



HERITAGE CHRISTIAN SCHOOL (PORT MACQUARIE)

APPLICATION / CERTIFICATE FOR EXEMPTION FROM ATTENDANCE AT SCHOOL

An “exemption to attend” that has been approved following the submission of this form does NOT result in the student being marked as “absent” for the time the exemption applies

NOTE: ALL fields of this application form (pages 1 - 2) are to be completed by the student’s parent/carer and the form returned to the Principal. If exemption is sought for more than one student, separate applications must be made for each student.

STUDENT DETAILS

Family name: _____ Given name(s): _____

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

Enrolment Registration Number (internal): _____

Student’s Address: _____

_____ Postcode: _____

School name: HERITAGE CHRISTIAN SCHOOL

School’s telephone number: (02) 6583 8277

Date of exemption from: ____ / ____ / ____ to: ____ / ____ / ____

Number of School Days: _____

REASON FOR APPLICATION FOR EXEMPTION:

Please tick:

Exceptional domestic circumstances	
Other Exceptional circumstances	
Direction under Section 42D of the <i>Public Health Act 1991</i>	
Employment in Entertainment Industry / participation in Elite Sporting event for short periods of time (ie. For one or two days, and at short notice)	

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

NOTE: Where the reason for application for exemption includes long term travel arrangements of more than 20 school days, copies of travel documentation and the itinerary should be included with the application.

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 box): Yes No

PARENT/CARER DETAILS:

Family Name: _____ Given Name(s): _____

Address: _____

_____ Postcode: _____

Telephone and/or Mobile Contacts: _____

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, and 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.

Parent/Carer Name: _____

Parent/Carer Signature: _____ Date: ___/___/___



HERITAGE CHRISTIAN SCHOOL (PORT MACQUARIE)

CERTIFICATE FOR EXEMPTION FROM ATTENDANCE AT SCHOOL Under Section 25 of the *Education Act 1990*

NOTE: This page is to be completed by the Principal of Heritage Christian School

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 (conditions of exemption):

This exemption is granted on the basis that the student is absent from school for the exact reason specified on the first page of the application form. If they are NOT absent for the exact reason specified, then they are required to be at school.

It has been explained to the parent/carer of the above-mentioned student that they are responsible for his/her supervision during the period of exemption. The parent/carer understands that this exemption is limited to the period indicated, acknowledges that the exemption is subject to any conditions listed and that the exemption may be cancelled at any time.

Principal's Name: _____

Telephone Number: _____

Signature of Principal: _____

Date: _____