### 3.1 Application for Exemption from Attendance at School

**NOTE:** Part A is to be completed by the student's parent or caregiver and returned to school principal. If exemption is sought for more than one student, separate applications must be made for each student.

#### Part A Student Details

<table>
<thead>
<tr>
<th>Family name:</th>
<th>Given name(s):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age:</td>
<td>Date of birth: (dd) / (mm) / (year)</td>
</tr>
<tr>
<td>Enrolment Registration Number:</td>
<td></td>
</tr>
<tr>
<td>Student's address:</td>
<td>Postcode:</td>
</tr>
<tr>
<td>School name:</td>
<td>School's telephone number:</td>
</tr>
<tr>
<td>Dates of exemption applied for:</td>
<td></td>
</tr>
<tr>
<td>Number of School Days:</td>
<td></td>
</tr>
</tbody>
</table>

#### Reason For Application For Exemption

(Please tick ☑)

- [ ] Exceptional domestic circumstances
- [ ] Other exceptional circumstance
- [ ] 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.
Guidelines for Exemption From Attendance at NSW Catholic Systemic Schools

Details of Prior/Current Exemptions
Date of exemption from: _______ / _______ / _______ to _______ / _______ / _______
Number of School Days: ____________________
Copy of Certificate of Exemption attached (Please tick one box): Yes ☐ No ☐

Parent or Caregiver Details
Family name: ____________________________ Given name(s): ____________________________
Address: ____________________________ Postcode: ____________________________
Telephone number: ____________________________ Relationship to student: ____________________________

As the parent or caregiver 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.

I declare that 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 provide 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 information that you provide will be used to process your child's application for an exemption from the requirement to enrol at an/for attend school. It will only be 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

Where the exemption period requested exceeds 100 school days, this Part is to be completed by the principal of the school and forwarded to the Diocesan office.

Prior to forwarding this application for exemption from attendance at school to the Diocesan office, the principal should complete the following advice.

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

- Granted ☐
- Not granted ☐

Please provide more detail here (if required):

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Principal's name (please print): __________________________ Telephone number: __________________________

Signature of principal: __________________________________ Date: _______ / _______ / _______

Note: Please complete the Certificate of Exemption from Attendance at School if exemption is granted (Refer to Appendix 3.5).
Guidelines for Exemption From Attendance at NSW Catholic Systemic Schools

Part C  Delegate’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 (Refer to Appendix 3.6)