



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)	<input type="text"/>	ED ID	<input type="text"/>
School / provider	<input type="text"/>		Site No <input type="text"/>
Student's date of birth	<input type="text"/>	Age	<input type="text"/>
	<input type="text"/>	Gender	<input type="text"/>
	<input type="text"/>	Year Level	<input type="text"/>
Young person in care (<i>Guardianship of the Minister</i>)	<input type="text"/>	ATSI	<input type="text"/>
		SWD	<input type="text"/>

Section 2: Parent / Guardian Information

Name of parent / guardian (in full)	<input type="text"/>
Parent / guardian address	<input type="text"/>
Parent / guardian phone number	<input type="text"/>

Section 3: Exemption Information

Period of exemption (inclusive):	Start Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	End Date	<input type="text"/>	<input type="text"/>	<input type="text"/>
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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 type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Parent / guardian	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Social worker	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input 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