



Application for Exemption from Attendance at School (M)

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	
Name/Suburb: SACRED HEART CATHOLIC SCHOOL MONA VALE	Tel. No: 9999 3264

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:			

Reason for Exemption from Attendance at School (tick relevant box)	
1. Exceptional circumstances	<input type="checkbox"/> Go to Part C
2. Employment in entertainment industry <i>Employer to complete Part B if the application is for 10 or more consecutive school days</i>	<input type="checkbox"/> Go to Part B
3. Participation in elite arts/sporting event <i>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.</i>	<input type="checkbox"/> Go to Part C
Name of accredited elite program:	
Reason (tick one): Training for elite program <input type="checkbox"/> Elite program event or tour <input type="checkbox"/>	

Please provide more detail about the reason for the application for Exemption from Attendance at School			

Are there any prior or current exemptions?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<i>(If yes, provide details)</i>
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:

Declaration and Signature

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.

Signature *Date*

Once you have completed and signed Part A please return this form to the school principal.

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

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

Signature

Date

Please forward the completed form to the School

Part C: Principal's Recommendation

Completed by the school principal

Principal's Details

Name: **SUELLEN GAREY**

Contact Tel: **9999 3264**

Email: **shmv@dbb.catholic.edu.au**

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

Complete Form B2 (*Certificate of Exemption from Attendance at School*)

Declined

Details:

Name of Principal: **SUELLEN GAREY**

Contact Tel: **9999 3264**

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 the investigation officer of the Catholic Schools Office.

Granted

Forward recommendation to CSO; CSO to complete Part D

Declined

Details:

Name of Principal:

Contact Tel:

Signature:

Date:

Principal's Signature

Signature

Date

Where the exemption period requested exceeds 100 school days in a 12-month period, the application is to be forwarded to the investigating officer of the CSO who will make a recommendation to NSWCEC (Part D)

Part D: Investigating Officer's Recommendation

Completed by the Investigating Officer of the CSO for applications 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

Signature

Date

Where the exemption period requested exceeds 100 school days in a 12-month period, the recommendation is to be forwarded by the investigating officer of the CSO who will make a recommendation to NSWCEC (Part E)

Part E: Minister's Recommendation

Completed by the Minister's delegate for applications for 100 or more 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

Signature

Date

Date applicant
notified: