

3.4 Application for Exemption of Attendance at St Agnes Catholic High School for Elite Sports (more than 100 days in a 12 Month period)



NOTE: To be completed by the student's parent or Caregiver. If exemption is sought for more than one student, separate applications must be made.

Part A Student Details

Family name: _____ Given name(s): _____

Age: _____ Date of birth: _____ (dd) / _____ (mm) / _____ (year)

Enrolment Registration Number (ERN): _____

Student's address: _____

_____ Postcode: _____

School name: _____ School's telephone number: _____

Dates of exemption applied for: _____ / _____ / _____ to _____ / _____ / _____ (if in a block)

Number of school days: _____

Individual dates applied for: _____

Number of school days: _____

Name of accredited elite sport program: _____

Reason For Application For Exemption (Please tick box)

Training for elite sport

Elite sport event or tour

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

Note: A schedule of training or tour itinerary from the sporting body (E.g. Australian Institute of Sport) must be attached with contact names and numbers.

Details Of Prior/Current Exemptions (IF APPLICABLE)

Date of prior/current exemption from: _____ / _____ / _____ to: _____ / _____ / _____

Number of school days: _____

Copy of Certificate of Exemption attached (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.

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

The information that you provide will be used to process your child's application for an exemption from the requirement to enrol at and/or attend school.

It will only be used or disclosed for the following purposes.

- *General student administration relating to the education and welfare of the student Communication with students and parents*
- *To ensure the health, safety and welfare of students, staff and visitors to the school State and National reporting purposes*
- *For any other purpose required by law.*

The information will be stored securely. You may access or correct any personal information by contacting the school. If you have a concern or complaint about the way your personal information has been collected, used, or disclosed, you should contact the school.

Part B 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)

Yes No

Comment:

I recommend/do not recommend that a certificate of exemption be granted/not granted (*Delete that which does not apply*)

to _____ for the period ____ / ____ / ____ to ____ / ____ / ____

Principal's name: _____

Signature: _____

Telephone number: _____

Date: ____ / ____ / ____

Part C Investigating Officer's Recommendation

To be completed by the investigating officer nominated by the Diocese

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.
2. Specific reasons for recommendation not to grant a Certificate of Exemption.

3. Suggested conditions applying to recommendation to grant a Certificate of Exemption.

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 and 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)