



## Application for Exemption from Attendance at School for Elite Sports

**Note:** Part A is to be completed by the student's parent/Caregiver and returned to the Head of School. If exemption is sought for more than one student, separate applications must be made for each student.

### PART A - STUDENT DETAILS

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

Age: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade/Class: \_\_\_\_\_

Student address: \_\_\_\_\_

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

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

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

Individual dates applied for (if applicable): \_\_\_\_\_

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

Name of accredited elite sports program: \_\_\_\_\_

#### Reason for application for exemption (please tick ✓):

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 (eg 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 ✓):  Yes  No



## PARENT DETAILS

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

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

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

Telephone number: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

As the parent of the abovementioned 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 Parent/Caregiver: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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## PRIVACY STATEMENT

St Peter's Anglican Primary School is bound by the Australian Privacy Principles contained in the Commonwealth Privacy Act. 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:

- To keep Parents informed about matters related to their child's schooling, through correspondence, newsletters and magazines
- Day to day administration of the School
- Looking after pupils educational, social and medical welfare
- 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. St Peter's Anglican Primary School may also store personal information in the "cloud" which may mean that it resides on servers which are situated outside Australia. You may access or correct any personal information by contacting the school. If you have a concern of complaint about the way your personal information has been collected, used, or disclosed, you should contact the school.

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**PART B: HEAD OF SCHOOL'S RECOMMENDATION**

To be completed by the Head of School.

The tutor has consulted the school in the planning and development of this student's educational program (please tick)

Yes

No

**Comment:**

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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 \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(Name of student)

Head of School's name: \_\_\_\_\_

Head of School's signature: \_\_\_\_\_

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