

## Application for Exemption from Attendance at School

Parents are encouraged to apply for an exemption at least 14 days prior to expected absence.

Upon completion of Part A & Part B if applicable submit to office administration for the Principals consideration.

Administration will respond within 3 days of receiving the application.

- If leave is granted a Certificate of Exemption will be issued
- If leave is not granted parents are notified via email with explanation. Parents may appeal directly via email to the Principal who will respond within 2 days to the appeal after further investigation

### To be completed by the Student's parents

#### Part A: Student Details

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

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_ (dd) / \_\_\_\_ (mth) / \_\_\_\_ (year)

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

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

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

School Name: **Central Coast Sports College**

Dates of Exemption applied for: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Number of School Days: \_\_\_\_\_

#### Reason for Application for Exemption:

Please tick: ✓

Extended leave - Travel	
Exceptional circumstances	
Employment in entertainment industry	
Participation in elite sporting event including for short periods of time ie: for one or two days, and at short notices	
Participation in elite arts program	

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Please provide more detail about the reason for the application for exemption here. If exemption relates to travel, include why this travel is occurring in school time (relevant travel documentation such as an e-ticket or itinerary (in the case of non-flight bound travel within Australia only) must be attached to this application):

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**DETAILS OF PRIOR/CURRENT EXEMPTIONS/EXTENDED LEAVE - TRAVEL (if applicable)**

Date of prior exemption/extended leave from: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Number of School Days: \_\_\_\_\_

Certificate of prior Exemption/Extended leave - Travel attached: (please tick one box) 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 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: \_\_\_ / \_\_\_ / \_\_\_

**PRIVACY STATEMENT**

*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 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 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.*

**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 applied for: \_\_\_ / \_\_\_ / \_\_\_ to \_\_\_ / \_\_\_ / \_\_\_ (if block)

Number of School Days: \_\_\_\_\_

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

**C** Hours of Exemption (if partial exemption eg: 9am - 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 (eg: Australian Institute of Sport) must be attached with contact names & numbers

**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:

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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: \_\_\_ / \_\_\_ / \_\_\_

**Part D: Investigating Officer Recommendation** \* To be completed if parents appeal

**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 satisfied that conditions exist / do not exist (delete which does not apply) that make it necessary and / or desirable for \_\_\_\_\_ (name of student) to be exempt from attendance / enrolment at school.

I recommend that a Certificate of Exemption be (please tick ✓)  Declined  Granted

1. Specific reasons for recommendation **not to grant** a Certificate of Exemption:

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2. Suggested conditions applying to recommendation **to grant** a Certificate of Exemption:

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Investigating Officer Name: \_\_\_\_\_

Position: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

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**Part E: Principal's Recommendation: \* After appeal**

**To be completed by the Principal:**

- **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 ✓)

Granted

Declined

Please provide more detail here (if required):

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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)**



✉ info@ccsc.nsw.edu.au

☎ 02 4302 9000

📍 Building 16  
The Avenue  
Kariong NSW 2250

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## **Certificate for Exemption from Attendance at School under Section 25 of the Education Act 1990**

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

### **STUDENT DETAILS**

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

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

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

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

School name: Central Coast Sports College

School's telephone number: (02) 4302 9000

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, including the plan to have the student attend school full time).

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

As the parent of the above mentioned student, I am responsible for his/her supervision during the period of exemption. I understand that this exemption is limited to the period indicated. I understand that this exemption is subject to the conditions listed and that the exemption may be cancelled at any time.

Name of parent: \_\_\_\_\_ Signature of parent: \_\_\_\_\_

Name of Principal: \_\_\_\_\_

Signature of Principal: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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