

## Application for Exemption from Attendance at School

**Form  
A2**

### Part A: Parent/Caregiver *(Completed by parent/caregiver)*

If exemption is sought for more than one student, separate applications need to be made

#### School Details

Name/Suburb:

Tel. No:

#### 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:

To:

Total number of  
school days:

If non-consecutive dates:  
Individual dates applied for:

Hours of Exemption (If Partial  
Exemption, e.g. 9:00 – 3:00)

From:

To:

#### Reason for Exemption from Attendance at School *(tick relevant box)*

1. Exceptional circumstances

☐

2. 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):

Training for elite program ☐

Elite program event or tour ☐

**Detail about the reason for the application for Exemption from Attendance at School**

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<b>Are there any prior or current exemptions?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	(If yes, provide details)
Dates of prior/current exemption(s) applied for	From:	To:	No. of school days:
Is copy of prior/current <i>Certificate of Exemption</i> attached?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

**Parent/Caregiver Details**

Family name:	Given name(s):		
Address:			
			Postcode:
Contact Tel:	Relationship to 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.

<b>Declaration and Signature</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 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.

## Part B: Employer's details (Completed by the employer)

Only to be completed for student's employment in the entertainment industry for 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** ☐ **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 forward the completed form to the School*

## Part C: Principal's Recommendation (Completed by the School Principal)

### Principal's Details

Name:

Contact Tel:

Email:

### Complete if the exemption is for the student's participation in an elite sporting event

The tutor has consulted the school in the planning and development of this student's educational program for the period of the exemption

Yes ☐ No ☐

Comment:

Complete one either (i) or (ii)

#### (i) Principal's Decision and Signature: Application for Exemption of less than 100 days

Granted	<input type="checkbox"/>	Complete Form C2 ( <i>Certificate of Exemption from Attendance at School</i> )
Declined	<input type="checkbox"/>	Details:  Complete Letter L2 Declining an Application for Exemption
Name of Principal:		Contact Tel:
Signature:		Date:

#### (ii) Principal's Recommendation and Signature: Application is for Exemption of 100 days or more

Principal makes a recommendation and forwards it to CEDP Student Services		
Recommend exemption granted	<input type="checkbox"/>	Forward recommendation to CEDP; CEDP to complete Part D
Recommend exemption declined	<input type="checkbox"/>	Details:
Name of Principal:		Contact Tel:
Signature:		Date:

**Where the exemption period requested exceeds 100 school days 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 that conditions **exist** ☐ **do not exist** ☐ making it necessary and/or desirable for:

To be exempt from attendance at school.

*Name of student*

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

Where the exemption period requested **exceeds 100 school days** 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 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*

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

Executive Director's Signature

Date

## Part E: Minister's Recommendation (Completed by the Minister's delegate)

To be completed for applications of 100 days or more

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

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