



Application for Exemption from Enrolment at School

To be completed by students parents

STUDENT DETAILS

Surname:		Given Name/s:	
Age:		Date of Birth:	
Enrolment Registration Number (ERN):			
Address:			Postcode:

EXEMPTION DETAILS

School Name:		School Contact Number:	
Date of Exemption applied from:		to:	
Number of school days:			

REASON FOR THE EXEMPTION

	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 Exemption:		to:	
Number of school days:			

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

PARENT DETAILS

Surname:		Given Name/s:	
Relationship to Student:		Phone:	
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:	
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