



BROUGHTON
ANGLICAN COLLEGE

Application for Exemption from Attendance at School

NOTE: PART A is to be **completed by the student's parent** and returned to the College.

PART A

FAMILY DETAILS

Family name: _____

Address: _____

_____ Postcode: _____

Dates of exemption applied for: ____/____/____ to ____/____/____

Number of school days: _____

STUDENT DETAILS

1. Given name(s): _____

Surname (if different from above): _____

Grade: _____ Age: _____ Date of birth: ____/____/____

2. Given name(s): _____

Surname (if different from above): _____

Grade: _____ Age: _____ Date of birth: ____/____/____

3. Given name(s): _____

Surname (if different from above): _____

Grade: _____ Age: _____ Date of birth: ____/____/____

4. Given name(s): _____

Surname (if different from above): _____

Grade: _____ Age: _____ Date of birth: ____/____/____

PARENT DETAILS

Surname: _____ Given name(s): _____

Telephone number: _____ Relationship to student: _____

REASON FOR APPLICATION FOR EXEMPTION (Please tick ✓)

The Headmaster may approve exemption applications for the following for up to 100 days within the school year:

- Exceptional circumstances, including health
- If required under section 42D of the *Public Health Act*
- Employment in the entertainment industry
- Participation in an elite sporting event

NOTE: Applications for an exemption from school for more than 100 days in a twelve month period will be forwarded by the College to the Minister of Education for consideration of approval.

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

As the parent of the above mentioned student/s, I hereby apply for an Exemption from attendance at school, under the *Education Act*.

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 may be cancelled at any time.

I declare the information provided in this application 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 as a result of this application may be revised. 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 applicant/s: _____ Date ____/____/____

PRIVACY STATEMENT

The College is bound by the Australian Privacy Principles contained in the Commonwealth *Privacy Act 1988*. In relation to health records, the College is also bound by the New South Wales Health Privacy Principles which are contained in the *Health Records and Information Privacy Act 2002* (Health Records Act).

It will only be used or 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.

The information will be stored securely. 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.

PART B

To be completed by the Headmaster where the exemption period requested exceeds 100 school days and forwarded to the Student Welfare Directorate, NSW Department of Education and Communities for approval.

I recommend that this application from attendance at school is (please tick one box):

Granted

Not granted

Please provide more detail here (if required):

Headmaster's name (please print): _____

Telephone number: _____

Signature of Headmaster: _____ Date: ____/____/____

FOR OFFICE USE:

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

Number of school days: _____

Signature of Headmaster or delegate: _____ Date: ____/____/____