number:
Principal's signature:	Date:
Principal's checklist - Exemption from	n enrolment
Received completed and signed application	
Received evidence to support application For apprentices and trainees: sighted a copy of th	e signed training contract and plan
Director, Educational Leadership is aware of the a	application and has been consulted
Part C: Executive Director's determin	nation
To be completed by the Executive Director, Public	Schools.
Following consideration of this Application for	Exemption from enrolment: (please tick)
I am satisfied that conditions exist that make it ne this student be exempt from attendance at school	
I am not satisfied that conditions exist that make i this student be exempt from attendance at school	
If declined, state reason:	
Executive Director's name:	Phone number:
	Nate:

Executive Director's signature:

Note: This document can be printed and signed, or signed using digital ink tools.

Note: Please complete the Certificate of Exemption from enrolment if exemption is granted.



Certificate of exemption from enrolment

The student whose details appear below has been granted an exemption from school for the period indicated.

Student details

Family name	Given name	DOB	Age	Year level	SRN	
Student address:				Postcode:		
School name						
Dates of exemption: From	to					
Reason for providing the exemption:						
Conditions of the exemption:						
It has been explained to the parent of the above mentioned student that they are responsible for his/her supervision during the provided period of exemption.						
The parent understands that the that the provided period of exe			dicated and a	cknowledges		
Executive Director's name:						
Executive Director's signature:			Date:			
Principal's name:						
Principal's signature:		Date	:			

