



MARIST COLLEGE KOGARAH

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Application for Exemption from Attendance at School Form A.2

Part A – Parent/Caregiver to complete. (Separate applications need to be made for each student.)

Student Details

Family name:		Given name(s):	
Address:			
			Postcode:
Date of Birth:	Age:	Student No:	

Application for Exemption

If consecutive dates: Dates exemption applied for:	From:	To:	Total number of school days:
If non-consecutive dates: Individual dates applied for:			
Hours of Exemption (If Partial Exemption, eg 9:00am – 11:30am)	From:	To:	

Reason for Exemption from Attendance at School (Please tick relevant box)

1. Exceptional circumstances	<input type="checkbox"/>
2. Employment in entertainment industry (Part B must be completed by the employer for applications greater than 10 days.)	<input type="checkbox"/>
3. Participation in elite arts/sporting event Please attach a schedule of training or tour itinerary from the arts/sporting body (for example, Australian Institute of Sport). The attachment must also include contact names and numbers.	<input type="checkbox"/>
Name of accredited elite program:	
Reason (Please tick one): Training for elite program <input type="checkbox"/> Elite program event or tour <input type="checkbox"/>	

Please provide more detail about the reason for the application for Exemption from Attendance at School.

ASSESSMENT REQUIREMENTS

Students are to detail below any assessments that will occur during this absence. In addition, students must consult with the Curriculum Co-ordinator regarding possible alternative arrangements.

Subject	Assessment Task	Due Date	Alternative Arrangement	Curriculum Co-ordinator Signature

The College Assessment Calendar has been checked and we confirm that: (Please tick appropriate box)

- There are no assessments due in the period of applied absence **OR**
- Assessment(s) due, but alternative completion arrangements made with Curriculum Co-ordinator.

Student Signature: Parent/Caregiver Signature:

Are there any prior or current exemptions?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<i>(If yes, provide details)</i>
Dates of prior/current exemption(s) applied for	From:	To:	No. of school days:
Is copy of prior/current <i>Certificate of Exemption</i> attached?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Parent/Caregiver Details			
Family name:		Given name(s):	
Address:			Postcode:
Contact Tel:		Relationship to student:	
Declaration and Signature		Date	

As the parent/caregiver of the above mentioned student, I hereby apply for a *Certificate of Exemption from Attendance at School*; under the [NSW Education Act 1990](#). I understand that, if the exemption is granted:

- I am responsible for the supervision of the student 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 that 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.

Once you have completed and signed Part A please return this form to the school Principal.

Privacy Statement

The information provided will be used to process the student's Application for an Exemption from the requirement to enrol at and/or attend school. It will only be disclosed for the following purposes:

- general student administration relating to the education and welfare of the student
- communication with students and parents
- 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.

Notes: The information will be stored securely. You may access or correct any personal information by contacting the school. If you have any concerns or complaints about the way your personal information has been collected, used or disclosed, please contact the school.

Part B – Employer’s details

(Only to be completed for the student’s employment in the entertainment industry greater than 10 days.)

Employer’s Details

Company/Corporation Name:

Contact Person:

Address

Postcode:

Contact Tel:

Email:

Reason for the Application for Exemption from Attendance at School

Attachments

Detailed itinerary/work schedule for the period of exemption sought **Yes** **No**

Evidence of tutor’s teaching qualifications supplied by employer **Yes** **No**

Evidence that the tutor meets child protection requirements **Yes** **No**

Employer’s Signature

Date

Please forward the completed form to the school Principal.

Part C – Principal’s Recommendation

(Completed by the school principal.)

Principal’s Details

Name: JOHN RIORDAN

Contact Tel: 9587 3211

Email: info@mckogarah.catholic.edu.au

Complete if the exemption is for the student’s participation in an elite sporting event

The tutor has consulted the school in the planning and development of this student’s educational program for the period of the exemption

Yes

No

Comment:

Complete one either (i) or (ii)

(i) Principal’s Decision and Signature: Application for Exemption of less than 100 days

Granted	<input type="checkbox"/>	Complete FormC2 (<i>Certificate of Exemption from Attendance at School</i>)
Declined	<input type="checkbox"/>	Details: Complete Letter L2 Declining an Application for Exemption
Name of Principal: JOHN RIORDAN		Contact Tel: 9587 3211
Signature:		Date:

(ii) Principal’s Recommendation and Signature: Application is for Exemption of 100 days or more

Principal makes a recommendation and forwards it to the investigation officer (Education Officer: Compliance) of CEO Sydney.

Granted	<input type="checkbox"/>	Forward recommendation to CEO, Sydney; CEO to complete Part D
Declined	<input type="checkbox"/>	Details:
Name of Principal: JOHN RIORDAN		Contact Tel: 9587 3211
Signature:		Date:

Principal’s Signature

Date

Where the exemption period requested exceeds 100 school days in a 12-month period, the application is to be forwarded to the investigation officer (Education Officer: Compliance) who will make a recommendation to NSWCEC (Part D).

Part D – CEO SYDNEY Recommendation

Completed by the Investigating Officer of the CEO Sydney for applications of 100 days or more.

Investigating Officer's Details

Name:

Position:

Contact Tel:

Email:

Investigating Officer's Recommendation

Following consideration of this application, I am satisfied that conditions **exist** **do not exist** making it necessary and/or desirable for:

To be exempt from attendance at school.

Name of student

I recommend that the Certificate of Exemption be: **Granted** **Not Granted**

Reasons for recommendation not to grant a Certificate of Exemption

Suggested conditions applying to the recommendation to grant a Certificate of Exemption

Investigating
Officer's Signature

Date

Where the exemption period requested exceeds 100 school days in a 12-month period, the application is to be forwarded to the investigation officer (Education Officer: Compliance) who will make a recommendation to NSWCEC (Part D).

Executive Director's Recommendation*(Completed by the Executive Director CEO Sydney for applications of 100 days or more.)*

Name:

Email:

Contact Tel:

Following consideration of this application, I am satisfied that conditions **exist** **do not exist** making it necessary and/or desirable for:

To be exempt from attendance at school.

Name of student

I recommend that the Certificate of Exemption be: **Granted** **Not Granted**

Executive Director's Signature**Date****Part E – Minister's Recommendation***(Completed by the Minister's delegate for applications for 100 or more days.)***Minister's Recommendation** *(to be completed by the Delegate)*

Following consideration of this application, I am satisfied that conditions:

exist **do not exist**

making it necessary and/or desirable for:

to be exempt from attendance at school.

Name of student

Delegate's Details

Name:

Position:

Contact Tel:

Email:

Delegate's Signature**Date****Date Applicant Notified**

Principal issues *Certificate of Exemption from Attendance at School (Form C2).*