



# Application for exemption from a public school

Exemption from enrolment at a public school due to  
employment, training or a community based course

## Section 1: To be completed by parent

Parent means the student's parent or another adult who is responsible for the student's care.

### Student details

Student surname

Given names

Date of birth (dd/mm/yy) / / Gender (please specify)

Residential address  
(must be completed)

Postcode

Most recent school  
enrolment

Mobile number

Telephone (home)

Email

### Parent details

Parent surname

Parent first name

Title (please specify)

Preferred address  
(if different to student)

Postcode

Telephone (home)

Telephone (work)  
(if convenient)

Mobile number

Email

### OFFICE USE ONLY

Date received (dd/mm/yy) / /

SCSA number

## Section 2: Parent request and consent

I am seeking permission for my child to engage in one of the following options:

[please select one option only]

	SECTIONS TO COMPLETE:
full-time employment	Section 3
full-time TAFE or private RTO training or community based course	Section 4
full-time apprenticeship or traineeship	Section 3
combination of part-time school and part-time employment	Section 3
combination of part-time school and part-time training or community based course	Section 4
combination of part-time employment and part-time training or community based course	Section 3 and 4

Reason for seeking an alternative arrangement:

Will your child be 15 years of age by 30 June this year?

YES NO

If 'yes', is it likely that this arrangement will continue next year?

YES NO

**If you anticipate this arrangement continuing next year, then this form may replace the need for a Notice of Arrangements form to be completed for the last two years of compulsory education. This is subject to approval of the ongoing arrangement.**

I declare that:

I understand and agree to my child undertaking the alternative to enrolment and school attendance as described on this form.

I understand and agree that my child will undertake the agreed hours of activity each week to maintain this exemption.

I agree to inform the Department of Education case manager if circumstances change in relation to this exemption.

If the approved activity described on this form changes, I will enrol my child at a school or apply for another exemption.

I understand and agree that the employer or course provider can use the Department of Education's approval of this exemption as evidence that they can meet the conditions of the exemption.

Parent name

Parent signature

Date (dd/mm/yy) / /

**\*If you are completing this form online and are unable to sign this form please check this box to confirm the above information is true and correct.** In the event that statements made in this application prove to be false or misleading this application may be declined. Information supplied will be checked.

### Section 3: To be completed by employer (if applicable)

Name of business ABN

Address of workplace where employment will occur Postcode

Type of employment Full-time Part-time Apprenticeship Traineeship Other

Job description

Number of days per week

Number of hours per day Mon Tues Wed Thurs Fri Sat Sun

Commencement date (dd/mm/yy) / / End date (dd/mm/yy) (if applicable) / /

Contact person

Contact number Email

Full name of employer

confirms that this student has been offered the employment described above and that all applicable employment and legal obligations will be met, such as awards and work conditions, insurance, Occupational Health and Safety and Workers' Compensation.

Signature Date (dd/mm/yy) / /

**Please provide supporting information that shows the student has been offered employment.**

#### SCHOOL USE ONLY

School name

Contact person and contact details

Year level student is enrolled in

Number of years at this school

Comments

## Section 4: To be completed by training or community based course provider (if applicable)

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Name of provider

Name of proposed course or program

Course code

Address

Postcode

Number of days per week

Number of hours per day    Mon            Tues            Wed            Thurs            Fri            Sat            Sun

Commencement date (dd/mm/yy)            /            /            End date (dd/mm/yy) (if applicable)            /            /

Full name of representative

confirms that this student has a provisional enrolment as described above and that all applicable legal obligations will be met.

Contact person

Position

Contact number

Email

Signature

Date (dd/mm/yy)            /            /

**Please provide supporting information that shows the student has a provisional enrolment.**

### SCHOOL USE ONLY

School name

Contact person and contact details

Year level student is enrolled in

Number of years at this school

Comments

## Section 5: Outcome of the exemption application

### Case manager reviewing the application

Position

Contact number

Email

Recommended outcome

Approved

Not approved

Comments regarding the student's suitability to engage in this arrangement

Recommended conditions to be imposed

### Approver of the application

Position

Contact number

Email

Exemption application outcome

Approved

Not approved

Required conditions

Signature of approver

Date (dd/mm/yy)

/ /

### Case manager to monitor the exemption

Position

Contact number

Email

## Review of the exemption

### Review date 1 (dd/mm/yy)

/ /

Continued

Canceled

Date completed (dd/mm/yy)

/ /

### Review date 2 (dd/mm/yy)

/ /

Continued

Canceled

Date completed (dd/mm/yy)

/ /

### Review date 3 (dd/mm/yy)

/ /

Continued

Canceled

Date completed (dd/mm/yy)

/ /

### Review date 4 (dd/mm/yy)

/ /

Continued

Canceled

Date completed (dd/mm/yy)

/ /