

**School Attendance Policy PD20050259**  
**EXEMPTION FROM SCHOOL - PROCEDURES**

### 1.1 Application for Exemption from Attendance at School



**Education  
& Training**

**NOTE: PART A is to be completed by the student's parent and returned to their child's school principal.**

*If exemption is sought for more than one student, separate applications must be made for each student.*

#### **PART A STUDENT DETAILS**

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

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

Enrolment Registration Number (ERN): \_\_\_\_\_

Student's address: \_\_\_\_\_

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

School name: COONABARABRAN  
HIGH SCHOOL

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

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

#### **REASON FOR APPLICATION FOR EXEMPTION (Please tick )**

Exceptional domestic circumstances

Other exceptional circumstance

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

Employment in entertainment industry / participation in elite sporting event for short periods of time i.e. for one or two days, and at short notice

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

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**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.

For more information telephone the student welfare consultant  
at your local school area office on telephone 131 536

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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  No

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

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**PRIVACY STATEMENT**

The Department of Education and Training 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 purpose 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, used, or disclosed, you should contact the school.

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



Education  
& Training

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

**STUDENT DETAILS**

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

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

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

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

School name: COONABARABRAN HIGH SCHOOL School's telephone number: 02 6842 1099

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 the exemption may be cancelled at any time.

Name and position of delegate: MEL JOHNSTON - PRINCIPAL

Signature of delegate: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

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at your local school area office on telephone 131 536