

# 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 na	me(s):		
Age:	Date of birth:	(dd) /	(mm) /	()	year)
Address:					
				Postcode: _	
School name:	SHELLHARBOUR ANGL	ICAN COLLEGE			
PART B.	REASON FOR THIS E	XEMPTION			
🗌 Trainir	ng for elite sport	Elite sport e	event or tour	C	] Elite arts program
A. Name of E	lite arts or elite sports p	program:			
	exemption applied for				
	dates applied for:				
D. Number of	school days:				
Please provide	e more detail about th	e reason for the o	application for ex	cemption here	э:
Destination:					

**NOTE:** A schedule of participation, training or tour itinerary from the arts body or sporting body should be **attached** 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)

## 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 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. 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:	/ /	/

## PART E: TO BE COMPLETED BY THE PRINCIPAL

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

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		/	/