Application for Exemption from Attendance at School

To be completed by the student’s parents

STUDENT DETAILS
Family Name: ___________________________ Given Name(s): ___________________________

Age: _____ Date of Birth: ___ / ___ / ______ (dd/mm/yyyy)

Address: _______________________________________________________________________

_______________________________________________________________________________ Postcode: __________

Date of prior/current exemption from: ___ / ___ / ______ to: ___ / ___ / ______

Number of school days: ______

Reason for application for exemption: ____________________________________________________________________________

Please tick: ✓

<table>
<thead>
<tr>
<th>Exceptional domestic circumstances</th>
<th>Other exceptional circumstances</th>
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<tbody>
<tr>
<td>Direction under Section 42D of the Public Health Act 1991</td>
<td>Employment in entertainment industry/participation in elite sporting event for short periods of time i.e. for one or two days, and at short notice</td>
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</tbody>
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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 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 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: ___ / ___ / ______