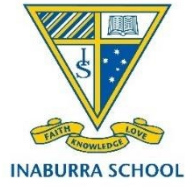


INABURRA SCHOOL APPLICATION FORM



C) If applying for part time exemption (if partial exemption)

Date	Hours of exemption
e.g. 2/2/2021, 9/2/2021, 16/2/2021	9am-11.30am

DETAILS OF PRIOR/CURRENT EXEMPTIONS (if applicable)

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

Number of school days*: _____

Copy of prior/current Certificate of Exemption attached: (Please tick one) Yes No

PARENT/CAREGIVER DETAILS

Surname: _____ First Name: _____

Address: _____

_____ Postcode: _____

Contact number: _____ Relationship to student: _____

As the Parent/Caregiver 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

PART B: TO BE COMPLETED BY THE PRINCIPAL

Following consideration of this application for exemption from attendance I am/am not (delete whichever does not apply) satisfied that conditions exist that make it necessary and/or desirable for _____ (name of student) be exempt from attendance at school.