TAS
THE ARMIDALE SCHOOL

Application for Exemption from Attendance at School

This form must be completed by parents

Student Details

Family name: _____ Given name(s): _____

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

Year Level: _____ House: _____ Advisor: _____

Address: _____

_____ Postcode: _____

Date of exemption applied for: ____ / ____ / _____ to: ____ / ____ / _____

Number of school days: _____

Reason for application for exemption: **Please tick:** ✓

Exceptional domestic circumstances	
Other Exceptional Circumstance	
Direction under Section 42D of the *Public Health Act 1991*	
Employment in entertainment industry/participation in elite sporting event for short periods of time i.e. for one or two days, and at short notice	

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

_____

_____

It is expected that students have checked they are not missing Assessments and that teachers / coaches etc have been informed

Assessment Schedules ☐
Advise Teachers of Absence ☐
Advise Coach/Manager of Absence ☐

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.

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 ☐

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: ____ / ____ / _____

Please send this completed application to:
absentees@as.edu.au for students in Yrs 9-12
middle@as.edu.au for students in Yrs 6-8
junior@as.edu.au for students in Yrs T-5

Office Use Only
Approved by:
Date: