



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 ✓)**

- Exceptional domestic circumstances
- Other exceptional circumstance
- Direction under section 42D of the *Public Health Act 1991*
- Employment in entertainment industry/participation in elite sporting event including for short periods of time i.e. for one or two days, and at short notice

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

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

As the parent of the above mentioned student/s, I hereby apply for an 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 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 \_\_\_\_/\_\_\_\_/\_\_\_\_

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PRIVACY STATEMENT

Broughton Anglican College is subject to the Privacy and Personal Information Protection Act 1998. The information that you provide will be used to process your child's application for an exemption from the requirement to enrol at and/or attend school.

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):

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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: \_\_\_/\_\_\_/\_\_\_