APPLICATION FOR EXEMPTION FROM SCHOOL ATTENDANCE – Exceptional Circumstances

Address Please provide more detail about the reason for the application for exemption A: If consecutive days: Start End Days A: If consecutive days: Ust all date(s): Days Complete either A, B or C Complete either C, B or C or First Name A: If consecutive days: Ust all date(s): Date(s): Hours absent: (e.g. 9am to 11.30am) Cetails of Prior / Current Exemptions (if applicable) Start date End Address Same as above First Name Address Same as above Email Mobile Relationship As the parent/carer of the abovenamed student, I hereby apply for a Certificate of Exemption from Attendance at School, under the Education Act 1990. I understand that is the exemption is subject to the conditions listed on the Certificate of Exemption - I har responsible for his/her business that supervision didicated - the exemption is subject to the conditions listed on the Certificate of Exemption - 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 is, to the best of my knowledge and belief, accurate and complete. I recognish that bould statements in this application has perverve to be false or misleading any decision made as a result of this application made reversed. I further recognise that a failure to comply with any condition set out in the exemption may result in the exemption being cancelled. Signature	PART A -	Student De	etails	To be	compl	eted by F	Parent ,	/ Carer						
Please provide more detail about the reason for the application for exemption Please attach any additional evidence (e.g. health care plan, medical advice, etc.) Petails Full-time Part-time A: If consecutive days: Start End Days B: If not consecutive days: List all date(s): Days Complete either C: If part-time / partial exemption C: If part-time / partial exemptions (if applicable) Start date End date No. of days Start date End date No. of days Surname First Name Address same as above Email Mobile Relationship Start date Relationship Start date Relationship Start date Relationship Start date Relationship Address same as above Email Mobile Relationship Address same as above Cartificate of Exemption is granted: I am responsible for his/her supervision during the period of exemption I am responsible for his/her supervision during the period of exemption The exemption is subject to the conditions listed on the Certificate of Exemption The exemption may be cancelled at any time. declare the information provided in this application is, to the best of my knowledge and belief, accurate and complete. I recognish at should statements in this application is are reversed. I further recognise that a failure to comply with any condition set out in the exemption may result in the exemption leng cancelled.	Surname			First Name					DOB		Age		Class	
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Date		-								Date				
	Signature									Date				



PART B – Principal	As the Minister's De	legate									
Following consideration of this application for exemption, I											
□ am											
□ am not											
satisfied that conditions exist that make it necessary and/or desirable for this student to be exempt from attendance at school.											
I recommend that a Certificate		Not granted									
	-										
Principal Name	Signature			Date							
Rabbi Yaacov Chaiton											
Note:											
A copy of this signed Application for Exemption from Attendance at School form is sufficient to act as a Certificate of Exemption .											
KTC Distribution											
		□ PS/HS Administrator □ Edumate	□ Tea	cher(s) / House Coord							