

## A: APPLICATION FOR EXEMPTION FROM ATTENDANCE/ENROLMENT AT SCHOOL



Education &  
Communities

Public Schools NSW

**NOTE: PART A** is to be **completed by the student's parent** and returned to their child's school principal.

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 Number (SRN):

Student's address:

Postcode:

School name:

Dates of exemption applied for:  /  /  to  /  /

Number of School Days:

### FROM ATTENDANCE

- ☐ Exceptional 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
  - Age, where a child turns six years in October or later in a school year and is engaged in full time preschool education at an accredited preschool for the remainder of the school year
  - Participation in full or part-time accredited preschool programs for students with disabilities leading to enrolment and full time attendance at a government or registered non-government school not later than six months after the child's sixth birthday
  - 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 ☒): ☐ 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 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: \_\_\_\_/\_\_\_\_/\_\_\_\_

The Department of Education and Communities is subject to the Privacy and Personal Information Protection Act 1998. The information that you provide will be used to process your child's application for an exemption from the requirement to enrol at and/or attend school.

It will only be used or 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

The information will be stored securely. You may access or correct any personal information by contacting the school. If you have a concern or complaint about the way your personal information has been collected, used, or disclosed, you should contact the school.



**PART B 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: \_\_\_\_\_

Postcode : \_\_\_\_\_

Telephone number: \_\_\_\_\_ Facsimile: \_\_\_\_\_

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 C PARTICIPATION IN ACCREDITED ELITE ARTS, ELITE SPORTS OR ENTERTAINMENT INDUSTRY**

**To be completed by the applicant**

Name of accredited elite arts, elite sport program or entertainment industry performance:

\_\_\_\_\_

**A** Dates of exemption applied for: \_\_\_\_/\_\_\_\_/\_\_\_\_ to: \_\_\_\_/\_\_\_\_/\_\_\_\_ (if block)

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

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

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

**C** Hours of exemption (if partial exemption, e.g. 9:00am – 11:30am) \_\_\_\_\_

From \_\_\_\_/\_\_\_\_/\_\_\_\_ to: \_\_\_\_/\_\_\_\_/\_\_\_\_

**REASON FOR APPLICATION FOR EXEMPTION** (Please tick ☒):

• Training for elite sport • Elite sport event or tour • Elite arts program • Entertainment industry

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

\_\_\_\_\_

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

## C: Certificate of Exemption from Attendance/Enrolment at School under Section 25 of the *Education Act 1990*



Education &  
Communities

Public Schools NSW

The student whose details appear below has been granted an exemption from school for the period indicated.

☐ exemption from attendance

or

☐ exemption from enrolment

### STUDENT DETAILS

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

Student Registration Number (SRN) (if applicable): \_\_\_\_\_

Date of birth: \_\_\_\_ (dd) / \_\_\_\_ (mm) / \_\_\_\_ (year)

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

School name: \_\_\_\_\_ School's telephone number: \_\_\_\_\_

Date of exemption from: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Reason for the exemption:

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

Conditions of the exemption (note: for a part day exemption the hours of program participation must be specified by attaching the Director approved transition plan to have the student attend school full time).

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

Name and position of delegate: \_\_\_\_\_

Signature of delegate: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**This certificate has been issued without alteration and must be produced  
when requested by police or other authorised attendance officers.**