



TO BE COMPLETED BY THE STUDENT'S PARENTS

STUDENT DETAILS

Family name: _____ Given name(s): _____

Age: _____ Date of birth: ____ (dd) / ____ (mm) / ____ (year)

Enrolment Registration Number (ERN): _____

Address: _____

Postcode: _____

School name: _____

Date of exemption applied for: ____ / ____ / ____ to: ____ / ____ / ____

Number of school days: _____

REASON FOR APPLICATION FOR EXEMPTION:

Please tick: ✓

- ☐ Age, where a child turns six years in October or later in a school year and is engaged in full time preschool education at an accredited preschool for the remainder of the school year.
- ☐ Participation in full or part-time accredited preschool programs for students with disabilities leading to enrolment and full-time attendance at a government or registered nongovernment school not later than six months after the child's sixth birthday.
- ☐ The health or disability of a child necessitating the continuation of an individual program supported by medical specialists not longer than six months after the child's sixth birthday.
- ☐ Participation in a full-time apprenticeship or traineeship.

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 (IF APPLICABLE)

Date of prior/current exemption from: ____ / ____ / ____ to: ____ / ____ / ____

Number of school days: ____

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

PARENT DETAILS

Family name: _____ Given name(s): _____

Address: _____

_____ Postcode: _____

Telephone number: _____ Relationship to student: _____

As the parent of the above mentioned student, I hereby apply for a Certificate of Exemption from enrolment 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 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: ____ / ____ / ____

INVESTIGATING OFFICER'S RECOMMENDATION

To be completed by the investigating officer nominated by the school.

RECOMMENDATION

1. Following consideration of this application I am satisfied that conditions exist/do not exist that make it necessary and/or desirable for _____ (insert name of student) to be exempted from enrolment at school. I recommend that a Certificate of Exemption be granted/declined. (Circle appropriate recommendation)

2. Specific reasons for recommendation not to grant a Certificate of Exemption.

3. Suggested conditions applying to recommendation to grant a Certificate of Exemption.

Investigating officer name: _____

Signature: _____

Date: ____ / ____ / ____

PRINCIPAL'S RECOMMENDATION

(Delete that which does not apply)

Following consideration of this application I am/am not satisfied that conditions exist that make it necessary and desirable that _____ (insert name of student) be exempted from enrolment at school.

Name and position of delegate: _____

Signature of delegate: _____

Date: ____ / ____ / ____ Notification to applicant: ____ / ____ / ____

Note: Please complete the Certificate of Exemption from Enrolment at School if exemption is granted.