

APPLICATION FOR EXEMPTION FROM SCHOOL ATTENDANCE – Exceptional Circumstances

PART A – Student Details		To be completed by Parent / Carer		
Surname	First Name	DOB	Age	Class
Address				
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.)

Details	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time			
	A: If consecutive days:	Start	End	Days	
	B: If not consecutive days:	List all date(s):			Days
	C: If part-time / partial exemption:	Date(s):		Hours absent: (e.g. 9am to 11.30am)	

Details of Prior / Current Exemptions (if applicable)

Start date	End date	No. of days
Copy of prior/current Certificate of Exemption attached? (tick one)		<input type="checkbox"/> Yes <input type="checkbox"/> No

Surname	First Name	Address <input type="checkbox"/> 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 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 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 cancelled.

Signature	Date



PART B – Principal**As the Minister's Delegate**

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 of Exemption be:

 Granted 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** Parent Reception PS/HS Administrator Teacher(s) / House Coord Head of Primary/HSLT Student file Edumate