

Application for Exemption from Attendance at School (M)

PART A

To be completed by parent/caregiver; if exemption is sought for more than one student, separate applications need to be made

School Details

Name/Suburb:	Telephone No.:
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Student Details

Family Name:		Given name(s):	
Address:			
			Postcode:
Date of Birth:	Age:	Student No.	

Application for Exemption

If consecutive dates: Dates exemption applied for:	From:	To:	Total number of school days
If non-consecutive dates: Individual dates applied for:			

Reason for Exemption from Attendance at School (*tick relevant box*)

1. Exceptional circumstances	<input type="checkbox"/> Go to Part C
2. Employment in entertainment industry <i>Employer to complete Part B if the application is for 10 or more consecutive school days</i>	<input type="checkbox"/> Go to Part B
3. Participation in elite arts/sporting event <i>A schedule of training or tour itinerary from the arts/sporting body (for example, Australian Institute of Sport) must be attached with contact names and numbers</i>	<input type="checkbox"/> Go to Part C
Name of accredited elite program:	
Reason (tick one): Training for elite program <input type="checkbox"/> Elite program event or tour <input type="checkbox"/>	

Please provide more detail about the reason for the application for Exemption from Attendance at School

Are there any prior or current exemptions?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<i>(If yes, provide details)</i>
Dates of prior/current exemption(s) applied from	From: <input type="checkbox"/>	To: <input type="checkbox"/>	No. of school days:
Is copy of prior/current <i>Certificate of Exemption</i> attached?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	

Parent/Caregiver Details	
Family name:	Given name(s):
Address:	
	Postcode:
Contact Telephone:	Relationship to student:

Declaration and Signature

As the parent or caregiver 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.

I declare that information provided in this Application for a Certificate of Exemption from Attendance at School 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 **Date**

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

Privacy Statement

The information that you provide will be used to process the student'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.

Notes: 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: Employer's details

Completed by the employer for the student's employment in the entertainment industry

Employer's Details

Company/Corporation Name:

Contact Person:

Address:

Postcode:

Contact Telephone:

Email:

Reason for the Application for Exemption from Attendance at School**Attachments**

Detailed itinerary/work schedule for the period of exemption sought	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Evidence of tutor's teaching qualifications supplied by employer	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Evidence that the tutor meets child protection requirements	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Employer's Signature-----
*Signature**Date***Please forward the completed form to the school**

Part C: Principal's Recommendation
Completed by the school principal

Principal's Details	
Name:	
Contact Telephone:	Email:

Complete if the exemption is for the student's participation in an elite sporting event	
The tutor has consulted the school in the planning and development of this student's educational program for the period of the exemption	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comment:	

Complete one either (i) or (ii)

(i) Principal's Decision and Signature: Application for Exemption of <u>less</u> than 100 days	
Granted <input type="checkbox"/>	Complete Form B2 (Certificate of Exemption from Attendance at School)
Declined <input type="checkbox"/>	Details:
Name of Principal:	Contact Telephone:
Signature:	Date:
(ii) Principal's Recommendation and Signature: Application is for Exemption of <u>100 days or more</u>	
Principal makes a recommendation and forwards it to the investigation officer of the Catholic Schools Office	
Granted <input type="checkbox"/>	Forward recommendation to CSO; CSO to complete Part D
Declined <input type="checkbox"/>	Details:
Name of Principal:	Contact Telephone:
Signature:	Date:

Principal's Signature

Signature *Date*

Where the exemption period requested exceeds 100 school days in a 12 month period, the application is to be forwarded to the investigating officer of the CSO who will make a recommendation to NSWCEC (Part D)

Part D: Investigating Officer's Recommendation

Completed by the Investigating Officer of the CSO for applications of 100 days or more

Investigating Officer's Details

Name:

Position:

Contact Telephone:

Email:

Investigating Officer's Recommendation

Following consideration of this application, I am satisfied that conditions making it necessary and/or desirable for: **exist** **do not exist**

----- to be exempt from attendance at school.

Name of Student

I recommend that the Certificate of Exemption be: **Granted** **Not Granted**

Reasons for recommendation not to grant a Certificate of Exemption

Suggested conditions applying to the recommendation to grant a Certificate of Exemption

Investigating Officer's Signature

Signature

Date

Where the exemption period requested exceeds 100 school days in a 12 month period, the recommendation is to be forwarded to the investigating officer of the CSO who will make a recommendation to NSWCEC (Part E)

Part E: Minister's Recommendation

Completed by the Minister's delegate for applications for 100 or more days

Minister's Recommendation (to be completed by the Delegate)

Following consideration of this application, I am satisfied that **exist** **do not exist**
conditions making it necessary and/or desirable for:

----- to be exempt from attendance at school.

Name of Student

I recommend that the Certificate of Exemption be: **Granted** **Not Granted**

Delegate's Details

Name:

Position:

Contact Telephone:

Email:

Delegate's Signature

Signature *Date*

Date applicant notified:

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