

School Attendance Policy PD20050259
EXEMPTION FROM SCHOOL - PROCEDURES

3.4 Application for Exemption from Attendance at School for Elite Sports



**Education
& Training**

NOTE: PART A is to be completed by the student's parent and returned to their child's school principal.

If exemption is sought for more than one student, separate applications must be made for each student.

PART A STUDENT DETAILS

Family name: _____ Given name(s): _____

Age: _____ Date of birth: ____ (dd) / ____ (mm) / ____ (year)

Enrolment Registration Number (ERN): _____

Student's address: _____

_____ Postcode: _____

School name: _____ School's telephone number: _____

Dates of exemption applied for: ____ / ____ / ____ to: ____ / ____ / ____ (if in a block)

Number of school days: _____

Individual dates applied for: _____

Number of school days: _____

Name of accredited elite sport program: _____

REASON FOR APPLICATION FOR EXEMPTION (Please tick ☒)

Training for elite sport ☐

Elite sport event or tour ☐

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

Note: A schedule of training or tour itinerary from the sporting body (Eg Australian Institute of Sport) must be attached with contact names and numbers.

**For more information telephone the student welfare consultant
at your local school area office on telephone 131 536**

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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 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 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: ____ / ____ / ____

PRIVACY STATEMENT

The Department of Education and Training is subject to the Privacy and Personal Information Protection Act 1998. The information that you provide will be used to process your child's application for an exemption from the requirement to enrol at and/or attend school.

It will only be used or 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.

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PART B PRINCIPAL'S RECOMMENDATION

To be completed by the principal

The tutor has consulted the school in the planning and development of this student's educational program. (Please tick ☒)

Yes ☐ No ☐

COMMENT:

I recommend/do not recommend that a certificate of exemption be granted/not granted
(Delete that which does not apply)

to _____ for the period ____ / ____ / ____ to ____ / ____ / ____
(Name of student)

Principal's name: _____

Signature: _____

Telephone number: _____ Date: ____ / ____ / ____