

9	info@ccsc.nsw.edu.au

02 4302 9000



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	
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:	ase 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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Dlasco provido moro dotail about	the reason for the application for exemption here. If exemption
·	travel is occurring in school time (relevant travel documentation
	the case of non-flight bound travel within Australia only) must be
attached to this application):	g ,
DETAILS OF PRIOR/CURRENT EX	(EMPTIONS/EXTENDED LEAVE - TRAVEL (if applicable)
Date of prior exemption/extended	d leave from:/ to/
Number of School Days:	
Certificate of prior Exemption/Ext	ended 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:	



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Building 16 The Avenue Kariong NSW 2250

Date:	/	/ <i>/</i>	/

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

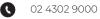
The information will be stored securely. You may access or correct any personal information by contacting the school. If you have a concern or complaint about the way your personal information has been collected, or disclosed, you should contact the school.

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

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



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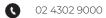
Part C: Principal's Recommendation: (in the case of employment in the entertainment industry or participation in elite arts or elite sports 50 days and over)

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

The tutor has program:	s consi ⊕	ulted the so Yes	hool in the	planning No	and develo	opment o	f this stud	dent's educa	tional
COMMENT:									
I recommend not apply)								delete which	does
To:(nam		udent)							
For the perio	od:	_//	_ to/_	/					
Principal's Na	ame (p	lease print):		-				
Telephone N	umbe	r:							
Signature of	Princi	oal:							
Date: /	/								



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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 ap which does not apply) that make of student) to be exempt from at	it necessary and / or desirable	for			delete (name
I recommend that a Certificate or Declined	f Exemption be (please tick ✔)	+	Granted	€	
1. Specific reasons for recommend	dation not to grant a Certificat	te of Exe	mption:		
2. Suggested conditions applying	g to recommendation to grant	a Certif	cate of Exer	nption:	
Investigating Officer Name:				_	
Position:					
Signature:	Date: / /				



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Part E: Principal's Recommendation: * After appeal

To be completed by the Principal:

Date: ___/___

- 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

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



STUDENT DETAILS

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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.

_____ Given name(s): _____ Family name: _____ Date of birth: ____ (dd) / ____ (mm) / ____ (year) _____ 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: __/____