

# Application for Exemption from Attendance at School

Form A2

Part A: Parent/Caregiver	(Completed by pa	arent/ca	regiver)			
If exemption is sought for more th	an one student, se	eparate	applications need to be	e made		
School Details						
Name/Suburb: St Angela's Primary Castle Hill Tel. No: 9407 640					00	
Student Details						
Family name:			Given name(s):			
Address:						
				Postc	ode:	
Date of Birth:		Age:		Stude	ent No:	
Application for Exemption						
If consecutive dates: Dates exemption applied for:	From:		То:		Total numb	
If non-consecutive dates: Individual dates applied for:						
Hours of Exemption (If Partial Exemption, e.g. 9:00 – 3:00)	From:		То:			
	•		·			
Reason for Exemption from Att	endance at Scho	ol (tick i	relevant box)			
Exceptional circumstances						
Employment in entertainment industry     ** Part B must be completed by the employer for applications greater than 10 days.						
3. Participation in <b>elite arts/sporting event</b> 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	ng for elite progran	n 🗆	Elite program even	nt or tou	r 🗆	



Diocese of Parramatta



Detail about the reason for the application for Exemption from Attendance at School					
	T				
Are there any prior or current exemptions?	Yes		No		(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		No		
Parent/Caregiver Details					
Family name:		Given nan	ne(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.					

# Privacy Statement

**Declaration and Signature** 

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



**Date** 



Employer's Details					
Company/Corporation Name:					
Contact Person:					
Address					
		Postcode	e:		
Contact Tel:	Email:				
	A# 1 40 L L				
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				No	
Evidence that the tutor meets child protection requirements Yes   No					
Employer's Signature			Date		
Please forwa	ard the completed form to the	School			
Part C: Principal's Recommendation (Completed by the School Principal)					
Principal's Details					
Name:					



<sup>3</sup> Catholic Education Diocese of Parramatta



Contact Tel:			Email:				
Complete if the exemp	tion is for	the student's participa	tion in an elite	sporting event	t		
The tutor has consulted the school in the planning and development of this student's educational program for the period of the exemption							
Comment:							
Complete one either (i) o	or (ii)						
(i) Principal's	Decision	and Signature: Applic	ation for Exem	nption of <u>less</u> th	han 100 d	days	
Granted		Complete Form C2 (C	Certificate of Exe	emption from Att	tendance	at School)	
Declined		Details:					
	Complete Letter L2 Declining an Application for Exemption						
Name of Principal:	Contact Tel:						
Signature:	Date:						
(ii) Principal's	Recomm	endation and Signatur	e: Application	is for Exemption	on of <u>100</u>	days or more	
Principal makes a recom	mendation	and forwards it to CEDI	P Student Serv	ices			
Recommend exemption granted		Forward recommenda	tion to CEDP; (	CEDP to comple	ete Part D		
Recommend exemption declined		Details:					
Name of Principal:	Contact Tel:						
Signature:				Date:			
Principal's Signature						Date	
		d requested exceeds 1					

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 \( \square \) do not exist \( \square \) 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: $\  \   \  \  \  \  \  \  \  \  \  \  \$						
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 \( \square \) do not exist \( \square \) 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 M To be completed for applications of 100 days or more	Minister's delegate)					
Following consideration of this application, I am satisfied that condition making it necessary and/or desirable for:  Name of student	ons exist  do not exist  To be exempt from attendance at school.					
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)						

