

Application for Exemption from Attendance at School	Form A2
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Part A: Parent/Caregiver *(Completed by parent/caregiver)*

If exemption is sought for more than one student, separate applications need to be made

School Details

Name/Suburb:	Tel. 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:			
Hours of Exemption (If Partial Exemption, e.g. 9:00am – 11:30am)	From:	To:	

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

1. Exceptional circumstances	<input type="checkbox"/>
2. Employment in entertainment industry <i>** Part B must be completed by the employer for applications greater than 10 days.</i>	<input type="checkbox"/>
3. Participation in elite arts/sporting event <i>Please attach 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"/>
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

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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 for	From:	To:	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 Tel:	Relationship to student:

Declaration and Signature

Date

As the parent/caregiver of the above mentioned student, I hereby apply for a Certificate of Exemption from Attendance at School; under the [NSW Education Act 1990](#). I understand that, if the exemption is granted:

- I am responsible for the supervision of the student 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 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.

Privacy Statement

The information provided 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 any concerns or complaints about the way your personal information has been collected, used or disclosed, please contact the school.

Part B: Employer's details (Completed by the employer)

Only to be completed for student's employment in the entertainment industry for greater than 10 days

Employer's Details

Company/Corporation Name:

Contact Person:

Address

Postcode:

Contact Tel:

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

Date

Please forward the completed form to the School