



STUDENTS OF COMPULSORY SCHOOLING OR EDUCATION AGE (6-17 YEARS)

SECTION 1 Details

The student must attend school or participate in their approved learning program until an exemption is approved. Information provided is protected by the Government of South Australia Information Privacy Principles. (Government sector only) For information regarding the exemption process see - www.decs.sa.gov.au/exemptions and www.educationage.sa.gov.au

Name of Student (in full), SACE ID Number, School/Provider, Parent/Guardian Address, Parent/Guardian Phone, Student's Date of Birth, Name of Parent/Guardian

Please sign above

SECTION 2 Reason (please tick)

supporting information attached

up to 16 years of age

16 - 17 years of age

Exemption for up to 12 months (Principal Approval)

Family Travel/Holiday, Other, Please specify

Exemption for greater than one month and up to a maximum of 24 months (6-16 years)

Full-time Employment, Apprenticeship/Traineeship, TAFE/Other course, Family Travel/Holiday, Other, Please specify

SECTION 3 Period

Period of Exemption Requested From to

SECTION 4 Employer Details

Employer's Name, Business Name, Address, Phone, Proposed Start Date

SECTION 5 Approval / Recommendation (for School use only)

Principal approval - (records retained at school) Required for exemptions up to 12 months

Principal recommendation - Required for exemptions of greater than 12 months

PRINCIPAL - APPROVED / NOT APPROVED Where required (please circle) Include period approved if different from period sought in Section 3 and whether the exemption is from enrolment and / or attendance/participation Signature Date

PRINCIPAL - RECOMMENDED / NOT RECOMMENDED (please circle) Include period recommended if different from period sought in Section 3 and whether the exemption is from enrolment and / or attendance/participation Signature Date

SECTION 6 Approval (for Central Delegate use only)

APPROVED / NOT APPROVED - Include period approved if different from period sought in Section 3 and whether the exemption is from enrolment and / or attendance/participation.

SIGNATURE: Central Delegate

DATE:

- School/Provider Notified Student/Parent/Guardian, Employer Notified, Other Notified