



# MACQUARIE ANGLICAN GRAMMAR SCHOOL

## FAITH IN *Action*

## APPLICATION FOR EXEMPTION FROM ATTENDANCE AT SCHOOL

**To be completed by the student's parents and emailed to samantha.howard@mags.nsw.edu.au**

## Student Details

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

Core Teacher/Tutor \_\_\_\_\_ Year: \_\_\_\_\_

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

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

**Reason for application for exemption:**

Please tick:  ✓

Elite Sports/Arts Representation	
Leave for Extended Illness	
Other Reason	

Please provide more detail about the reason for the application for exemption here:

**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.

**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 applicant/s: \_\_\_\_\_

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

**To be completed by the Principal of Macquarie Anglican Grammar School, where the exemption period requested exceeds 100 school days and forwarded to the delegate responsible for approval.**

Prior to forwarding this application for exemption from attendance at school to the delegate responsible for issuing the Certificate of Exemption (See page 4, *Guidelines for Exemption from School*), the Principal should complete the following advice for the delegate.

I recommend that this application from attendance at school is (please tick):

[ ] Granted Exempt  Leave

[ ] Not granted

Exempt

Leave

[ ] Not granted

Please provide more detail here (if required):

Principal's name (please print): \_\_\_\_\_

Signature of Principal: \_\_\_\_\_

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