



## APPLICATION FOR EXEMPTION FROM ATTENDANCE AT SCHOOL

### STUDENT DETAILS

#### To be completed by the student's parents

Family name \_\_\_\_\_ Given name(s) \_\_\_\_\_

Grade \_\_\_\_\_ Date of birth \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Date of exemption applied for \_\_\_\_\_ to \_\_\_\_\_

Number of school days \_\_\_\_\_

Reason for application for exemption:

Please tick: ✓

Exceptional circumstance\* (does not include family weddings, illness of family members, family travel\*\*)

\* For more information about exceptional circumstances, please visit [www.tcc.nsw.edu.au/Absence](http://www.tcc.nsw.edu.au/Absence)

\*\* Please complete 'Notification of Student Absence' form at [www.tcc.nsw.edu.au/Absence](http://www.tcc.nsw.edu.au/Absence)

Employment in entertainment industry (please also complete Part A)

Participation in elite sporting event (please also complete Part B)

Participation in elite arts program (please also complete Part B)

Direction under Section 42D of the *Public Health Act 1991*

Please provide more detail about the reason for the application for exemption:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 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 one box) Yes  No

## PARENT DETAILS

Family name \_\_\_\_\_ Given name(s) \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Telephone number \_\_\_\_\_ Relationship to student \_\_\_\_\_

As the parent of the above mentioned student, I hereby apply for a *Certificate of Exemption* from attendance at school, under the *Education Act 1990*. I understand that if the exemption is granted:

- I am responsible for his/her supervision 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 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 of applicant/s \_\_\_\_\_ Date \_\_\_\_\_

**See page 3 for**

**(A) Employment in the Entertainment Industry or**

**(B) Participation in Elite Sport or Elite Art Event**

**PART A Employer's Details (in the case of employment in the Entertainment Industry)**

**To be completed by the Employer**

Name of company / corporation \_\_\_\_\_

Contact person \_\_\_\_\_

Address \_\_\_\_\_

Telephone number \_\_\_\_\_ Fax \_\_\_\_\_

Email address \_\_\_\_\_

Please attach and tick -

1. Detailed itinerary / work schedule for the period of exemption sought  Yes  No

2. Evidence of tutor's teaching qualifications (supplied by employer)  Yes  No

Employer's signature \_\_\_\_\_ Date \_\_\_\_\_

**PART B Participation in Accredited Elite Arts or Elite Sports**

**To be completed by the Applicant**

Name of accredited elite arts or elite sport program \_\_\_\_\_

A. Dates of exemption applied for (if block) \_\_\_\_\_

Number of school days \_\_\_\_\_

B. Individual dates applied for: \_\_\_\_\_

Number of school days \_\_\_\_\_

C. Hours of exemption (if partial exemption, e.g. 9am-11:30am): \_\_\_\_\_

**Reason for Application for Exemption (Please tick)**

Training for Elite Sport  Elite Sport Event or Tour  Elite Arts Program

**Note:** A schedule of participation, training or tour itinerary from the arts body or sporting body (e.g. Australian Institute of Sport) must be attached with contact names and numbers.