



# Mount St Benedict College

## Application for Exemption from Attendance at School For participating in Accredited Elite Sports Programs (for more than 10 school days in a 12 – month period)

### Student Details

Family Name: \_\_\_\_\_ Given Name (s) \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_ Postcode \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Year Group \_\_\_\_\_

Student Enrolment Code \_\_\_\_\_ House \_\_\_\_\_ Homeroom \_\_\_\_\_

### Application for Exemption

Dates of exemption applied for: from \_\_\_\_\_ to \_\_\_\_\_ No of School days \_\_\_\_\_ (if in a block)

Individual dates applied for \_\_\_\_\_

Number of school days \_\_\_\_\_

Name of accredited elite sports program \_\_\_\_\_

### Reason for Application for Exemption (please tick relevant box)

Training for elite sport  Elite sport event or tour

Please provide details about the reason for the Application for Exemption

\_\_\_\_\_

Note: A schedule of training or tour/event itinerary from the sporting body (e.g. Australian Institute of Sport) must be attached with contact name and telephone numbers

Are there any prior or current exemptions?

Are there any prior or current exemptions? No  Yes  *Please provide details below*

Dates of prior/current exemption: from \_\_\_\_\_ to \_\_\_\_\_ No. of school days \_\_\_\_\_

Is a copy of prior/current Certificate of Exemption attached? Yes  No

## **Parent / Caregiver Details**

Family Name: \_\_\_\_\_ Given Name (s) \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Contact No \_\_\_\_\_ Relationship to student \_\_\_\_\_

## **Declaration / Signature**

As the parent/caregiver 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 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.

Signature \_\_\_\_\_ Date \_\_\_\_\_

***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.

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** (to be completed by the Principal)

**Principal's Recommendation**

The tutor has consulted the school in the planning and development of this student's education program.

Yes  No

**Comments**

---

---

---

---

---

---

---

---

I recommend/do not recommend that a certificate of exemption be granted/not granted

to \_\_\_\_\_ (*student's name*)

for the period \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Principal's Signature**

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Reasons for recommendation NOT TO GRANT a Certificate of Exemption**

---

---

---

---

**Suggested conditions applying to the recommendation TO GRANT a Certificate of Exemption**

---

---

---

**Principal's Signature**

Signature \_\_\_\_\_

Date \_\_\_\_\_

*Please complete the Certificate of Exemption from Attendance at School  
If exemption is granted*