PO Box 7053 KARIONG NSW 2250 Ph 02 4302 9000



Application for Exemption from Attendance at School

To be completed by the student's parents

Part A: Student Details	
Family name: Given name(s):	
Age: Date of birth: (dd) / (mm) / (year)	
Student Registration Number (SRN):	_
Student Address:	
Postcode:	_
School name: International Football School	
Dates of exemption applied for: / to: / to: /	
Number of school days:	
Reason for application for exemption: Please tick:	\checkmark
Reason for application for exemption: Exceptional circumstances	√
	√
Exceptional circumstances 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	√
Exceptional circumstances Employment in entertainment industry Participation in elite sporting event including for short periods of time i.e. for one	√
Exceptional circumstances 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	√
Exceptional circumstances 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	√

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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 one box) Yes \square No \square **PARENT DETAILS** Family name: _____ Given name(s): _____ _____ 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.

PRIVACY STATEMENT

Date: ____ / ____ / ____

Our school 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 disclose for the following purposes:

• General student administration relating to the education and welfare of the student

Signature of applicant/s:

- 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 purposes 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, or disclosed, you should contact the school.

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Part B: Participation in Accredited Elite Arts, Elite Sports or Entertainment Industry

To be completed by the applicant		
Name of accredited elite arts, elite sports program or entertainment performance:		
A Dates of exemption applies 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 attach and tick ☑)		
☐ Training for elite sport ☐ Elite sport event or tour ☐ Elite arts program		
Please provide more detail about the reason for the application for exemption here:		

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 & numbers)

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Part C: Principal's Recommendation: (in the case of employment in the entertainment industry or participation in elite arts or elite sports 50 days and over)

To be completed by the Principal (if the Principal elects to set tuition requirements as a condition of absence from school)

The tutor has consulted the school in the planning and development of this student's
educational program: ☐ Yes ☐ No
COMMENT:
I recommend / do not recommend that a Certificate of Exemption be granted (Delete which does not apply)
To:
(name of student)
for the period: / to: / /
Principal's name (please print):
Telephone number:
Signature of Principal:
Date: / /

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Part D: Investigating Officer Recommendation

To be completed where further investigation has been necessary. Investigating officer for Principal approval will be a Stage Coordinator.

RECOMMENDATION		
Following consideration of this application I am (Delete which does not apply) that make it nec		do not exist
(nar	ne of student) to be exempt from	1
attendance/enrolment at school.		
I recommend that a Certificate of Exemption be	e (Please tick ☑) □ granted □	declined
1. Specific reasons for recommendation not t	o grant a Certificate of Exemption	on:
2. Suggested conditions applying to recomme	endation to grant a Certificate of	Exemption
Investigating Officer Name:		
Position:		
Signature:	Date: /	1

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Part E: Principal's recommendation when referring to Director, Public Schools NSW (attach Application for Exemption and forward to next most senior delegate)

To be completed by the Principal of the:

- For exemption from enrolment not covered under the 'Completion of Education in Special Circumstances (apprenticeships / traineeships)'
- Where the exemption from attendance period requested exceeds 50 school days.

I recommend that this application from attendance at school is (Please tick $\ensuremath{\boxtimes}$):
Granted □
Not granted □
Please provide more detail here (if required):
Principal's name (please print):
Telephone number:
Signature of Principal:
Date: / /

Note: Please complete the Certificate of Exemption from Attendance at School if exemption is granted (Refer to Appendix 3.5).