

## Application for Exemption from Attendance at School: Exceptional circumstances

### PART A: TO BE COMPLETED BY THE STUDENT'S PARENTS

#### Student Details

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

Family name: \_\_\_\_\_ Given name(s): \_\_\_\_\_

Age: \_\_\_\_\_ Date of birth: \_\_\_\_ (dd) / \_\_\_\_ (mm) / \_\_\_\_ (year)

Enrolment Register Number: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

School name: \_\_\_\_\_

Date of exemption applied for: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Number of school days: \_\_\_\_\_

Reason for application for exemption:

Please tick:

Exceptional circumstances	<input type="checkbox"/>
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Please provide more detail about the reason for the application for exemption here:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please attach any additional evidence, e.g., health care plan, medical advice etc.

DETAILS OF PRIOR/CURRENT EXEMPTIONS (if applicable)

Date of prior/current exemption from: \_\_\_ / \_\_\_ / \_\_\_\_ to: \_\_\_ / \_\_\_ / \_\_\_\_

Number of school days: \_\_\_\_

Copy of prior/current Certificate of Exemption attached: (Please tick one) 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: \_\_\_ / \_\_\_ / \_\_\_\_

PRIVACY STATEMENT – FOR REFERRAL TO THE DEPT EDUCATION, WHERE THE PERIOD OF EXEMPTION APPLIED FOR IS 100 DAYS OR MORE

*The Department of Education 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.*