



## Exemption from Attendance at School Application

A2

### Part A: Completed by Parent/Caregiver

If exemption is sought for more than one student, separate applications must be made for each student

#### Student Details

Child's name:

Date of Birth:

Age:

Year at school:

Address:

Town / City:

Postcode:

#### School Name

Name/Suburb:

#### Parent/Caregiver Details

Name:

Contact Tel:

Relationship to student:

Address:

Postcode:

#### Dates of exemption applied for

If consecutive dates: Dates exemption applied for:	From:	To:	Number of school days:
If non-consecutive dates: Individual dates applied for:			
If part days Hours of Exemption applied for:	From:	To:	

#### Reason for exemption application

1. Employment in entertainment industry	<input type="checkbox"/>
2. Participation in elite sporting program / event	<input type="checkbox"/>
3. Participation in elite arts program / event	<input type="checkbox"/>
4. Exceptional circumstances - including the health of the student where sick leave or alternative enrolment is not appropriate	<input type="checkbox"/>

**Details about the reason for the application for exemption here**

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**Name of accredited elite arts, elite sport program or entertainment industry performance (if applicable)**

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**Attachments to support this application**

Schedule of participation, training or tour itinerary from the organiser, arts or sporting body	<input type="checkbox"/>
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**Details of prior/ current exemptions (if applicable)**

Date of prior/current exemption	From	To	Days
Copy of certificate attached	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

**Declaration**

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.

<b>Signature of applicant</b>		<b>Date</b>	
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**Privacy Statement**

The information provided will be used to process the student's Application for an Exemption from the requirement to 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.

## Part B: Completed by the employer- in the case of employment in the entertainment industry

Employer's Details	
Company/Corporation Name:	
ABN:	
Address:	
Contact Name:	Contact position
Contact Tel:	Email:

Attachments			
Detailed itinerary/work schedule for the period of exemption sought	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Evidence of tutor's teaching qualifications supplied by employer	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Evidence of tutor's Working with Children Check	Yes	<input type="checkbox"/>	No <input type="checkbox"/>

I declare that the above information provided by me in this Application for a Certificate of Exemption and any attachments I have provided is, to the best of my knowledge and belief, accurate and complete

Employer's Signature		Date	
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***Please forward the completed form to the School***

## Part C: Completed by the Principal

### Principal's Details

Name:

Contact Tel:

Email:

### In the case of employment in the entertainment industry, elite art or sport of 100 days or less

Following consideration of this application, I am satisfied that conditions exist for a Certificate of Exemption to be

Granted

To .....  
For the period from ..... to .....for ..... Days

Conditions

Declined

Reasons:

Principal's Signature

Date

### In the case of

- Applications over 100 days in a 12-month period
- Exemption due to exceptional circumstances

application must be forwarded to CSPD Student Services, [studentservicesadmin@parra.catholic.edu.au](mailto:studentservicesadmin@parra.catholic.edu.au), for Investigating Officer recommendation and Director Learning or Wellbeing approval before exemption is granted or declined

## Part D: Completed by the CSPD Investigating Officer

### Investigating Officer details

Name:

Contact Tel:

Email:

### Investigating Officer's Recommendation

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 attending school

I recommend that the Certificate of Exemption be: **Granted**  **Not Granted**

### Reasons for recommendation not to grant a Certificate of Exemption

### Suggested conditions applying to the recommendation to grant a Certificate of Exemption

Investigating Officer's Signature

Date

## Part D: Completed by the CSPD Director

### Director details

Name:

Contact Tel:

Email:

### Directors Endorsement

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 attending school

I recommend that the Certificate of Exemption be: **Granted**  **Not Granted**

Directors Signature

Date