



Application for Exemption from Attendance at School

PART A is to be completed by the student's Parent/Carer and returned to NAC Office

PART A: Student Details

Please complete below table with details of all students associated with exemption from attendance at school.

FAMILY NAME	GIVEN NAME	DOB	AGE	YEAR LEVEL

Student Address: _____

_____ **Postcode:** _____

School name: Nowra Anglican College

PART A: Reason for Exemption

Date of exemption:

From ___ / ___ / ___ to: ___ / ___ / ___ (inclusive) Number of school days: _____

Reason for Application for Exemption (please tick relevant box)

- Exceptional circumstance (such as long term illness, where sick leave or alternative enrolment is not appropriate) Supporting evidence such as Medical Certificates or Surgeons report is required
- Employment in entertainment industry (complete Part B and Part C below)
- Participation in elite sporting events (including for short periods of time and at short notice) (complete Part C below)
- Participation in elite arts program (complete Part C below)

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

PART A: Parent / Carer Details (Applicant)

FAMILY NAME	GIVEN NAME	PHONE NUMBER	RELATIONSHIP TO STUDENT

Parent/Carer Address (if different from student address): _____

Postcode: _____

Email Address: _____

As the Parent/Carer of the above mentioned students(s), 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 (M) is limited to the period indicated
- the exemption (M) is subject to the conditions listed on the Certificate for Exemption
- the exemption (M) 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 Certificate for Exemption, may result in the provided period of extended leave being cancelled.

Signature of Parent/Carer: _____ **Date:** _____

PART B: Employer's Details (in the case of employment in the Entertainment Industry)

To be completed by the Employer

Name of Company / Corporation: _____

Company / Corporation Address: _____

Contact Person: _____ **Phone:** _____

Email Address: _____

Please attach and tick:

- Detailed itinerary / work schedule for the period of exemption sought
- Evidence of tutor's teaching qualifications (supplied by employer)

Employer's signature: _____ **Date:** _____



PART C: Participation in Accredited Elite Arts, Elite Sports or Entertainment Industry

To be completed by the Applicant

Reason for Application for Exemption (Please tick)

- Training for elite sport Elite sport event or tour
 Elite arts program Entertainment industry

Name of accredited elite arts, elite sport program or entertainment industry performance:

Date of exemption applied for:

BLOCK: From ___ / ___ / ___ to: ___ / ___ / ___ Number of school days: _____

OR

Individual dates applied for: _____

Number of school days: _____

OR

Hours of exemption (if partial exemption, e.g. 2:00pm – 3:15pm): _____

From ___ / ___ / ___ to: ___ / ___ / ___

Note: A schedule of participation, training or tour itinerary from the organiser, arts or sporting body (e.g. Australian Institute of Sport) must be attached with contact names and numbers.

PART D: Assessment Requirements – To be completed by the Student

Students are to detail below any assessments that will occur during this absence. In addition, students must consult with the Head of Studies regarding possible alternative arrangements.

Student Name: _____ Year: _____

Subject	Assessment Task	Due Date	Alternative Arrangement	Signed by Head of Department	Signed by Head of Studies

The School 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
- In class assessment task(s) due, but alternative completion arrangements made with Head of Studies.

Notice regarding hand in assessment tasks

It is critically important that students identify all NESA (Official RoSA, Preliminary and HSC) Assessment Tasks that are due during the period of leave. Due dates for hand in assessment tasks, remain as stated in the Assessment Booklet. Extenuating circumstances may be considered.

Catch-up of Learning

It is the responsibility of the student to make arrangements with their class teachers to ensure that they are able to catch up on any learning missed.

Student Signature: _____ Parent/Caregiver Signature: _____

Parent/Carers: Once you have completed and signed this form, please return this to NAC Office.

Your application will be considered and a response will be sent to you via email.

If approved, a Certificate will be issued and will be available to pick up from NAC Office.



PART E: TO BE COMPLETED BY THE PRINCIPAL

I accept this *Application for Exemption from Attendance at School*

(Please tick one box):

Yes No

Principal's name (please print): Mrs Lorrae Sampson

Phone number: (02) 4421 7711

Signature of Principal: _____

Date: ___/___/___

COLLEGE NOTES – To be completed by Attendance Administrator (once approved by Principal)

- Notified Deputys, Head of School, Pastoral Coordinator, Year Coordinator, Class/Homeroom Teacher
- Entered into Edumate as absentee reason M – Certificate of Exemption
- Complete the Certificate for Exemption from Attendance at School
- The original certificate is to be given to the Parent/Carer, with a copy kept on the student's file
- Parent/Carers should be advised to carry the Certificate as it may be requested by government officials including Department of Immigration and Border Protection, Police, etc