



ST GEORGE CHRISTIAN SCHOOL  
APPLICATION FOR EXEMPTION FROM ATTENDANCE AT SCHOOL

**TO BE COMPLETED BY THE STUDENT'S PARENT/GUARDIAN  
AND SUBMITTED TO THE PRINCIPAL**

**Student Details**

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

Age: \_\_\_\_\_ Date of birth: \_\_\_\_ (dd) / \_\_\_\_ (mm) / \_\_\_\_ (year)

Enrolment Registration Number (ERN): \_\_\_\_\_ (office to complete)

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

School name: \_\_\_\_\_

Date of exemption applied for: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

Reason for application for exemption:

Please tick:

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 i.e. for one or two days, and at short notice	<input type="checkbox"/>

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.

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**DETAILS OF PRIOR/CURRENT EXEMPTIONS (if applicable)**

Date of prior/current exemption from: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

Copy of Certificate of Exemption attached: (Please tick one box)    Yes     No

**PARENT DETAILS**

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

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

As the parent 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 his/her supervision 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 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 of parent/guardian: \_\_\_\_\_

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

Completed Form should be forwarded to:

The Principal  
St George Christian School  
P O Box 144  
Ramsgate NSW 2217

PrincipalPA@sgcs.nsw.edu.au