



APPLICATION FOR EXEMPTION FROM ATTENDANCE AT SCHOOL

If exemption is sought for more than one student, separate applications must be made for each student.



Form B7.1

PART A (to be completed by the student's parent or caregiver and returned to school Principal)

Student Details

Family Name: Given Name(s):

Student's Address:

..... Post Code:

Date of Birth:/...../..... (Dd/mm/yyyy) Age

Enrolment Registration Number

School Details

School Name: St Paul's Parish Primary School

Suburb: Moss Vale

Phone Number: 02 4868 1794

Application for Exemption

Dates of exemption applied for:/...../..... to/...../..... Number of School Days:

REASON FOR APPLICATION FOR EXEMPTION (Please tick)

- Exceptional domestic circumstances
- Other exceptional circumstance
- Employment in entertainment industry/participation in elite sporting event for short periods of time (i.e. for one or two days and at short notice)

Please provide more detail about the reason for the application for exemption here

.....

.....

.....

.....

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

Date of exemption from... / / to / / Number of School Days.....

Copy of Certificate of Exemption attached (Please tick one box): Yes No

Parent or Caregiver Details

Family Name: Given Name(s):

Address:

..... Post Code.....

Telephone Number: Relationship to Student.....

Declaration/Signature

As the parent or caregiver of the aforementioned 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.

I declare that 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: / /

Once you have completed and signed Part A please return this form to the school Principal.

Privacy Statement

PRIVACY STATEMENT

The information that you provide will be used to process your child's application for an exemption from the requirement to enrol at and/or attend school. It will only be 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's Decision and Signature

Where the exemption period requested exceeds 50 school days, this Part is to be completed by the Principal of the school and forwarded to the relevant Head of School Services Catholic Education Office.

Prior to forwarding this application for exemption from attendance at school to the relevant Head of School Services, the Principal should complete the following advice.

I recommend that this application from attendance at school is (Please tick one box

Granted

Not Granted

Please provide more detail here (if required):.....
.....
.....
.....
.....
.....

Principal's Name (please print):

Signature of Principal:

Date:

Telephone Number:

Acting Head of School Services Decision and Signature

Head of School Service's Name (please print):

Comment (if required):

Signature of Head of School Services:

Date:

Note: Principal to complete the Certificate of Exemption from Attendance at School if exemption is granted. One copy to the parents with another copy filed with the student's records.