# Application for Extended Absence or Exemption

**Applicant**

Name: ___________________________  Relationship to Student/s: ___________________________

**Student Details**

<table>
<thead>
<tr>
<th>Family Name</th>
<th>Given name(s)</th>
<th>Year</th>
<th>Full Days</th>
<th>Half Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student 1</td>
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<tr>
<td>Student 2</td>
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<td>Student 3</td>
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<td>Student 4</td>
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<tr>
<td>Student 5</td>
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</tbody>
</table>

**Period of Absence**

Date/s:  from: _____ / _____ / _____  □ Indefinite or to: _____ / _____ / _____

Number of school days: ________  (N/A if indefinite)

**Reason for application (please tick as applicable)**

- Travel - if more than 20 school days include copies of travel documentation
- Domestic Necessity
- Direction under Section 42D of the Public Health Act 1991
- Employment in entertainment industry or participation in elite sport or equivalent
- To engage in alternate approved education/training
- To engage in paid work or a combination of approved education/training and paid work (e.g., apprenticeship)

Please provide more detail about the reason for your application:

____________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________

**Declaration**

As the parent of the above mentioned student, I hereby apply for Extended Absence or Exemption under the Education Act 1990. I understand that if granted:

- I am responsible for his/her supervision during the period of exemption;
- the absence is authorised for the period indicated only;
- the absence is subject to the conditions listed on the Certificate; and
- the Certificate may be cancelled at any time.

I declare the information provided in this application is accurate and complete to the best of my knowledge. 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 on the Certificate may result in the Certificate being revoked.

Signature of applicant: ___________________________  Date: _____ / _____ / _____