

APPLICATION FOR EXEMPTION FROM SCHOOL ENROLMENT / ATTENDANCE AND EDUCATION ENROLMENT / PARTICIPATION

DISABILITY / BEHAVIOUR / HEALTH / MEDICAL – PART TIME SCHOOL ATTENDANCE

FOR ALL STUDENTS 17 YEARS AND UNDER

The student must attend school regularly until exemption is approved. Information provided is protected by the Government of South Australia Information Privacy Principles and each Independent school is governed by the Australian Privacy Principles. For information regarding the exemption processes, refer to www.sa.gov.au/topics/education-and-learning/schools/school-life/exemption-from-attending-school

Section 1: Student Information

Name of student (in full)

School / provider

Student's date of birth Age Gender Year Level

Young person in care (*Guardianship of the Minister*) ATSI SWD

Section 2: Parent / Guardian Information

Name of parent / guardian (in full)

Parent / guardian address

Parent / guardian phone number

Section 3: Exemption Information

Period of exemption (inclusive): Start Date End Date

The following supporting documentation must be attached

- | | |
|--|---|
| <input type="checkbox"/> Learning plan (<i>e.g. IEP, NEP, OCOP, ILP</i>) | <input type="checkbox"/> Transition timetable to full-time attendance |
| <input type="checkbox"/> Home learning program | <input type="checkbox"/> Letter from medical practitioner (<i>if medical exemption requested</i>) |

Other supporting information to consider attaching includes background information, behaviour support plan, sensory overview, autism support plan

Has the Principal previously approved a 4-week exemption for this student? Yes No

If Yes, please specify dates of previous exemption: Start Date End Date

All relevant signatures must be obtained before forwarding to AISSA / DECD Central Delegate

	Name	Signature	Date
Principal	<input style="width: 250px; height: 20px;" type="text"/>	<input style="width: 200px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>
Parent / guardian	<input style="width: 250px; height: 20px;" type="text"/>	<input style="width: 200px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>
Social worker	<input style="width: 250px; height: 20px;" type="text"/>	<input style="width: 200px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>

(if student is under Guardianship of the Minister)

Section 4: Supplementary School Program

Please specify the hours / days the student will be attending school:

	Monday	Tuesday	Wednesday	Thursday	Friday
Start Time					
Finish Time					

Additional comments:

AISSA / DECD Central Delegate Use Only

APPROVED
 NOT APPROVED
 Signature
 Date / /