

## Arcadia College


## Application for Exemption

## Part A – to be completed by applicant



Student Details	
Student Name	
Student DOB	Year Level
Parent/Carer 1 Details	
Name	
Address	
Phone Number	
Exemption Details	
What dates is the exemption sought for?	Start:                      End:
Total number of school days exemption sought for:	
For what reason is the exemption sought?	
Diagnosis of terminal medical condition	[ ]
Illness or hospitalisation for a prolonged period of time	[ ]
'Carer' responsibilities	[ ]
Mental health condition	[ ]
Extended travel	[ ]
Cultural or religious reasons	[ ]
Family reasons	[ ]
Other (please provide details separately)	[ ]
<i>Please attach any supporting evidence or comments separately</i>	
Signatures	
Signature of parent	Date
Signature of student	Date
<i>(If it is inappropriate in all the circumstances for the parent to sign the consent for a student in the compulsory participation phase of education)</i>	
Additional Information	
Once this form is submitted to Arcadia College, the Principal or Delegate will make a decision and communicate it in writing to the applicant within 10 working days.	
If required, additional information may be sought from the applicant and timeframes will be extended accordingly. This will be appropriately communicated to the applicant.	

**Part B – to be completed by Principal**

Previous Exemption Details		
I have previously granted the following exemptions for the applicant for <b>this year</b> :		
1. Start:	End:	Number of school days:
2. Start:	End:	Number of school days:
3. Start:	End:	Number of school days:
Total number of exemptions:		Total number of school days student exempted:
<p><i>Note, if the period of the exemption that is the subject of this application would, if it were granted, cause the total period of exemptions granted for the student to be more than 110 school days in the current year, the Principal cannot make a decision regarding this application. Instead, an application must be made to the Office of Non-State Education at the Department of Education and Training on their approved form.</i></p>		
Exemption Decision		
<p><b>Granted</b></p> <p><input type="checkbox"/> I grant the exemption for this student as requested, to apply as follows:</p> <p>Start: _____ End: _____</p>		
<p><input type="checkbox"/> *I grant the exemption for this student for a lesser period than what was requested, being:</p> <p>Start: _____ End: _____</p>		
<p><input type="checkbox"/> *I grant the exemption for this student with the following conditions:</p>		
<p> <i>For students in the compulsory participation phase:</i></p> <p>The exemption is:      Full [ ]                      Partial [ ]                      If partial, the exempt FTE is [ ]</p> <p><i>The exemption may apply until the end of the compulsory participation phase, or until an earlier time. Please ensure that you have indicated this clearly in the relevant section above.</i></p>		
<p><b>Not granted</b></p> <p><input type="checkbox"/> *I do not grant the exemption for this student</p>		
Signature		
Signature of Principal or Delegate		Date