



Application for Exemption from Attendance at School

To be completed by parents/guardians at least one month prior to the date of the requested leave

Under Section 25 of the Education Act 1990 (NSW), parents of a student of compulsory school age can seek an exemption from attendance at school.

Students may be granted exemptions from attendance due to the following:

- Extended illness or medical conditions
- Exceptional family circumstances
- Elite sporting or artistic commitments

If the Exemption from school is granted, the School will provide a Certificate of Exemption, which must be carried by the student during the period of leave.

All exemptions must be formally approved by the Principal and comply with NSW regulations.

STUDENT DETAILS

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

Surname	Given Name	Date of Birth	Age	Year

Date of leave applied for: ____ / ____ / 20____ : ____ / ____ / 20____ Number of school days:

Reason for application for exemption:

Please tick:

Exceptional domestic circumstances	<input type="checkbox"/>
Other Exceptional Circumstance	<input type="checkbox"/>
Direction under Section 42D of the <i>Public Health Act 1991</i>	<input type="checkbox"/>
Extended illness or Medical Condition	<input type="checkbox"/>
Employment in the entertainment industry/participation in elite sporting events	<input type="checkbox"/>

PARTICIPATION IN ACCREDITED ELITE ARTS OR ELITE SPORTS

Name of accredited elite arts or sports program: _____

Reason for application for exemption: Please tick:

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

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

NOTE:

A training or tour schedule from the arts or sporting body **must be attached, along** with contact names and numbers.

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: _____

EXCEPTIONAL CIRCUMSTANCES

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

FULL TIME OR PART TIME EXEMPTION REQUESTED

Please tick:

FULL TIME

PART TIME

Please complete a, b or c.

a) Dates of exemption applied for (if consecutive days): ____ / ____ / _____ to: ____ / ____ /

Number of school days: _____

b) Dates of full school days applied for (if not consecutive days):

Number of school days: _____

c) If applying for part-time exemption (if partial exemption):

Number of school days: _____

Date

Hours of exemption

e.g. 2/2/2021, 9/2/2021, 16/2/2021

9 am-11.30 am

PARENT DETAILS

Surname: _____ 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 (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 schoolwork 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: ____ / ____ / _____

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_____

Subject	Work/Assessments missed – plans and implications	Classroom Teacher
Year 9,10,11,12 students		Dean of Studies

PART C: PRINCIPAL'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 of Principal -----

Signature: ----- Date: ____ / ____ / -----