



## Application for Medical Exemption from Attendance at School

To be completed by the student's parents

### Student Details

Family name: \_\_\_\_\_ Given name(s): \_\_\_\_\_

Age: \_\_\_\_\_ Date of birth: \_\_\_\_ (dd) / \_\_\_\_ (mm) / \_\_\_\_\_ (year)

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

School name: SHELLHARBOUR ANGLICAN COLLEGE

Date of exemption applied for: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ to: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Number of school days: \_\_\_\_\_

### Reason for application for exemption:

Please tick:

Exceptional domestic circumstances	<input type="checkbox"/>
Other Exceptional Circumstance	<input type="checkbox"/>
Direction under Section 42D of the <i>Public Health Act 1991</i>	<input type="checkbox"/>
	<input type="checkbox"/>

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

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**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 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.

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: \_\_\_/\_\_\_/\_\_\_

OFFICE USE:

Approved/Not Approved	Megan Hastie	/ /
Admin		/ /
Edumate		/ /

**To be completed by the principal of the school where the exemption period requested exceeds 100 school days and forwarded to the delegate responsible for approval**

Prior to forwarding this application for exemption from attendance at school to the delegate responsible for issuing the Certificate of Exemption (See page 4, *Guidelines for Exemption from School*), the principal should complete the following advice for the delegate.

I recommend that this application from attendance at school is (Please tick one box ):

Granted

Not granted

Please provide more detail here (if required):

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Principal's name: MEGAN HASTIE, Principal of Shellharbour Anglican College

Telephone number: 02 4297 6029

Signature of principal: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

**Note: Please complete the Certificate of Exemption from Attendance at School if exemption is granted (Refer to Appendix 3.5).**