Application for Exemption from Attendance at School (M)

Form A.2

Part A

To be completed by parent/caregiver - if exemption is sought for more than one student, separate applications need to be made

School Details				
St Columba's Catholic College	168 Hawkesbury Roa	d, Springwood 2777	Tel. No: 4754 10	22
Student Details				
Family name:		Given name(s):		
Address:				
			Postcode:	
Date of Birth:	Age:	:	Student No:	
Application for Exemption				
If consecutive dates: Dates exemption applied for:	From:	То:	Total numb school day	
If non-consecutive dates: Individual dates applied for:				
Hours of Exemption (If Partial Exemption, e.g. 9:00am – 11:30am)	From:	То:		
Reason for Exemption from At	tendance at School (tick	k relevant box)		
Exceptional circumstances				
Employment in entertainment industry ** Part B must be completed by the employer for applications greater than 10 days.				
3. Participation in elite arts/sporting event Please attach A schedule of training or tour itinerary from the arts/sporting body (for example, Australian Institute of Sport) must be attached with contact names and numbers.				
Name of accredited elite program:				
Reason (tick one): Traini	ng for elite program □	Elite program eve	nt or tour $\ \square$; ; ; ; ; ;



Please provide more detail about the reason for the application for Exemption from Attendance at School				
Are there any prior or current exemptions?	Yes □	No		(If yes, provide details)
Dates of prior/current exemption(s) applied for	From:	To:	; ; ;	No. of school days:
Is copy of prior/current Certificate of Exemption attached?	Yes □	No		
Parent/Caregiver Details				
Family name:	Given na	me(s):		
Address:				
			Postco	ode:
Contact Tel:	Relationship to s	student:		

As the parent/caregiver of the above mentioned student, I hereby apply for a Certificate of Exemption from Attendance at School; under the *NSW Education Act* 1990.I understand that, if the exemption is granted:

- I am responsible for the supervision of the student 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 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.

Declaration and Signature	Date	

Privacy Statement

The information provided will be used to process the student's Application for an Exemption from the requirement to enrol at and/or 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.

Notes: The information will be stored securely. You may access or correct any personal information by contacting the school. If you have any concerns or complaints about the way your personal information has been collected, used or disclosed, please contact the school.

cont'd...



Part B: Employer's details

Completed by the employer for the student's employment in the entertainment industry

Only to be completed for the student's employment in the entertainment industry greater than 10 days

Employer's Details					
Company/Corporation Name:					
Contact Person:					
Address					
		Postcode:			
Contact Tel:	Email:				
Reason for the Application for Exemption from	Attendance at School				
Attachments					
Detailed itinerary/work schedule for the period of exemption sought Yes		Yes [No	
Evidence of tutor's teaching qualifications supplied by employer Yes			No		
Evidence that the tutor meets child protection requirements Yes			No		
Employer's Signature			Date		
Please forw	ard the completed for	m to the School			



Part C: Principal's Recommendation

Completed by the school principal

Principal's Details						
Name:						
Contact Tel:			Email:			
<u>. </u>			,			
Complete if the	e exemption	on is for the s	tudent's participation in an elit	e sporting event		
	The tutor has consulted the school in the planning and development of this student's Yes \(\subseteq No \subseteq \) educational program for the period of the exemption					
Comment:						
Complete one	oithar (i) ar	/ii\				
Complete one e	.,	• •	Signature: Application for Exen	nntion of loss than 100	dave	
	1		•			
Granted		•	m C2 (Certificate of Exemption fr	om Attendance at School	<u>'</u>	
Declined	eclined Details:					
		Complete Let	ter L2 Declining an Application for	or Exemption		
Name of Principal: Contact Tel:						
Signature:				Date:		
(ii) Pı	rincipal's	Recommenda	tion and Signature: Applicatior	n is for Exemption of <u>10</u>	0 days or more	
Principal makes a recommendation and forwards it to CEDP Student Services						
Recommend ex	emption		Forward recommendation to CEDP; CEDP to complete Part D			
granted						
Recommend ex	cemption		Details:			
declined						
Name of Principal: Contact Tel:						
Signature: Date:						
Principal's Sig	nature				Date	

Where the exemption period requested <u>exceeds 100 school days</u> in a 12-month period or exemption is due to exceptional circumstances, the application is to be forwarded to CEDP Student Services who will make a recommendation to Executive Director (Part D)



Part D: CEDP Recommendation (Completed by the Investigating Officer CEDP Student Services)

To be completed for applications of Exceptional Circumstances or application of 100 days or more.

Investigating Officer's Details				
Name:	Position:			
Contact Tel:	Email:			
Investigating Officer's Recommendation				
Following consideration of this application, I am satisfied th desirable for:	at conditions exist □ do not exist □ makin	ng it necessary and/or		
To be exempt from attendance at school. Name of student				
I recommend that the Certificate of Exemption be: Gra	nted □ Not Granted □			
Reasons for recommendation <u>not to grant</u> a Certificate	of Exemption			
Suggested conditions applying to the recommendation	to grant a Certificate of Exemption			
Investigating Officer's Signature	Date			
Investigating Officer's Signature	Date			

Where the exemption period requested <u>exceeds 100 school days</u> in a 12-month period the application is to be forwarded to the to Executive Director (Part E) who will make a recommendation to the Minister's Delegate (CECNSW)



Executive Director's Recommendation (Completed by the Executive Director of School) To be completed for applications of 100 days or more				
Name:				
Email: Contact Tel:				
Following consideration of this application, I adesirable for:	m satisfied that conditions exist □ do not exist □ making it necessary and/or			
Name of student	To be exempt from attendance at school.			
I recommend that the Certificate of Exemptic	be: Granted □ Not Granted □			
Executive Director's Signature	Date			
Part E: Minister's Recommendate To be completed for applications of 100 days				
Minister's Recommendation (to be completed by the Delegate)				
Following consideration of this application, I am satisfied that conditions exist do not exist making it necessary and/or desirable for:				
To be exempt from attendance at school. Name of student				
Delegate's Details				
Name: Position:				
Contact Tel: Email:				
Delegate's Signature Date				
Date Applicant Notified				
Princinal issues Certif	eate of Exemption from Attendance at School (Form C2)			

Principal issues Certificate of Exemption from Attendance at School (Form C2)

