Application for Exemption from Attendance at School

STUDENT DETAILS				
Surname:	Given Name/s:			
Age:	Date of Birth:			
Enrolment Registration Number (ERN):				
Address:				
	Postcode:			
EXEMPTION DETAILS				
School Name:	School Contact Number:			
Date of Exemption applied from:	to:			
Number of school days exempted per week:				
REASON FOR THE EXEMPTION				
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. 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 PRIOR/CURREN	T EXEMPTIONS (if applicable)			
Date of Exemption:	to:			
Number of school days:				
Copy of Certificate of Exemp	ption attached: (please tick one box	() Yes	No	
PARENT DETAILS				
Surname:		Given Name/s:		
Relationship to Student:		Phone:		
Enrolment Registration Num	nber (ERN):			
Address:				
			Postcode:	
 I am responsible for h The exemption is limit The exemption is subj 	entioned student, I hereby apply for and that if the exemption is granted: nis/her supervision during the period of ted to the period indicated ject to the conditions listed on the Cerbe cancelled at any time.	of exemption	tion from attendance at sch	ool, under the
CONSENT FORM				
accurate and complete. I rec	ovided in this application for a certif cognise that should statements in th lication may be reversed. I further re e exemption being revoked.	nis application later pro	ve to be false or misleading	any decision
Signature of Applicant/s		Date:		