



## ST PATRICK'S COLLEGE

### APPLICATION FOR EXEMPTION FROM ATTENDANCE AT SCHOOL

**NOTE: Parts A, B and C** are to be completed by the student's parent/carer and returned to [leaverequests@spc.nsw.edu.au](mailto:leaverequests@spc.nsw.edu.au)

#### PART A: Student Details

Please complete the table below with details of all student's at this school associated with the period of exemption. Separate applications are required for each school if siblings do not attend the same school.

FAMILY NAME	GIVEN NAME(s)	DOB	AGE	GRADE
		/ /		
		/ /		
		/ /		
		/ /		

STUDENT ADDRESS	POSTCODE

START DATE OF PROPOSED EXEMPTION	/ /	END DATE OF PROPOSED EXEMPTION	/ /

NUMBER OF SCHOOL DAYS ABSENT

REASON FOR APPLICATION FOR EXEMPTION	PLEASE TICK ✓
Exceptional Domestic Circumstances	
Other Exceptional Circumstance	
Direction under Section 42D of the Public Health Act 1991	
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	

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.

## PART B: Details Of Prior/Current Exemption/Leave (if applicable)

\*The information provided here will be checked against the College's Leave Register.

START DATE OF PRIOR/CURRENT EXEMPTION/LEAVE	/ /	END DATE OF PRIOR/CURRENT EXEMPTION/LEAVE	/ /
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NUMBER OF SCHOOL DAYS ABSENT	
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### Assessment Tasks

As per the College Assessment Handbook, please indicate below any Assessment Tasks your son/s will be absent from during the period of leave indicated. If there is an Assessment Task clash, the Head of Department / relevant class teacher will be notified accordingly.

SUBJECT	TASK DETAILS	DATE OF TASK

### Co-curricular Involvement

Please indicate below of your son/s involvement in any Co-curricular activity at the College during the period of leave.

CO- CURRICULAR ACTIVITY	RELEVANT COACH/ STAFF MEMBER/ MIC

## PART C: Parent Details

FAMILY NAME		GIVEN NAME(s)	
ADDRESS		POSTCODE	
TELEPHONE NUMBER		RELATIONSHIP TO STUDENT	

As the parent/carer 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 supervision during the period of exemption.

- The exemption is limited to the period indicated.
- It is the student's responsibility to catch up on any work he may miss during this exemption period.
- 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.

Name of parent/carer (please print): \_\_\_\_\_

Signature of parent/carer: \_\_\_\_\_ Date: \_\_\_\_\_

Once you have completed and signed this application, please return this form to  
**leaverequests@spc.nsw.edu.au**

**To be completed by the College Principal 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, the principal should complete the following advice for the delegate.

I recommend that this Application for Exemption from Attendance at School is (Please tick one box 

Granted

Not granted

Please provide more detail here (if required):

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**Principal's name (please print):** Dr Vittoria Lavorato

**Telephone number:** (02) 9763 1000

**Signature of principal:** \_\_\_\_\_

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

**NOTE:** Please complete the Certificate of Exemption from Attendance at School if exemption is granted (Refer to Appendix 3.5).