

Application for Exemption from Enrolment at School (M)

For reasons **OTHER** than completion of a full-time apprenticeship or traineeship commencing in Year 10

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

STUDENT DETAILS

Family name Given name(s)

Address..... Postcode

Date of birth Age Student no

APPLICATION FOR EXEMPTION

Dates of exemption applied for / / to / / Number of school days

REASON FOR APPLICATION FOR EXEMPTION (please tick relevant box)

- 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 non-government 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.
- Cultural/trauma/medical.

Please provide more detail about the reason for the Application for Exemption from Enrolment at School.

.....

.....

.....

PARENT/CAREGIVER DETAILS

Family name Given name(s)

Address Postcode

Contact telephone Relationship to student

DECLARATION/SIGNATURE

As the parent or caregiver of the above mentioned student, I hereby apply for a Certificate of Exemption from Enrolment 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 Enrolment 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 of applicant 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.

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

To be completed by the investigating officer nominated by the CSO if exemption is sought for 100 days or more

INVESTIGATING OFFICER'S DETAILS

Name Position

Contact telephone..... Fax.....

Email Address.....

INVESTIGATING OFFICER'S RECOMMENDATION

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

(Name of student) to be exempt from attendance at school.

I RECOMMEND THAT A CERTIFICATE OF EXEMPTION BE: GRANTED NOT GRANTED

REASONS FOR RECOMMENDATION NOT TO GRANT A CERTIFICATE FROM EXEMPTION

.....
.....
.....
.....

SUGGESTED CONDITIONS APPLYING TO THE RECOMMENDATION TO GRANT A CERTIFICATE OF EXEMPTION FROM ENROLMENT AT SCHOOL

.....
.....
.....
.....

INVESTIGATING OFFICER'S SIGNATURE

..... Date

PART C

DIRECTOR'S DECISION FOR EXEMPTIONS OF 100 DAYS OR MORE (to be completed by the CSO Director)

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

(Name of student) to be exempt from attendance at school.

DIRECTOR'S DETAILS

Name

Contact telephone..... Fax.....

Email Address.....

Director's signature Date

Date applicant notified

Please complete the Certificate of Exemption from Attendance at School if exemption is granted.

PART D

MINISTER'S RECOMMENDATION (to be completed by the delegate)

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

(Name of student) to be exempt from attendance at school.

DELEGATE'S DETAILS

Name Position

Contact telephone..... Fax.....

Email Address.....

INVESTIGATING OFFICER'S SIGNATURE

..... Date