



Macarthur Anglican School

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Application for Exemption from Attendance at School

Student Details

Family name: _____ Given name(s): _____

Year/Grade: _____ Age: _____ Date of birth: _____

Address: _____

Postcode: _____

Reason for application for exemption: Please tick (✓) one of the following:

Participation in elite sport * Elite sport refers to accredited elite sports programs including national and international sports organisations which run camps for athletes and national sports squads in which students have been selected to participate. They also include talent identification programs run by the New South Wales Department of Sport and Recreation.	
Participation in elite arts programme * Elite Arts is defined as an opportunity for a student to participate in an event or program that is beyond the gifted and talented opportunities that the Department of Education offers	
Short periods of employment in the Entertainment Industry	
Significant Student Health Matter * The child is prevented from attending school because of a direction under the Public Health Act 2010.	
Other Exceptional Domestic Circumstances Eg. Child attending family court	

Reason for the application for exemption

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



Supporting documentation required: e.g. medical certificate, employment contract, training or tour itinerary from the arts body or sporting body. Other?

NOTE: Where the reason for application for exemption includes travel arrangements, please include travel documentation.

Period of Exemption

Dates of exemption: _____ to: _____

Number of school days: _____

If applying for part-time exemption (partial exemption):

Time of exemption _____ to _____

PARENT/CARER DETAILS

Family name: _____

Given name(s): _____

Address: _____

Postcode: _____

Telephone number: _____

Relationship to student: _____

As the parent/carer 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:** / /

Email address for reply: _____