

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@shac.nsw.edu.au and addressed to the 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) Class/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:	
NOTE: A SCHEDULE OF PARTICIPATION, TRAINING OR TOUR ITINERARY FROM THE ARTS BODY SPORTING BODY SHOULD BE ATTACHED WITH CONTACT NAMES AND NUMBER TO THIS APPLICATION ORDER FOR THE LEAVE TO BE PROCESSED. COPIES OF TRAVEL DOCUMENTATION SHOULD ALSO PROVIDED AS EVIDENCE OF THE STUDENTS TRAVEL, WHERE APPLICABLE.	N IN
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)

PART D: PARENT/CARER DETAILS

Family name:	Given name(s):
Address:	
	Postcode:
Telephone number:	Relationship to student:

As the parent/carer 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 leave.
- the exemption is limited to the period indicated on this application.
- the exemption may be cancelled at any time.
- the exemption is subject to the conditions listed on the Certificate of Exemption

I have attached relevant documentation regarding this leave application (Please tick): Yes No

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 above may result in the exemption being cancelled.

Signature of parent/carer: _____

Date: _____/ ____/ _____

Please note that without a signature and relevant documentation this leave form cannot be processed.

PART E: TO BE COMPLETED BY THE PRINCIPAL

I accept this Application for Exemption from Attendance at School(Please tick one box ☑):

Yes 🗌 No 🗌

Please provide more detail here (if required): _____

 Principal's name (please print):
 MEGAN HASTIE
 Telephone number:
 02 4297 6029

 Signature of Principal:
 Date:

Note: Please complete the Certificate of Exemption from Attendance/Enrolment if requested leave is approved.

The original certificate is to be given to the parent, with a copy kept on the student's file. The parents should be advised to carry the Certificate as it may be requested by government officials including Department of Immigration and Border Protection, Police, Home School Liaison Officers etc.

OFFICE USE:

Admin		/	/
Edumate		/	/