



ST PHILIP'S CHRISTIAN COLLEGE PORT STEPHENS (SPCC PS)

**Application for Exemption from Enrolment at School**

To be completed by the student's parents

**Student Details**

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

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

Enrolment Registration Number (ERN): \_\_\_\_\_

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

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

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

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

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

**Reason for application for exemption:**

Please tick:

- Age, where a child turns six years in October or later in a school year and is engaged in full time preschool education at an accredited preschool for the remainder of the school year.
- Participation in full or part-time accredited preschool programs for students with disabilities leading to enrolment and full time attendance at a government or registered non-government school not later than six months after the child's sixth birthday.
- The health or disability of a child necessitating the continuation of an individual program supported by medical specialists not longer than six months after the child's sixth birthday.
- Participation in a full time apprenticeship or traineeship.

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/CURRENT EXEMPTIONS (if applicable)**

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

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

Copy of Certificate of Exemption attached: (Please tick one box)    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 enrolment 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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

## INVESTIGATING OFFICER'S RECOMMENDATION

To be completed by the investigating officer nominated by the school.

### RECOMMENDATION

1. Following consideration of this application I am satisfied that conditions exist/do not exist that make it necessary and/or desirable for \_\_\_\_\_ (*insert name of student*) to be exempted from enrolment at school. I recommend that a Certificate of Exemption be granted/declined. (Circle appropriate recommendation)

2. Specific reasons for recommendation not to grant a Certificate of Exemption.

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3. Suggested conditions applying to recommendation to grant a Certificate of Exemption.

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Investigating officer name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### PRINCIPAL'S RECOMMENDATION

(Delete that which does not apply)

Following consideration of this application I am/am not satisfied that conditions exist that make it necessary and desirable that \_\_\_\_\_ (*insert name of student*) be exempted from enrolment at school.

Name and position of delegate: \_\_\_\_\_

Signature of delegate: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Notification to applicant: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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