

# Application for Exemption from Attendance at School For Accredited Elite Sports Programs (More than 50 days in a 12-month period)

Where the exemption period requested exceeds 50 school days in a 12-month period, Parts A and B are to be forwarded to the investigating officer nominated by the Catholic Education Office who will make a recommendation to NSW CEC.

Form  
A.3

## INFORMATION

### ACCREDITED ELITE SPORTS PROGRAMS

Accredited elite sports programs include national and international sports organisations who run camps for athletes and national sports squads that students have been selected to participate in. They also include talent identification programs run by the New South Wales Department of Sport and Recreation. Where programs run for more than 5 school days (1 week), applicants should be provided with an educational program under this section. See the requirements below.

### EDUCATIONAL PROGRAM

1. An appropriate educational program must be provided by the student's school.
2. The principal is responsible for ensuring that an appropriate educational program is provided for the student.
3. The educational program must be compatible with the program being undertaken at the student's school. It must be suitable for the age, maturity and ability of the student.

### PERIODS OF INSTRUCTION

1. The student must be able to engage in sufficient hours to ensure that the requirements of the teaching/learning program are being met. In general, the student should engage with the educational program for an average of 2 hours instruction each school day.
2. The student will not undertake the educational program during weekends or school holidays.
3. Adequate meal and rest breaks should be undertaken by the student during their engagement with the educational program.

### PLACES OF INSTRUCTION

1. A suitable area with adequate lighting, ventilation and space must be provided for the student while they are engagement with the educational program.
2. Furnishings should be suitable for the purpose of undertaking the educational program.
3. This area should be free from distraction.

### RECORDS

1. Records of the student's educational progress and actual work must be provided to the student's school at regular intervals.

**A Certificate of Exemption may be cancelled at any time if any of these conditions are not being met**



**Part A** (to be completed by parent/caregiver)

**School Details**

School Name .....

Suburb ..... Tel No. ....

**Student Details**

Family name ..... Given name(s) .....

Address .....

..... Postcode .....

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age: ..... Enrolment Registration Number \*: .....

*\* School to provide*

**Application for Exemption**

Dates of exemption applied for (*if in a block*): From \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Number of school days .....

**OR** ... Individual dates applied for .....

Number of school days .....

Name of Accredited Elite Sports Program .....

Please provide details about the **reason** for the Application for Exemption

.....  
.....  
.....

**Note** A schedule of training or tour/event itinerary from the sporting body (eg Australian Institute of Sport) must be attached with contact name and telephone numbers

**Are there any prior or current exemptions?** No  Yes  *Please provide details below*

Dates of prior/current exemption from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ Number of school days .....

Is copy of prior/current Certificate of Exemption attached? Yes  No



### Parent / Caregiver Details

Family name ..... Given name(s) .....

Address .....

..... Postcode .....

Contact Telephone ..... Relationship to student .....

### Declaration / Signature

As the parent/caregiver 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 the supervision of the student 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 that 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 \_\_\_\_/\_\_\_\_/\_\_\_\_

### Privacy Statement

*The information that you provide will be used to process the student's Application for an Exemption from the requirement to enrol at and/or attend school. It will only be disclosed for the following purposes:*

- *General student administration relating to the education and welfare of the student;*
- *Communication with students and parents;*
- *To ensure the health, safety and welfare of students, staff and visitors to the school;*
- *State and national reporting purposes;*
- *For any other purpose required by law.*

*The information will be stored securely.*

*You may access or correct any personal information by contacting the school.*

*If you have a concern or complaint about the way your personal information has been collected, used or disclosed, you should contact the school.*



**Part B** (to be completed by the Principal)

**Principal's Details**

Name .....

Contact Tel ..... Fax No. ....

**Principal's Recommendation**

The tutor has consulted the school in the planning and development of this student's education program

Yes  No

**Comments**

.....  
.....  
.....  
.....  
.....

I recommend that a Certificate of Exemption be granted  not granted

To (Name of Student) .....

for the period from ..... to ..... No. of school days .....

**Principal's Signature**

..... Date .....



**Part C** (to be completed by the Investigating Officer nominated by the Catholic Education Office)

**Investigating Officer's Details**

Name ..... Position .....  
Contact Tel ..... Fax No. ....

**Investigating Officer's Recommendation**

Following consideration of this application, I am satisfied that conditions:  
exist  / do not exist  making it necessary and/or desirable for

(Name of student) ..... to be exempted from attendance at school.

I recommend that a Certificate of Exemption be granted  ..... declined

**Reasons for recommendation not to grant a Certificate of Exemption**

.....  
.....  
.....

**Suggested conditions applying to the recommendation to grant a Certificate of Exemption**

.....  
.....  
.....

**Investigating Officer's Signature**

..... Date .....

**Part E** (to be completed by the Delegate)

**Delegate's Recommendation**

Following consideration of this application, I am satisfied  not satisfied  that conditions exist that make it necessary and desirable that

(Name of student) ..... be exempted from attendance at school.

**Delegate's Details**

Name ..... Position .....  
Contact Tel ..... Fax No. ....

**Delegate's Signature**

..... Date .....

Date Applicant notified .....

**Please complete the certificate of Exemption from Attendance at School if exemption is granted**