

## Application for Exemption from Attendance at School: Participation in elite sporting event or elite arts program

To be completed by the student's parents/carer(s) and returned to info@shellharbourac.nsw.edu.au and addressed to the Principal. This is to be submitted at least 2 weeks prior to leave.

Principal. This is to be submitted at least 2 weeks prior to leave.
PART A. STUDENT DETAILS
Family name: Given name(s):
Age: Date of birth: (dd) / (mm) / (year)
Address:
Postcode:
School name: SHELLHARBOUR ANGLICAN COLLEGE
PART B. REASON FOR THIS EXEMPTION
☐ Training for elite sport ☐ Elite sport event or tour ☐ Elite arts program
A. Name of Elite arts or elite sports program:
B. Period of exemption applied for:/ to:/ (if block)
C. Individual dates applied for:  D. Number of school days:
Please provide more detail about the reason for the application for exemption here:
·
Destination:
<b>NOTE:</b> A schedule of participation, training or tour itinerary from the arts body or sporting body should be <b>attached</b> with contact names and number. Copies of travel documentation should also be provided as evidence of the students travel, where applicable.
PART C: DETAILS OF PRIOR/CURRENT EXEMPTIONS (if applicable)
Date of prior/current exemption from:/ to:/
Number of school days: (attached copy of Certificates of Exemption)

Family name:	Given name(s):
	Postcode:
	Relationship to student:
As the parent/carer of the above me attendance at school, under the Edu	entioned student, I hereby apply for a Certificate of Exemption fro cation Act 1990.
I understand that if the exemption is g	granted:
<ul> <li>I am responsible for his/her sup</li> </ul>	pervision during the period of leave.
<ul> <li>the exemption is limited to the</li> </ul>	period indicated on this application.
<ul> <li>the exemption may be cance</li> </ul>	elled at any time.
<ul> <li>the exemption is subject to the</li> </ul>	e conditions listed on the Certificate of Exemption
knowledge and belief, accurate and later prove to be false or misleading o	this application for a certificate of exemption is to the best of nd complete. I recognise that should statements in this application made as a result of this application may be reversed apply with any condition set out above may result in the exemption
Signature of parent/carer:	////
PART E: TO BE COMPLETED BY THE F	PRINCIPAL
I accept this Application for Exemptic	on from Attendance at School(Please tick one box ☑):
Yes No No	
Please provide more detail here (if red	quired):
Principal's name (please print): <b>MEGA</b>	AN HASTIE Telephone number: 02 4297 6029
	AN HASTIETelephone number: 02 4297 6029  Date://
Signature of Principal:  Note: Please complete the Certificate	Date:/
Signature of Principal:  Note: Please complete the Certificate approved.  The original certificate is to be given to the parents should be advised to care	Date://  e of Exemption from Attendance/Enrolment if requested leave is to the parent, with a copy kept on the student's file.  rry the Certificate as it may be requested by government officials
Signature of Principal:  Note: Please complete the Certificate approved.  The original certificate is to be given to the parents should be advised to care	Date:/
Note: Please complete the Certificate approved.  The original certificate is to be given to the parents should be advised to carrincluding Department of Immigration	Date://  e of Exemption from Attendance/Enrolment if requested leave is to the parent, with a copy kept on the student's file.  rry the Certificate as it may be requested by government officials