Application for Exemption from Attendance at School
To be completed by parents/guardians at least one month prior to date of requested leave.

Under Section 25 of the *Education Act* (1990) it is a requirement that parents/guardians submit applications for approval of leave for the following:

- Extended periods of three to five days - to the relevant Head of School
- Extended periods of more than five days - to the Principal

For

a. Holiday leave  
b. Sporting commitments  
c. Employment within the entertainment industry  
d. Exceptional circumstances (medical, domestic, etc)

**STUDENT DETAILS**

Please complete the table below with details of all students associated with the period of leave.

<table>
<thead>
<tr>
<th>Surname</th>
<th>Given Name</th>
<th>Date of Birth</th>
<th>Age</th>
<th>Year</th>
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Date of leave applied for: ____ / ____ / 20___ : ____ / ____ / 20___  Number of school days: _________

NB: The School does not endorse extended family holidays during school time.

**Reason for Application for Exemption:** Please tick:

1. Exceptional circumstances  
2. Participation in elite arts or sporting event  
3. Employment within entertainment industry  
4. Travel
### 1. EXCEPTIONAL CIRCUMSTANCES

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

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
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________________________________________________________________________
________________________________________________________________________

### 2. PARTICIPATION IN ACCREDITED ELITE ARTS OR ELITE SPORTS

Name of accredited elite arts or sports program: _________________________________

Dates of exemption applied for: From: ___ / ___ / _____  To: ___ / ___ / _____

Number of school days: ______

Individual dates applied for: ________________________________________________

Reason for application for exemption: Please tick: ☑

Training for elite sport ☐  Elite sport event or tour ☐  Elite arts program ☐

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

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

**NOTE:** A schedule of training or tour itinerary from the arts body or sporting body must be attached with contact names and numbers.

### 3. EMPLOYMENT IN THE ENTERTAINMENT INDUSTRY

**EMPLOYER’S DETAILS**

Name of company/corporation: _______________________________________________

Contact person: ____________________________________________________________

Address: __________________________________________________________________ Postcode: ______

Telephone number: ___________________________  Email: _______________________

**Attachments**

1. Detailed itinerary/work schedule for the period of exemption sought: Yes ☐  No ☐

2. Evidence of tutor’s teaching qualifications (supplied by employer): Yes ☐  No ☐

Employers signature: ___________________________________________  Date: ___________
4. **TRAVEL**

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 10 school days, copies of travel documentation should be included with the application.

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<th>PARENT DETAILS</th>
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<td>Surname: ___________________________</td>
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<td>Address: ___________________________</td>
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<td>Telephone number: _________________</td>
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As the parent of the above-mentioned student, I hereby apply for a Certificate of Exemption (leave) 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 leave is subject to your child making arrangements to catch up on any missed school work during their absence
- The exemption is subject to the conditions listed on the Certificate of Extended Leave
- 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: ____ / ____ / _______

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<tr>
<td>Are school fees currently paid up to date?</td>
<td>Yes / No</td>
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<td>If No - amount outstanding: $</td>
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This section needs to be completed by the student and submitted with the Application for Leave form.

Name: ___________________________________________  Year and House Tutor Group: ______
Date of Absence: ____________________________ to ____________________________

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<th>Subject</th>
<th>Work/Assessments missed – plans and implications</th>
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PART C: PRINCIPAL’S/HEAD OF SCHOOL’S RECOMMENDATION

I, recommend / do not recommend that a certificate of exemption be granted / not granted to:

__________________________________________ for the period ___ / ___ / ______ to: ___ / ___ / ______

(Student’s Name)

Name: ____________________________________________________________

Position: _________________________________________________________

Signature: ___________________________________________________________________ Date: ___ / ___ / ______