APPLICATION FOR EXEMPTION FROM SCHOOL ATTENDANCE – EXCEPTIONAL CIRCUMSTANCES (e.g. family circumstances)

**INFORMATION**

Principals may grant an exemption from attendance relating to exceptional circumstances less than 100 days. For the granting of exemptions totaling 100 days or more, the application must be referred to the Director, Government Education Policy, AIS.

This category includes the health of a student where sick leave or alternative enrolment is not appropriate. If the child is being prevented from attending school because of a direction under the Public Health Act 2010 the parent is not required to complete an Application for Exemption from Attendance and the principal may grant a Certificate of Exemption for the period determined by the relevant authorities under this Act.

Students who are traveling during school terms are no longer exempt under this category. The parent or applicant in this case should be referred to the complete an Application for Extended Leave.

For more information on exemption please refer to Exemptions from Attendance or Enrolment at School on the AIS (Association of Independent Schools) website.

**PART A is to be completed by the student’s parent/applicant 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.

**STUDENT DETAILS**

| Family name: ________________________________ | Given names: ________________________________ |
| Age: __________________ Date of birth: _______ (dd) / _______ (mm) / _______ year |
| Student Registration / Enrolment Number (if applicable): ________________________________ |
| Student’s address: ___________________________________________________________ | Postcode: ________ |

**DETAILS OF PRIOR / CURRENT EXEMPTIONS (if applicable)**

| Dates of prior/current exemption from: _________ / ___ / ___ to ___ / ___ / ___ |
| Number of school days: ____________________ |

Copy of Certificate of Exemption attached (please tick)  Yes ☐  No ☐

**DETAILS OF EXEMPTION SOUGHT**

Exemption is sought from school attendance for (please tick):

- ☐ Exceptional circumstance
  - ☐ Exemption from attendance totalling up to 100 days in a 12 month period
  - ☐ Exemption from attendance totalling 100 days or more in a 12 month period
REASON FOR APPLICATION FOR EXEMPTION

Please provide more details about the reason for the application for exemption here
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

PARENT/APPLICANT DETAILS

Family name: ____________________________ Given names: ____________________________
Address: ____________________________ Postcode: _________
Telephone number: ____________________________ Relationship to student: ____________________________

PRIVACY STATEMENT

The school collects this information to process the Application for a student to be granted an exemption from the requirement to attend school. The personal information provided will be managed in accordance with the school’s privacy policy.

As the parent/guardian of the above mentioned student, I hereby apply for a Certificate of Exemption 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 parent/guardian: ____________________________ Date: ____________________________

PART B is to be completed by the principal

PRINCIPAL’S RECOMMENDATION: to be completed ONLY when the exemption from attendance period requested is less than 100 school days.

I recommend/do not recommend that a Certificate of Exemption be granted (delete which does not apply) to __________________________________________ (name of student) for the period ____/____/____ to ____/____/____

Principal’s name: ____________________________ Telephone number: ____________________________

Signature: ____________________________ Date: ____________________________

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

PRINCIPAL’S RECOMMENDATION: to be completed for ALL applications when the exemption from attendance period requested exceeds 100 school days.

If completing this section please forward Application to Director, Government Education Policy, AIS.

I recommend that this application from attendance at school is (Please tick ☒):

☐ Granted
☐ Declined
Please provide more detail here (if required):


Principal’s name: ___________________________________________ Telephone number: __________________
Signature: ___________________________________________ Date: ______________________________

PART C is to be completed by the delegate

DELEGATE’S RECOMMENDATION: to be completed for ALL applications when the exemption from attendance period requested exceeds 100 school days.

(Delete that which does not apply)

Following consideration of this application I am / am not satisfied that conditions exist that make it necessary or desirable that ____________________________________ (name of student) be exempt from attendance at school.

Name and position of delegate: _____________________________________________________________________

Signature of delegate: ______________________________________________ Date: _________________________

Notification to parent/applicant: ______________________________________ / ____________ / _______________

Note: Please complete the Certificate of Exemption from Attendance at School if exemption s granted.