

APPLICATION FOR EXEMPTION FROM ATTENDANCE AT SCHOOL

To be completed by the student's parents

Student Details

Family Name: _____ Given Name(s): _____

Age: _____ Date of Birth: _____ (dd) / _____ (mm) / _____ (year)

Address: _____

Postcode: _____

Date of adjustment/exemption applied for: _____ / _____ / _____ to: _____ / _____ / _____

Number of School Days missed: _____

An adjustment to the classroom activities may include non-attendance at camp or sporting activities. Students will still be expected to attend school with supervision provided at NEGS Junior School. Appropriate medical documentation should be provided when applying for adjustments.

Reason for application for exemption (Please Tick ✓)

Exceptional Domestic Circumstances	<input type="checkbox"/>
Other Exceptional Circumstances	<input type="checkbox"/>
Direction under Section 42D of the Public Health Act 1991	<input type="checkbox"/>
Employment in entertainment industry / participation in elite sporting event for short periods of time ie. for one for two days	<input type="checkbox"/>

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

Note: Where the reason for application for exemption included 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 letter 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 attendance 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.

Adjustments to regular classroom programs will be considered an Individual Plan or Individual Education Plan and will be developed in collaboration with classroom teachers and families. It is expected that an IP or IEP is reviewed regularly.

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: _____ / _____ / _____

This application should be returned to the Head of Junior School, Mr Andrew Travers for processing. A Certificate for Exemption from Attendance at school will be forwarded to you upon approval by the Headmaster or the Head of Junior School