

## Application for Exemption from Attendance at School for Employment in the Entertainment Industry



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 bi	rth: (dd) / (mm) / (year)
Student Registration Number (SRN):	<u> </u>
Student's address:	
	Postcode:
School name:	
Dates of exemption applied for: Number of school days:	_// to/
DETAILS OF PRIOR/CURRENT EX	EMPTIONS (If applicable)
Date of prior/current exemption from:	/ to:/
Number of school days:	
	ched (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 enrolment 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.

REASON FOR APPLICATION FOR EXEMPTION

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	
	subject to the Privacy and Personal Information Protection Act 1998. The cess your child's application for an exemption from the requirement to
<ul> <li>Communication with students and part</li> <li>To ensure the health, safety and welfar</li> <li>State and National reporting purposes</li> <li>For any other purpose required by law</li> <li>The information will be stored securely. You may</li> </ul>	g to the education and welfare of the student rents are of students, staff and visitors to the school so v.  ay access or correct any personal information by contacting the school. It your personal information has been collected, used, or disclosed, you
Address:	
Telephone number:	Postcode:
relephone number.	I acsimile.

ATTACHMENTS (Please tick ☑)
<ol> <li>Detailed itinerary/work schedule for the period of exemption sought: Yes □ No □</li> <li>Evidence of tutor's teaching qualifications (supplied by employer): Yes □ No □</li> </ol>
Employer's signature:
Date: / /
PART C PRINCIPAL'S RECOMMENDATION To be completed by the principal
The tutor has consulted the school in the planning and development of this student's educational program. (Please tick $\boxdot$ )
Yes □ No □
COMMENT:
I recommend/do not recommend that a certificate of exemption be granted (Delete that which does not apply)
to for the period / / to / /
Principal's name:
Signature:
Telephone number: Date: / /

PART D INVESTIGATING OFFICER'S RECOMMENDATION  To be completed by the investigating officer nominated by the region i.e. student welfare consultant, student services officers or school education director
RECOMMENDATION (Delete that which does not apply)  1. Following consideration of this application I am satisfied that conditions exist/do not exist that make it necessary and/or desirable for (insert name of student) to be exempted from attendance at school. I recommend that a Certificate of Exemption be granted/declined.
<ol> <li>Specific reasons for recommendation not to grant a Certificate of Exemption.</li> </ol>
<ol> <li>Suggested conditions applying to recommendation to grant a Certificate of Exemption.</li> </ol>
Investigating officer name: Signature:
Date: / /
PART E DELEGATE'S RECOMMENDATION  To be completed by the delegate (Delete that which does not apply)  Following consideration of this application I am/am not satisfied that conditions exist that make it necessary or desirable that (insert name of student) be exempted from attendance at school.
Name and position of delegate:
Signature of delegate:
Date: / / Notification to applicant: / /
Note: Please complete the Certificate of Exemption from Attendance at School if exemption

is granted (Refer to Appendix 3.5).