

Application for Exemption from Attendance at School

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

Form A2

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:					
				Posto	code:
Date of Birth:		Age:		Stude	ent No:
Application for Exemption					
If consecutive dates: Dates exemption applied for:	From:		То:		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:		То:		
	<u> </u>		1		
Reason for Exemption from Att	endance at Scho	ol (tick	relevant box)		
Exceptional circumstances					
Employment in entertainme ** Part B must be complete		for app	lications greater than 1	0 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.					or example,
Name of accredited elite program	:				
Reason (tick one): Trainir	ng for elite program	n	Elite program ever	nt or tou	ır





Detail about the reason for the application for Exemption from Attendance at School					
		1			

Are there any prior or current exemptions?	Yes	No	(If yes, provide details)
Dates of prior/current exemption(s) applied for	From:	То:	No. of school days:
Is copy of prior/current Certificate of Exemption attached?	Yes	No	

Parent/Caregiver Details				
Family name:	Given name(s):			
Address:				
		Postcode:		
Contact Tel: Relationship to student:		t:		

As the parent/caregiver of the above mentioned student, I hereby apply for a Certificate of Exemption from Attendance at School; under the <u>NSW Education Act 1990.</u> 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.

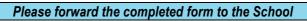




Part B: Employer's details (Completed by the employer)

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

Frankrisado Batalla				
Employer's Details				
Company/Corporation Name:				
Contact Person:				
Address				
		Postcode:		
Contact Tel:	Email:	1		
Reason for the Application for Exemption from	Attendance at School			
Attachments				
Detailed itinerary/work schedule for the period of ex	xemption sought	Yes		No
Evidence of tutor's teaching qualifications supplied	by employer	Yes		No
Evidence that the tutor meets child protection requi	rements	Yes		No
				1
Employer's Signature			Date	







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

Principal's Details						
Name:						
Contact Tel:			Email:			
Complete if the exemp	tion is for t	the student's participa	tion in an elite	sporting ever	nt	
The tutor has consulted educational program for			elopment of this	s student's	Yes	No
Comment:						
Complete one either (i)	or (ii)					
(i) Principal's	Decision	and Signature: Applic	ation for Exem	nption of <u>less</u> t	than 100 days	
Granted		Complete Form C2 (C	ertificate of Exe	emption from A	ttendance at School)
Declined		Details:	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		Forward recommendation to CEDP; CEDP to complete Part D				
Recommend exemption declined		Details:				
Name of Principal: Contact Tel:						
Signature:				Date:		
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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 and/or desirable for:	at conditions exist do not exist making it necessary				
	To be exempt from attendance at school.				
Name of student	To be exempt from attendance at scribor.				
I recommend that the Certificate of Exemption be: Gra	nted 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 <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 1	Tel:			
Following consideration of this application, I am satisfied that condition and/or desirable for:	ons exist	do not exist making it necessary			
Name of student	To b	e exempt from attendance at school.			
I recommend that the Certificate of Exemption be: Granted	Not Gra	anted			
Executive Director's Signature		Date			
Part E: Minister's Recommendation (Completed by the	Minister's de	elegate)			
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)

