| A: APPLICATION FOR EXEMPTION FROM ATTENDANCE/ENROLMENT AT<br>SCHOOL  |   |  |
|--|---|--|
| Education &<br>Communities<br>Public Schools NSW   | <b>NOTE: PART A</b> is to be <b>completed by the student's parent</b> and returned to their child's school principal.<br>If exemption is sought for more than one student, separate applications must be made for each student. |  |
| PART A STUDENT DETAILS   |   |  |
| Family name:   | Given name(s):  |  |
| Age:   | Date of birth: (dd) / (mm) / (year)   |  |
| Student Registration Num   | ber (SRN):  |  |
| Student's address:   |   |  |
|  | Postcode:   |  |
| School name:   |   |  |
| Dates of exemption applie<br>Number of School Days:  | d for: / to / /   |  |
| REASON FOR APPLICATION FOR EXEMPTION (Please tick one 🗹 )  |   |  |
| FROM ATTENDANCE  |   |  |
| Exceptiona   | l circumstance  |  |
| Employment in entertainment industry   |   |  |
| Participation in elite sporting event including for short periods of time i.e. for one or two days, and at short notice.   |   |  |
| Participation in elite arts program  |   |  |
| FROM ENROLMENT   |   |  |
| Enrolment  | at school   |  |
|  | nild turns six years in October or later in a school year and is engaged in full time preschool education at reschool for the remainder of the school year  |  |
|  | n full or part-time accredited preschool programs for students with disabilities leading to enrolment<br>ittendance at a government or registered non-government school not later than six months after the<br>rthday           |  |
| - The health, learning or social needs or disability of a child necessitating the continuation of an individual program supported by medical specialists not longer than six months after the child's sixth birthday |   |  |
| - Participation in a full time apprenticeship or traineeship.  |   |  |

| Please provide more detail about the reason for the application for exemption here:  |  |  |  |
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|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| DETAILS OF PRIOR/CURRENT EXEMPTIONS (If applicable)  |  |  |  |
| Date of prior/current exemption from: / to: /  | /  |  |  |
| Number of school days:   |  |  |  |
| Copy of Certificate of Exemption attached (Please tick $\square$ ): $\square$ Yes $\square$ No   |  |  |  |
| PARENT DETAILS   |  |  |  |
| Family name: Given name(s)   |  |  |  |
| Address:   |  |  |  |
|  | Postcode:  |  |  |
| Telephone number:  | rtificate of Exemption under the<br>mption<br>e of Exemption<br>of Exemption is to the best of my<br>statements in this application later<br>is application may be reversed. I |  |  |
| PRIVACY STATEMENT  |  |  |  |
| The Department of Education and Communities is subject to the Privacy and Persor<br>information that you provide will be used to process your child's application for an exempti<br>attend school.   |  |  |  |
| It will only be used or disclosed for the following purposes.  |  |  |  |
| <ul> <li>General student administration relating to the education and welfare of the student</li> <li>Communication with students and parents</li> </ul>   |  |  |  |
| <ul> <li>To ensure the health, safety and welfare of students, staff and visitors to the scho</li> </ul>   | ol   |  |  |
| <ul> <li>State and National reporting purposes</li> <li>For any other purpose required by law.</li> </ul>  |  |  |  |
| <ul> <li>For any other purpose required by law.</li> <li>The information will be stored securely. You may access or correct any personal informatic concern or complaint about the way your personal information has been collected, used, or</li> </ul> |  |  |  |