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| **Updated: November 2021** | **PRINCIPAL APPROVED APPLICATION FOR EXEMPTION FROM SCHOOL ENROLMENT/ATTENDANCE**  **FORM A**  ED 175  Updated: April 2018  **AND EDUCATION ENROLMENT/PARTICIPATION**  **Family / Travel / Holiday (up to 12 months)**  **Other / Conditional / Ongoing Medical (up to 1 month)**  **For all students 17 years and under**  **Documentation to remain at the school** | **FORM C**  ED 175 |

**The student must attend school regularly until exemption is approved**.

**COMPULSORY INFORMATION – *all fields must be completed - Please retain at school in student file***

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| **Name of Student** (in full) |  |  |

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| **School/Provider** |  | |  |  |
|  |  | | | |
|  |  | | | |
| **Principal’s Name** |  |

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| **Parent/Guardian Address** |  | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | |
| **Parent/Guardian Phone** |  | | | | | | | | | | |  | | | **Postcode** | | |  | | | | |
|  |  | | | | | | | | | | |  | | | | | |  | | | | |
| **Student’s Date of Birth** |  |  |  | |  |  |  | **Age** |  | | | **Gender** | | | |  | | |  | **Year Level** | |  |
|  |  |  |  | |  |  |  |  |  | | |  | | | |  | | |  |  | |  |
|  | | | | **Children and Young People in Care** | | |  | | | **Aboriginal** | | |  | | | | **SWD** | | | |  | |
|  |  | | | | | | | | | |  | | |  | | | | | | | | |
| **Name of Parent/Guardian** |  | | | | | | | | | | **Signature** | | |  | | | | | | | | |

**Principal Approved**

Temporary Period of Exemption

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Start Date** |  |  |  |  | **End Date** |  |  |  |

**Family / Travel / Holiday**

***(up to 12 months)***

**Other / Conditional**

***(up to 1 month)***

**e.g. COVID restrictions**

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| **Details:** |

|  |  |  |  |  |  |  |  |  |
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| **Start Date** |  |  |  |  | **End Date** |  |  |  |

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| **Details:** |

**Ongoing Medical**

***(up to 1 month)***

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| **Start Date** |  |  |  |  | **End Date** |  |  |  |

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| **PRINCIPAL - APPROVED / NOT APPROVED (please circle)**  Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_/\_\_\_\_/\_\_\_\_ |

**Print Principal Name**:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please retain at school in student file for audit purposes**