



Application for Exemption from Attendance at School

NOTE: PART A is to be completed by the student's parent/Caregiver and returned to St Peter's Anglican Primary School. If exemption is sought for more than one student, separate applications must be made for each student. Student's parent/Caregiver to sign page 2.

PART A - STUDENT DETAILS

Family name: _____ Given name(s): _____

Age: _____ Date of birth: ____/____/____ Grade/Class: _____

Student address: _____

_____ Postcode: _____

Dates of exemption applied for: ____/____/____ to ____/____/____

Number of school days: _____

REASON FOR APPLICATION FOR EXEMPTION (Please tick)

Holidays

Exceptional domestic circumstances

Other exceptional circumstance

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

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

NOTE: Where the reason for application for exemption includes long term travel arrangements of more than 20 school days, copies of travel documentation should be included with the application.

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 Certification 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 may be cancelled at any time.
- The exemption is subject to the conditions listed on the Certificate of Exemption.



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 as a result of this application may be revised. 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 Parent/Caregiver: _____ Date ____/____/____

PRIVACY STATEMENT

St Peter's Anglican Primary School is bound by the Australian Privacy Principles contained in the Commonwealth Privacy Act. 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:

- To keep Parents informed about matters related to their child's schooling, through correspondence, newsletters and magazines
- Day to day administration of the School
- Looking after pupils educational, social and medical welfare
- 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. St Peter's Anglican Primary School may also store personal information in the "cloud" which may mean that it resides on servers which are situated outside Australia. You may access or correct any personal information by contacting the school. If you have a concern of complaint about the way your personal information has been collected, used, or disclosed, you should contact the school.

PART B - Approval for requests exceeding 100 school days

To be completed by the Head of School where the exemption period requested exceeds 100 school days and forwarded to the Student Welfare Directorate, NSW Department of Education and Communities for approval.

I recommend that this application from attendance at school is (please tick one box):

Granted

Not granted

Please provide more detail here (if required):



ST. PETER'S
Anglican Primary School

Signature of Head of School: _____ Date: ____/____/____