

**A: APPLICATION FOR EXEMPTION FROM ATTENDANCE/ENROLMENT AT SCHOOL**



Education & Communities

Public Schools NSW

**NOTE: PART A** is to be **completed by the student's parent** 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.

**PART A STUDENT DETAILS**

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

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

Student Registration Number (SRN): \_\_\_\_\_

Student's address: \_\_\_\_\_

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

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

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

Number of School Days: \_\_\_\_\_

**REASON FOR APPLICATION FOR EXEMPTION (Please tick one )**

**FROM ATTENDANCE**

- Exceptional circumstance
- Employment in entertainment industry
- Participation in elite sporting event including for short periods of time i.e. for one or two days, and at short notice.
- Participation in elite arts program

**FROM ENROLMENT**

- Enrolment at school
  - 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, learning or social needs 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:

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**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 ):  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 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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**PRIVACY STATEMENT**

The Department of Education and Communities is subject to the Privacy and Personal Information Protection Act 1998. The information that you provide will be used to process your child's application for an exemption from the requirement to enrol at and/or attend school.

It will only be used or 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.

The information will be stored securely. You may access or correct any personal information by contacting the school. If you have a concern or complaint about the way your personal information has been collected, used, or disclosed, you should contact the school.

**PART B EMPLOYER'S DETAILS (in the case of employment in the entertainment industry)**

**To be completed by the employer.**

Name of company/corporation: \_\_\_\_\_

Contact person: \_\_\_\_\_

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

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

Telephone number: \_\_\_\_\_ Facsimile: \_\_\_\_\_

Email address: \_\_\_\_\_

(Please attach and tick )

1. Detailed itinerary/work schedule for the period of exemption sought:  Yes  No

2. Evidence of tutor's teaching qualifications (supplied by employer):  Yes  No

Employer's signature: \_\_\_\_\_

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

**PART C PARTICIPATION IN ACCREDITED ELITE ARTS, ELITE SPORTS OR ENTERTAINMENT INDUSTRY**

**To be completed by the applicant**

Name of accredited elite arts, elite sport program or entertainment industry performance:

\_\_\_\_\_

**A** Dates of exemption applied for: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (if block)

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

**B** Individual dates applied for: \_\_\_\_\_

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

**C** Hours of exemption (if partial exemption, e.g. 9:00am – 11:30am) \_\_\_\_\_

From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**REASON FOR APPLICATION FOR EXEMPTION (Please tick ):**

Training for elite sport  Elite sport event or tour  Elite arts program  Entertainment industry

Please provide more detail about the reason for the application for exemption here:

\_\_\_\_\_

**Note:** A schedule of participation, training or tour itinerary from the organiser, arts or sporting body (E.g. Australian Institute of Sport) must be attached with contact names and numbers.

**PART D PRINCIPAL'S RECOMMENDATION (in the case of employment in the entertainment industry or participation in elite arts or elite sports 100 days and over)**

**To be completed by the principal (If the Principal elects to set tuition requirements as a condition of absence from school)**

The tutor has consulted the school in the planning and development of this student's educational program. (Please tick ):  Yes  No

COMMENT: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I recommend/do not recommend that a Certificate of Exemption be granted (Delete which does not apply)

To \_\_\_\_\_ for the period \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Name of student)

Principal's name: \_\_\_\_\_ Telephone number: \_\_\_\_\_

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

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

**PART E INVESTIGATING OFFICER'S RECOMMENDATION**

**To be completed where further investigation has been necessary. Investigating officer for principal approval will be a member of the school executive. For the Director it will be a member of the local Educational Services team or principal.**

**RECOMMENDATION**

Following consideration of this application I am satisfied that conditions exist/do not exist (Delete which does not apply) that make it necessary and/or desirable for \_\_\_\_\_ (name of student) to be exempt from attendance/enrolment at school.

I recommend that a Certificate of Exemption be: (Please tick ):  granted  declined.

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

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

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

**PART F PRINCIPAL'S RECOMMENDATION when referring to Director, Public Schools NSW (attach to Application for Exemption and forward to next most senior delegate)**

To be completed by the principal of the school and forwarded to the Executive Director for consideration:

- for exemption from enrolment not covered under the 'Completion of Education in Special Circumstances (apprenticeships/traineeships)'
- where the exemption from attendance period requested exceeds 100 school days.

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

Granted

Declined

Please provide more detail here (if required):

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Principal's name (please print): \_\_\_\_\_ Telephone number: \_\_\_\_\_

Signature of principal: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Note: Please complete the Certificate of Exemption from Attendance/Enrolment at School if exemption is granted (Refer to Appendix C).**

**PART G DELEGATE'S RECOMMENDATION: To be completed for ALL applications**

**(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/enrolment at school.

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

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

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

**Note: Please complete the Certificate of Exemption from Attendance/Enrolment at School if exemption is granted (Appendix C).**

**C: Certificate of Exemption from Attendance/Enrolment at School under Section 25 of the *Education Act 1990***



Education & Communities

Public Schools NSW

The student whose details appear below has been granted an exemption from school for the period indicated.

exemption from attendance

or

exemption from enrolment

**STUDENT DETAILS**

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

Student Registration Number (SRN) (if applicable): \_\_\_\_\_

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

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

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

School name: \_\_\_\_\_ School's telephone number: \_\_\_\_\_

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

Reason for the exemption:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Conditions of the exemption (note: for a part day exemption the hours of program participation must be specified by attaching the Director approved transition plan to have the student attend school full time).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Signature of delegate: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**This certificate has been issued without alteration and must be produced when requested by police or other authorised attendance officers.**



CONSERVATORIUM  
HIGH SCHOOL  
*Fiat lux*

# Conservatorium High School **Student**

## Application for Leave CHECKLIST

Student Name \_\_\_\_\_

Year Group: \_\_\_\_\_

Dates seeking LEAVE: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

ALL students seeking LEAVE from school must fill out the following information and CHECKLIST with each of the AREAS/TEACHERS in which they are involved.

Reason for seeking LEAVE: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

How is the proposed leave beneficial for you as a CHS student? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

In what way are the benefits of this activity NOT met by CHS programs? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

SUBJECT/ ACTIVITY/AREA	STAFF/ Name	Head Teacher	Staff Comment: Impact on your area. Assessment tasks etc.	Approved Y/N	DATE	Signature
English						
Music						
Aural Maths						
Science						
History						
Geography						



