

Central Coast Adventist School



Application for Exemption from Attendance at School

To be completed by the student's parents

If your child is absent from school, for any length of time, a written letter/note of explanation is required e.g. hand written note, email or fax. In a recent clarification of the State Education Minister's requirements, **students taking extended leave from school under certain criteria** must now complete this form. A Certificate of Exemption will be forwarded to you if leave is granted.

12 Penrose Crescent
Erina NSW 2250
Locked Bag 33
Gosford DC NSW 2250

p 02 4367 1800
f 02 4365 2371
e admin@ccas.nsw.edu.au

www.ccas.nsw.edu.au

Student/s Details

Family name: _____

Given Name of students	CCAS Roll Class	Age	Date of birth

Address: _____ Postcode: _____

Date of exemption applied for: ____/____/____ to: ____/____/____ Number of school days: _____

Parents / Students please note the following re holiday / travel absences:

Primary: Missed assessments are listed as not completed on reports.

Years 7 – 9: No penalty for missed assessments/exams where at least one weeks' notice has been provided.

Years 10 – 12: Zero grade for missed assessments/exams as per assessment policy.

Note: Student handbooks are available on the SEQTA portal.

We request school work be provided for this period of absence Yes No

(It is the responsibility of the student to liaise with each teacher to ensure they have collected and understand the work required during their absence)

Reason for application for exemption:

Tick Box

Reason for Exemption:

Family holiday/travel for 5 - 20 days		
Long term holiday/travel of more than 20 school days Copies of travel documentation should be included with the application		
Direction under Section 43D of the Public Health Act 1991 e.g. diagnosis of contracting vaccine preventable illness		
Employment in the entertainment industry e.g. roll in stage production		
Participation in elite sporting event N.B. For state or national level only		

PTO



DETAILS OF PRIOR/CURRENT EXEMPTIONS (if applicable)

Date of Prior/current exemption from: ____/____/____ to: ____/____/____

Number of school days: _____

Copy of Certificate of prior/current Exemption attached: (Please tick one) Yes No

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PARENT DETAILS

Family name: _____ First Name: _____

Relationship to Student: _____

Email: _____

Address: _____

Postcode: _____

Home Phone: _____ Mobile : _____

As the parent 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 consulting with teachers regarding possible missed assessments and consequences
- I am responsible for his/her supervision 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 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 a failure to comply with any condition set out in the exemption may result in the exemption being revoked.

Signature of applicant: _____

Date: ____/____/____