



## EXEMPTION FROM ATTENDANCE APPLICATION (EFAA)

INSTRUCTIONS: Please submit this application prior to the intended leave period, ideally at least two weeks prior or as soon as possible. Applications made after the leave has commenced are not guaranteed to be approved and may impact your daughter's learning. Should the leave period clash with a scheduled assessment task, please also complete page 3 of this application entitled: *Supplemental Application – Absence from Assessment(s)*.

NOTE: Where the reason for exemption from attendance includes long-term travel arrangements exceeding 20 school days, copies of relevant travel documentation must be included with the application.

Student Name: \_\_\_\_\_ Year: \_\_\_\_\_

Date of Birth (dd/mm/yy): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Boarder: Yes / No Compass Group: \_\_\_\_\_

Intended Leave Date(s): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Number of School Days: \_\_\_\_\_

Reason(s) for the application for exemption:

As the parent/carer 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 the supervision of my child 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; and,
- My child is responsible for notifying any relevant co-curricular staff about her absence in advance.

I declare the information provided in this application is to the best of my knowledge and is accurate and complete. I acknowledge that statements in this application later proven to be false or misleading may result in any decision(s) related to this application being reversed. I recognise that a failure to comply with any condition set out in the exemption may result in the exemption being revoked.

Signature of Applicant(s): \_\_\_\_\_ Relation to Student: \_\_\_\_\_

Applicant Name (printed): \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



## FOR HEAD/DEPUTY HEAD OF SCHOOL USE ONLY

INSTRUCTIONS: Prior to forwarding this application for exemption from attendance at school to the Deputy Principal - Students (K-12), please complete the following advice.

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

<input type="checkbox"/>	Exceptional domestic circumstance
<input type="checkbox"/>	Other exceptional circumstance
<input type="checkbox"/>	Direction under Section 42D of the <i>Public Health Act 1991</i>
<input type="checkbox"/>	Employment in entertainment industry/participation in elite sporting event for short periods of time

### Details of prior/current exemptions (if applicable):

Date(s) of prior/current exemption: ____ / ____ / ____ to ____ / ____ / ____	No. of school days: ____
Date(s) of prior/current exemption: ____ / ____ / ____ to ____ / ____ / ____	No. of school days: ____

### Additional comments:

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I recommend that this application for exemption from attendance is: GRANTED / NOT GRANTED

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

## FOR DEPUTY PRINCIPAL - STUDENT (K-12) USE ONLY

APPLICATION OUTCOME: Approved Rejected

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

☐ Data validated by PA to Deputy Principal - Student (K-12)

☐ *Supplemental Application – Absence from Assessment(s)* provided to Director of Student Learning, if applicable