

**ED 175**

**PRINCIPAL APPROVED APPLICATION FOR EXEMPTION FROM SCHOOL ENROLMENT/ATTENDANCE**

**AND EDUCATION ENROLMENT/PARTICIPATION**

### 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.

For information regarding the exemption processes see - [www.decd.sa.gov.au/educationage](http://www.decd.sa.gov.au/educationage)

**COMPULSORY INFORMATION – *all fields must be completed - Please retain at school in student file***

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of Student** (in full) |       | **EDID** |       |       |       |       |       |       |       |       |       |       |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **School/Provider** | Burnside Primary School |  | **Site No:** | 0 | 6 | 9 | 9 |
|  |  |
|  |  |
| **Principal’s Name** | Susan Copeland |

|  |  |
| --- | --- |
| **Parent/Guardian Address** |       |
|  |  |
| **Parent/Guardian Phone** |       |  | **Postcode** |       |
|  |  |  |  |
| **Student’s Date of Birth** |       |  |       |  |       |  | **Age** |       | **Gender** |  |  | **Year Level** |       |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **GOM** | [ ]  | **ATSI** | [ ]  | **SWD** | [ ]  |
|  |  |  |  |
| **Name of Parent/Guardian** |  | **Signature** |  |

**Principal Approved**

Temporary Period of Exemption

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Start Date** |       |       |       |  | **End Date** |       |       |       |

[ ]

**Family / Travel / Holiday**

***(up to 12 months)***

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

[ ]

**Other / Conditional**

***(up to 1 month)***

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Start Date** |       |       |       |  | **End Date** |       |       |       |

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| **Details:**  |

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**Ongoing Medical**

***(up to 1 month)***

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Start Date** |       |       |       |  | **End Date** |       |       |       |

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| PRINCIPAL - APPROVED / NOT APPROVED (please circle)Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_/\_\_\_\_/\_\_\_\_ |

**Print Principal Name**: Susan Copeland

***Please retain at school in student file for audit purposes***