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| **Updated: November 2021** | **PRINCIPAL APPROVED APPLICATION FOR EXEMPTION FROM SCHOOL ENROLMENT/ATTENDANCE****FORM A**ED 175Updated: 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** |  |

|  |  |
| --- | --- |
| **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:**  |

[ ]

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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**