

Application for Exemption from Attendance at School

To be completed by the student's parents

For the Whole of Their Life

STUDENT DETAILS								
Surname:	Given Name/s:							
Age:	Date of Birth: / /							
	Date of birth: / /							
Enrolment Registration Number (ERN):								
Address:								
	Postcode:							
EXEMPTION DETAILS								
EALIWI HON DETAILS								
School Name:								
Date of Exemption applied from: / /	to: / /							
Number of school days exempted per week:								
REASON								
Please tick:								
Exceptional domestic circumstances								
Other Exceptional Circumstances								
Direction under Section 42D of the <i>Public Health Act 1991</i>								
Employment in entertainment industry/participation in elite sporting event for short periods of time i.e. for one or two days, and at short notice								
Please provide more detail about the reason for the application for exemption here:								

NOTE: Where the reason for application for exemption includes long term travel arrangements of more than 20 school days, copies of travel documentation should be included with the application.

DETAILS OF F	'RIOR/CUF	RRENT EXEM	PTIONS (if ap	oplicable)				
Date of prior/cu	ırrent Exem	ption from:	/	/	to:	/	/	
Number of scho	ool days:							
Copy of Certif	icate of Ex	emption atta	ched: (<i>Please</i>	e tick one bo)×)	Yes (○ No	
PARENT DETA	AILS							
Surname:					Given Name/s:			
Relationship to	student:				Phone:			
Address:	•					-		
					Postcode			
• I am I • The e • The e	ation Act of responsible exemption exemption exemption	1990. I under e for his/her s is limited to t	stand that if the supervision of the period income the condition	the exemption in the periodicated as listed on the contract of	or a Certificate or on is granted: eriod of exemptio	n		·
accurate and	nformation complete. ult of this a	l recognise tl application m	nat should st ay be revers	atements in ed. I further	this application la	ater prove to	be false or mi	owledge and belief sleading any decisio condition set out in
Signature of ap	plicant/s:				Date:	/	/	