

## Application for Exemption from Attendance at School

To be completed by the student's parents

### **STUDENT DETAILS**

Family name:	Given name(s):			
Age:	Date of birth:	(dd) /	(mm) /	(year)
Enrolment Registration Number (ERN): _				
Address:				
		Postcode	:	
School name: _Pymble Ladies' Coll	ege			
Date of exemption applied for:	/ /	to: ,	/ /	_
Number of school days:				
Does this affect any of your daughter's o	co-curricular obliga	ations? If so, p	olease list:	
Reason for application for exemption:			Please tick	
Exceptional domestic circumstances				
Other Exceptional Circumstance				
Direction under Section 42D of the Pul	blic Health Act 199	1		
Employment in entertainment industry short periods of time i.e. for one or two	• •		vent for	

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

**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.

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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: (Ple	ease 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
- my daughter is responsible for notifying her teachers and coaches of her absence in advance

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



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

#### STUDENT DETAILS

Family name:Given name(s):	
Family name:Given name(s): Date of birth:(dd) /(mm) /(year)	
Address: Postcode:	
School name:School's telephone number: Date of exemption from://to://	
Date of exemption from: / / to: / / /	
Reason for the exemption:	
Conditions of the exemption (note: for a part day exemption the hours of program participa be specified, including the plan to have the student attend school full time).	ation must
It has been explained to the parent of the above mentioned student that they are responsion his/her supervision during the period of exemption. The parent understands that this exemption is limited to the period indicated, acknowled the exemption is subject to the conditions listed and that the exemption maybe cancellatime.	dges that
Name and position of delegate:	
Signature of delegate:Date:/_/	
This cortificate has been issued without alteration and must be produced	

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